



PLAYERS RECORD CARD

(Permission Form)

CHICAGO PUBLIC HIGH SCHOOLS ATHLETIC ASSOCIATION

Student-Athlete: _____ / _____
(Last) (First)

Date of Birth: ____/____/____ Current Age: _____
(Month) (Day) (Year)

Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip)

SPORT/S _____

LEVEL: V ____ F/S ____ BOYS ____ GIRLS ____

ID # _____ Year in School: Senior / Junior / Sophomore / Freshman
(Circle One)

(Parental Permission)

The information submitted is correct and I hereby give my son / daughter _____
To engage in _____ and assume all responsibilities for injuries he / she may
receive while practicing and going to and returning from or playing the game / contest. 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: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

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

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

**I WILL NOT REPRESENT ANY OTHER ORGANIZATION IN THE SAME SPORT
WHILE A MEMBER OF A SCHOOL TEAM.**

Signature of Student / Athlete: _____ **Date:** _____

School Record

(Students / Parents / Guardians Do Not Complete This Section)

Date or original enrollment in this high school ____/____/____ **G.P.A.** _____
(Month) (Day) (Year)

Transfer Information: _____ / _____ / _____
(name of school) (city) (state)