View documents online @ www.boycp.org (use the athletics and resources tabs).

Student Information

First Name: ___________________________ Last Name: ___________________________ ID: ____________________

Student Email: ___________________________ Grade in SY 18-19: _______ Phone #: ____________________

Transfer Student: Yes No School you attended last year (include city/state): ________________________________

CIRCLE THE SPORT(s) FOR WHICH YOU WILL TRYOUT

FALL: Cheer, Cross Country, Golf, Boys Soccer, Football, Girls Swimming, Girls Tennis, Girls Volleyball

WINTER: Basketball, Bowling, Cheerleading, Boys Swimming, Track, Wrestling, Dance, Cheer

SPRING: Badminton, Baseball, Boys Volleyball, Girls Soccer, Softball, Track, Water Polo, Boys Tennis

Check all boxes after reading and agreeing to the sections outlined below (full documents online @ www.boycp.org)

☐ BOYCP Student Athlete Agreement and Expectations

I have read and agree to the following sections listed in the BOYCP student athlete contract: Team Commitment, Attendance, Academic Responsibilities, Personal Health Practices, Conduct, Possible Measure, Media Consent Form, and the Agreement.

☐ Chicago Public Schools Player Record Packet

I have read and agree to the following sections in the CPS Player Record Packet: Equipment agreement, By-Laws Acknowledgement, Transportation Acknowledgement, Exclusivity in Participation, Scholastic Eligibility, and Consent to Play - My son/daughter has my permission to practice and compete in the interscholastic program. I assume responsibility in case of accident or injury. By signing below I/we hereby grant consent to any/all health care providers designated by Back of the Yards College Prep HS, District 299, to provide my child with any necessary medical care as a result of any illness/injury.

☐ Sports Medicine Consent and Acknowledgement

Student/Parent Consent and Acknowledgement: By signing below, I/we acknowledge receipt of information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy (see documents below). I/we also consent to self-administering asthma medication as detailed in the document below.

Student Signature: ___________________________ Date: ___________ Grade(9-12): _______

PARENT or LEGAL GUARDIAN

Name (print): ________________________________________________________________

Signature: ___________________________ Date: _______ Relationship to student: ___________________________

Physical Examination Requirements for Participation in Interscholastic Athletics

The Illinois High School Association requires a valid physical (or proof of a physical) to be on file with the Athletic Department. Physicals are valid for 395 days. If your physical expires during a season, you will be required to submit an updated and valid physical prior to returning to practice and/or competition. Physical Form click here

Updated 5/30/18
Back of the Yards College Prep Athlete Information Card

Athlete Name: _______________________________ Sport: __________________

Date of Birth: ___________________ Age: ______

Home Address: _________________________ City: _____________ State: ___ Zip: ________

Parent / Guardian 1 Name: _____________________ Contact #: ___________________

Email: __________________________________________

Parent / Guardian 2 Name: _____________________ Contact #: ___________________

Email: __________________________________________

INSURANCE PROVIDER: ___________________________ TYPE (Circle): PPO  HMO  OTHER

Policy Number: __________________________________________

Physician Name: ________________________________________

Physician Contact Number: ____________________________

If guardians above cannot be reached, in case of emergency please contact:

Name: __________________________________________

Relationship: _____________________________

Home Phone: ___________________________ Cell: __________________________

IMPORTANT MEDICAL INFORMATION

YES  NO  PLEASE ELABORATE (ESPECIALLY ON THOSE THAT MIGHT BE
AGGRAVATED)

ALLERGIES  ___________________________

ASTHMA  ___________________________

DIABETES  ___________________________

OTHER  ___________________________

DOES THE ATHLETE CURRENTLY TAKE ANY MEDICATIONS? YES _____ NO ______

IF YES, PLEASE LIST

________________________________________________________________________________________

LIST AND ELABORATE ON ANY MEDICAL CONDITION THE ATHLETIC TRAINER/COACHING STAFF
SHOULD KNOW:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Updated 5/30/18