

# PLAYER'S RECORD CARD

## CHICAGO PUBLIC HIGH SCHOOLS ATHLETIC ASSOCIATION

CHICAGO PUBLIC SCHOOLS  
Bureau of Health, Physical  
Education, Recreation  
and Safety

LAST NAME

PUPIL'S NAME \_\_\_\_\_

The information submitted is correct and I hereby give permission for my son/daughter \_\_\_\_\_  
to engage in \_\_\_\_\_ and assume all responsibility for injuries he/she may receive while  
practicing and going to and returning from or playing the game. Date of Birth \_\_\_\_\_

I understand that all property belonging to the school shall be returned on demand and I agree to pay for same if  
lost or stolen.

Signature of Father or Mother or Guardian \_\_\_\_\_

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

I have represented a high school in athletics \_\_\_\_\_ years previous to this school year and am an amateur. (Art. 2, Sec. 3a, Chicago Public High  
School Athletic Association By-Laws: "He/she shall be an amateur, one who has never used, and is not using, his/her knowledge or his/her athletic  
skill for money. He/she shall not have played on any team on which there are paid players.")

I will not represent any other organization in the same sport while a member of the school team.

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

Address of Student \_\_\_\_\_

FIRST NAME

### SCHOOL RECORD

SPORT \_\_\_\_\_

SCHOOL \_\_\_\_\_ ROOM \_\_\_\_\_ DIV. TEACHER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (ID NUMBER)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(MONTH) (DATE) (YEAR) (CITY) (COUNTY) (STATE)

Proof submitted and placed on file: (a) Birth \_\_\_\_\_ (b) Bapt. \_\_\_\_\_ (c) Elem. School Record \_\_\_\_\_

Date of enrollment this semester \_\_\_\_\_  
(MONTH) (DAY) (YR.)

Number of semesters in attendance in high schools including the present semester \_\_\_\_\_

Number of seasons of participation in this sport, including this season \_\_\_\_\_

First elementary school attended \_\_\_\_\_  
(CITY) (STATE)

Date of entering \_\_\_\_\_ Date of leaving \_\_\_\_\_  
(MO.) (DAY) (YR.) (MO.) (DAY) (YR.)

Graduated from \_\_\_\_\_ Elementary School \_\_\_\_\_  
(CITY) (STATE)

Date of entering \_\_\_\_\_ Date of leaving \_\_\_\_\_  
(MO.) (DAY) (YR.) (MO.) (DAY) (YR.)

Other junior or senior high schools attended \_\_\_\_\_

Date of entering \_\_\_\_\_ Date of leaving \_\_\_\_\_  
(MO.) (DAY) (YR.) (MO.) (DAY) (YR.)

Date of original enrollment in this high school \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

(DATE)

(SIGNATURE OF BOARD OF CONTROL MEMBERS)

DN.  
I.D.#