



Community Unit School District #300 Middle School Athletic Policy Packet

Please fill out all the attached forms and return to the office. Please note that all forms including a valid up to date physical must be turned in to try out or participate on an athletic team. If your child is involved in more than one sport, please hand in **only** a new Athletic yellow emergency card and payment for the new sport as we already have the other forms on file for the year from a previous sport.

ATHLETIC EMERGENCY CARD

YEAR _____

SPORT _____

Pupil's Name _____ Team _____ Date of Birth _____ School _____

Parent's Name _____ Phone _____ Address _____

Mother's Place of Employment _____ Phone _____ Working Hours _____

E-Mail Address _____ Cell Phone # _____

Father's Place of Employment _____ Phone _____ Working Hours _____

E-Mail Address _____ Cell Phone# _____

Local person to assume responsibility of your child, if unable to contact parents.

Name _____ Phone _____ Address _____

Your local family doctor _____
Name _____ Address _____ Phone _____

If neither parent can be contacted, I authorize the school personnel to take such emergency action as may be deemed necessary.

Signature of Parent or Guardian

Date of last tetanus shot _____ Lists any know allergy to medication _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.



2013/2014 Athletic and Activities Code of Conduct

Participation in Community Unit School District 300 athletics and activities is a privilege and not a right. By accepting this privilege, students are expected to adhere to a higher standard of conduct. As a result, the following Athletics and Activities Code of Conduct has been adopted by the School District 300 Administration and Board of Education for participants of athletic teams, activity groups, and organizations – including team statisticians and managers. District 300's entire athletic and activities departments are committed to enforcing both the Athletics and Activities Code of Conduct and also the behavior expectations described in the CUSD 300 Parent/Student Handbook. Once the student and his/her parent or guardian have signed the Athletics and Activities Code of Conduct, the behavior code is in effect twelve months of the year, seven days a week, twenty-four hours a day, in and out of season, and on and off school grounds, until the end of the spring sport playoff season of a student's senior year.

ALL STUDENT ATHLETES AND PARTICIPANTS – Code of Conduct

Students who are selected for the privilege of membership on athletic teams and other school-sponsored activities should conduct themselves as exemplary representatives of their schools. In order to assure this conduct, student behavior guidelines are enforced in and out of season. The athletic and activity behavior code is in effect twelve months of the year, seven days a week, twenty-four hours a day, on and off school grounds until the end of the spring sport playoff season of a student's senior year. Furthermore, members of teams and organizations who fail to abide by the rules for participation are subject to disciplinary actions. Likewise, all spectators – especially parents – are expected at all times to use respectful language and behaviors; failure to do so may result in prohibited or limited attendance at school sponsored athletic events or activities.

ALL STUDENT ATHLETES AND PARTICIPANTS -- Violations of the Code of Conduct

No member of a District 300 athletic team, activity, fine arts performing group, leadership organization, or team statistician/manager will...

- Use, attempt to use, possess, purchase, sell, distribute or assist any student in the use, attempted use, possession, purchase, sale or distribution of tobacco, tobacco products and/or look-alike drugs or alcohol
- Use, attempt to use, possess, purchase, sell, distribute, be under the influence of or assist any other student in the use, attempted use, possession, sale or distribution of alcohol, drugs (other than those prescribed by a licensed physician to the specific student participant), controlled substances, other illegal mood-altering and/or performance enhancing drugs or chemicals or any other substance used to obtain an altered mental state or "high"
- Attend a gathering or ride in a vehicle where there is a verified police report of drinking alcohol, open alcohol, or drug use
- Exhibit gross misconduct or behavior that is considered detrimental to his/her team or school; some examples of inappropriate behavior may include, but are not limited to criminal offenses, illegal acts, theft, fighting, vandalism, aiding and abetting, lying to school officials, academic dishonesty, falsifying information/signatures on permit or permission forms, hazing, bullying, cyber-bullying, poor sportsmanship, or intimidating acts.

