

**Community High School District 94, West Chicago, IL**  
**ATHLETIC INFORMATION**

*A valid physical exam must be on file in order to participate in any sport (valid for 395 days from the exam date).  
Fee is \$100 per student, per sport. (\$300.00 cap/family) Non-refundable if athlete quits.*

IHSA PES Testing Policy & Agreement

**Parent and Student Agreement/Acknowledgement Regarding  
The Performance-Enhancing Drug Testing Policy**

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Drug Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol, which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

*I understand that Community High School District 94 does not assume financial responsibility for accidents/injuries incurred in athletics. I freely and with full knowledge hereby permit our daughter/son to participate in CHS athletics under these conditions. In the event of a medical emergency, we grant consent for emergency medical treatment to be given to our daughter/son when not present for verbal consent. This consent extends to emergency personnel (i.e. EMT's, paramedics, physicians, nurses, certified athletic trainers, coaches, teachers, athletic directors) that would be directly involved in emergency care.*

*I affirm that I have read in the Community High School Policy, Sections [6.190](#), [7.300](#), [7.305](#) and the [IHSA Eligibility Rules](#) in its entirety. I hereby understand all the rules and procedures governing participation in Community High School District 94 athletics.*

**This document is for your information only. Review and acceptance of this document is a  
Checked box on each Student's Power School Athletic online registration page.**