

**POLICY FOR STUDENTS IN INTERSCHOLASTIC ATHLETICS  
GRADES 6-12-QUINCY SCHOOL DISTRICT #172, QUINCY ILLINOIS**

**Residency and Guardian Status:**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_ DOB \_\_\_\_\_

Address Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 2017-2018 Grade \_\_\_\_\_

Parent or court appointed guardian's name: \_\_\_\_\_

Is the address listed above the same address for the parent or court appointed guardian? **Yes—No**

If no, please explain:

**Please list all sports this student will participate in for the 2017-18 school year.**

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

**Insurance:** All students who participate in athletics in Quincy School District #172 must be covered with medical insurance. Please select the best option for your family.

1. \_\_\_\_\_ We have our own coverage with (Company) \_\_\_\_\_

● Policy Number \_\_\_\_\_

● Policy Holders Name \_\_\_\_\_

● Agent's Name: \_\_\_\_\_

2. \_\_\_\_\_ Student named above already has the regular school insurance through Gerber.

**Physical Examination:** All students participating in interscholastic athletics must have a certificate of their physical fitness issued by a licensed physician not more than 395 days preceding practice. This certificate must be turned in to their coach, the QHS Athletic Office or QJHS Attendance Office before practice begins.

**Parent Permission:** I have read and am familiar with the IHSA/IESA provisions set forth in the student handbook, specifically including but not limited to the provisions regarding transfer students. I represent to Quincy Public Schools staff that my child is in full compliance with IHSA/IESA rules as set forth in the handbook. I specifically represent that my child has had no contact with a coach prior to enrollment.

The above named student has my permission to participate in interscholastic athletics.

\_\_\_\_\_  
Date

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