Coaches, teachers, administrators, other school staff, law enforcement personnel, and any person from the public may report to the Athletic Director an alleged violation of the Code of Conduct at any time. The report must be in writing, signed by the reporter, and dated within 30 days from the alleged occurrence. The Athletic Director and school authorities will investigate the incident by following appropriate due process procedures, in addition to informing the student and his family of the applicable appeal process.



2013/2014 Athletic and Activities Code of Conduct

ALL STUDENT ATHLETIC PARTICIPANTS – Violations of the Code of Conduct – Consequences

All penalties involving this Code of Conduct are cumulative for the tenure of the student's athletic career in School District 300. All penalties will be enforced at all levels. If a player is playing on more than one level or sport, the student will serve the consequence on both levels and sports. If the player is serving a consequence at one level or sport, the student may not participate at another level or sport.

- **First Violation:** Beginning with the first competition following notification of the violation, the student will lose eligibility from competition for twenty percent of the contests during their season (rounded up to the nearest whole number). If the violation involves drugs or alcohol, at the parent's or guardian's expense, the student will participate in and provide documentation indicating successful completion of a certified alcohol or drug education program. Based on the circumstances of the violation, the nature of the sport or activity, and the decision of the Athletic Director and the coach, the student may still be expected to practice with the team, or the student may be excluded from practicing with the team.
- **Second Violation:** Beginning with the first competition following notification of the violation, the student will lose eligibility from competition for forty percent of the contests during their season (rounded up to the nearest whole number). If the violation involves drugs or alcohol, at the parent's or guardian's expense, the student will participate in and provide documentation indicating successful completion of a certified alcohol or drug education program. Based on the circumstances of the violation, the nature of the sport or activity, and the decision of the Athletic Director and the coach, the student may still be expected to practice with the team, or the student may be excluded from practicing with the team.
- **Third Violation:** Beginning with the date of the violation notification, the student will lose eligibility from competition for one calendar year. Based on the circumstances of the violation, the nature of the sport or activity, and the decision of the Athletic Director and the coach, the student may still be expected to practice with the team, or the student may be excluded from practicing with the team.
- **Any Additional Violations:** The student will lose eligibility from all athletic activities for the remainder of his/her school career. The student will not be allowed to practice with any athletic team. To calculate the number of contests the athlete must miss for any violation, the penalty will be based on the maximum number of regular season contests in the particular sport or activity. The total number of contests or events missed will vary with each sport or activity. If the violation requires the student to serve a suspension from school, the athletic penalty begins on the date of the suspension so that competitions missed while the student is suspended count toward the total competitions missed. If the violation occurs during the off-season, or the season length does not allow the athlete to successfully complete the suspension, the suspension period will carry over to the next season. No award will be given to the athlete for the season during which the violation occurred.

ALL STUDENT ATHLETIC PARTICIPANTS – Violations of the Code of Conduct – Self-Reporting

Prior to a school or police investigation taking place, any participant or parent may voluntarily report to the Athletic Director a first-time code violation involving tobacco/tobacco products, alcohol, drugs, controlled substances or other illegal mood-altering and/or performance enhancing drugs or chemicals, or any other substance used to obtain an altered mental state or "high." However, the participant or parent will not be eligible for the self-reporting guidelines if school staff or administration has or will become aware of the infraction by other means, such as notification by law enforcement agencies. In addition, self-reporting may be used one time only in the participant's entire middle school or high school career and only with regard to a first violation. Self-reported incidents will be recorded as a first offense, but the consequences will be held in abeyance provided the following occur: The individual maintains behaviors consistent with the expectations and standards of the D300 Athletic and Activities Code of Conduct; the individual remains in compliance with D300 rules and policies; At the parent's or guardian's expense, the student participates in and provides documentation indicating successful completion of a certified alcohol or drug education program. If the student commits an additional violation of the Code of Conduct, he or she will be held accountable for consequences appropriate for a second offense.



