



# PLAYER'S RECORD CARD

## CHICAGO PUBLIC HIGH SCHOOLS ATHLETIC ASSOCIATION

Student-Athlete: \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year) (Street) (City) (State) (Zip Code)

### (Parental Permission)

The information submitted is correct and I hereby give permission for my son/daughter

\_\_\_\_\_ to engage in \_\_\_\_\_ and assume all responsibility for injuries he/she may receive while practicing and going to and returning from or playing the game. I understand that all property belonging to the school shall be returned on demand and I agree to pay for same if lost or stolen.

Signature of Parent or Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) City State Zip code

My son or daughter has been diagnosed with asthma and/or other allergies and must have their pump or medication to participate in sports related activity.

I have represented a high school in athletics \_\_\_\_\_ years previous to this school year and am an amateur, (Act 2, Sec. 3a, Chicago Public High School Athletic Association By-Laws: "He/She shall be an amateur, one who has never used, and is not using, his/her knowledge or his/her athletic skill for money. He/she shall not have played on any team on which there are paid players")

**I will not represent any other organization in the same sport while a member of the school team.**

Date: \_\_\_\_\_ Signature of Student-Athlete: \_\_\_\_\_

### SCHOOL RECORD

Student-Athlete's Name: \_\_\_\_\_ Student I.D. number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sport: \_\_\_\_\_

School: \_\_\_\_\_ Division Teacher: \_\_\_\_\_ /Last \_\_\_\_\_ /First

Number of semesters in attendance in high school including present semester: \_\_\_\_\_

Number of seasons of participation in sports, including this season: \_\_\_\_\_

Elementary School Graduated From: \_\_\_\_\_ Other High Schools attended: \_\_\_\_\_

Date of original enrollment in this high school: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_