



7th and 8th Grade ONLY

Old Orchard Junior High School
9310 Kenton Avenue
Skokie, Illinois 60076-1397
Telephone: 847/676-9010
Fax: 847/676-3827

THIS IS VALID FOR ONE (1) YEAR

Interscholastic Athletics Permission Form

- I hereby give my child, _____ permission to try-out, and if selected, participate in the Interscholastic Athletic Program of Old Orchard Junior High School.
- I understand the Illinois State Law requires my child to have a complete physical examination each year before participating in interscholastic sports at Old Orchard Junior High School.
- **It is understood that in case of injury during a practice or game, the following procedures will be followed:**
 - 1) Parents will be contacted by phone if at all possible, before any action, other than first aid is administered.**
 - 2) Emergency Services(Fire Dept.) will be called where hospitalization is evident.**
- It is understood that transportation home from school after away games, to and from practices will NOT be provided by the school and that my child and I are responsible for his/her safe conduct to and from school.
- A season’s schedule of home and away games will be given to each team member at the beginning of the season for my information.

Parent/Guardian Signature

Home address

Telephone

Team and Grade

DOCTOR’S PERMIT

Date: _____, I examined _____

And found him/her to be: ___ Physically Fit ___ NOT Physically Fit

Physician’s Signature

Physician’s Phone Number



Physician’s Office Stamp