



**WOODRIDGE**  
SCHOOL DISTRICT 68

## Athletic Eligibility Form

*All Sections Must Be Completed and Signed As Indicated  
To Be Completed and Signed by Parent or Guardian*

**THOMAS JEFFERSON JUNIOR HIGH SCHOOL**  
7200 JANES AVENUE • WOODRIDGE IL 60517

Student's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Parent/Guardian(s) Information:**

Mother's Full Name \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternate Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
(Full Name)

**Student Information (please specify the following; attach a separate sheet if necessary)**

Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_  
Medication \_\_\_\_\_ Physical Conditions \_\_\_\_\_

Please specify any special instructions (hospital, contact, etc.) In the event of an emergency:

Please specify physician and hospital \_\_\_\_\_

This student has school insurance for the \_\_\_\_\_ school year. (write year)

Insurance Company Name \_\_\_\_\_ Policy/Group # \_\_\_\_\_

This student is insured by my personal or employer's policy

Insurance Company Name \_\_\_\_\_ Policy/Group # \_\_\_\_\_

In case of an emergency, if the school is unable to contact the parent(s)/guardian(s), the undersigned gives permission to transport this student, by ambulance, to a local or the specified medical facility and to be treated by the doctors at that facility.

The school will take reasonable care and precautions to prevent accidents, but the school and/or the teachers are not responsible should an accident occur during scheduled practice or games.

I give my permission for the above named student to participate in interscholastic sports.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_