

**Hinsdale Central Department of Athletics**  
**Parent Permission and Emergency Medical Authorization**



Athletic Director – Paul Moretta 630.570.8240  
Administrative Assistant – Joan Mangano 630.570.8241

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M F

ID#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Year in School: 9 10 11 12

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency/Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Current Physical Date: \_\_\_\_\_ (physicals expire on one-year anniversary)

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport (by season) in which your son or daughter participates:

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Sports Offered to Hinsdale Central Students

- Fall:** Cheerleading, Cross Country (Boys' & Girls'), Football, Golf (Boys' & Girls'), Pom Pons, Soccer (Boys'), Swimming (Girls'), Tennis (Girls') and Volleyball (Girls')
- Winter:** Basketball (Boys' & Girls'), Bowling (Boys' & Girls'), Cheerleading, Gymnastics (Girls'), Pom Pons, Swimming (Boys') and Wrestling
- Spring:** Baseball, Badminton, Gymnastics (Boys'), Softball, Soccer (Girls'), Tennis (Boys'), Track (Boys' & Girls') and Water Polo (Boys' and Girls')

*Note: Lacrosse (Boys' and Girls') and Hockey are club sports.*

Please read each statement and sign below:

- 1) You have read the contents of the "Hinsdale Central Athletic Handbook" and agree to abide by its rules and regulations.
- 2) All school athletic equipment will be returned within 5 days of the final contest of the season.
- 3) You understand the inherent possibility for injury while playing interscholastic sports and thus give your permission to participate.
- 4) You understand the Hinsdale Central Athletic Code and will abide by its principles and precepts. Moreover, it is the student-athlete's obligation to notify the Athletic Director within 48 hours when a code violation occurs.
- 5) You certify that your son, daughter or ward has medical/ accident coverage. No student will be allowed to participate in athletics unless he/she is covered under a medical/accident plan. If you need information on an insurance company, contact the bookstore.
- 6) You consent to medical treatment for your son/daughter or ward when deemed necessary by a physician designated by school authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date