2013/2014 Athletic and Activities Code of Conduct

ALL STUDENT ATHLETIC PARTICIPANTS – Violations of the Code of Conduct – Suspension and Appeal Procedures

School administration shall suspend student athletes for violating the District 300 Athletic and Activities Code of Conduct using the following procedures:

- Investigate allegations prior to initiating student suspension
- Notify the student verbally or in writing of the allegations against the student athlete
- Provide the student with an opportunity to respond to the allegations; if prior notice and conference are not feasible (for example, the student's presence may endanger others; or the student's presence threatens to disrupt the academic process), the notification and informal conference shall be held as soon as practical
- Notify the student of the nature and seriousness of his/her actions, and when feasible, inform him/her of the specific time period of the suspension
- Provide verbal and written notification to the parents/guardians of the nature of the incident and the length of the suspension

School administration shall follow these guidelines for an appeal regarding an athletic suspension; appealing a suspension will not hold the terms of the athletic suspension in abeyance:

- Parents/Guardians must submit a written suspension appeal to the school's Athletic Director within 3 days of the student athlete being suspended; the appeal must state the desired outcome expected
- Athletic Director and any other pertinent school administrator conducts a hearing with the parents/guardians and student athlete present; the hearing officer will be an impartial administrator who has had training in student discipline and due process
- The hearing officer will submit his/her report to the Superintendent or Designee who takes such action as deemed appropriate
- The decision of the Superintendent or Designee is final

HIGH SCHOOL ELIGIBILITY FOR EXTRACURRICULAR ACTIVITIES AND ATHLETICS

Fees: There is a user's fee assessed to each participant in each sport; athletic participation fees and obligations must be paid in full at least one week prior to the start of the athletic season. No student will be allowed to participate in athletic try-outs, practice, or competitions until all athletic obligations have been paid in full. Student athletes or student activity participants must pay for any school-issued equipment or uniform not turned in by the due date specified by the coach or sponsor. Students are responsible for removing everything from their athletic lockers when their season ends. The school is not responsible for students' personal items left in locker rooms or inside lockers; neither the school nor the district will offer any type of reimbursement for personal items that are lost or stolen. If students fail to sufficiently clean out their athletic lockers by the specified date, they may be assessed a \$5.00 charge.

Academics and Attendance: According to the Illinois High School Association [IHSA], student IHSA participants must pass twenty-five credit hours of high school per week, or five .5 credit courses. Students must pass and earn full graduation credit for twenty-five credit hours per semester to be eligible for the following semester. Additional IHSA requirements can be found at ihsa.org. All student participants must be in attendance for at least half of the academic school day in order to participate in same-day contests or competitions. Students who are ineligible to participate in physical education classes will be ineligible for athletic participation. Supporting eligibility definitions and exceptions are determined by school administration.



2013/2014 Athletic and Activities Code of Conduct

HIGH SCHOOL, cont.

Physical Examinations: Student athletes must provide a certificate of physical fitness issued by a licensed medical physician, physician's assistant, or nurse practitioner not more than 395 days preceding any date of participation in any sport – including try-outs. High school student athletes are required by the IHSA to give permission to submit to a drug test at any time. Prior to athletic participation, all students are required to submit a waiver signed by a parent or guardian giving permission to drug test their child.

Transportation: Members of school teams or activities must travel to and from events in transportation scheduled for use by the Athletic Director or Designee. The student participant may travel with a parent or guardian only if written permission has been obtained and approved by the coach or sponsor. Failure to use transportation as directed or to act appropriately while using transportation services will result in suspension from competition for a length of time determined by the coach, sponsor, or Athletic Director.

MIDDLE SCHOOL ELIGIBILITY FOR EXTRACURRICULAR ACTIVITIES AND ATHLETICS

Fees: There is a user's fee assessed to each participant in each sport; athletic participation fees and obligations must be paid in full the day before the first game in order for the athlete to participate. Student athletes or student activity participants must pay for any school-issued equipment or uniform not turned in by the due date specified by the coach or sponsor.

Academics and Attendance: Students must be passing at least five classes in order to be eligible for participation. All student participants must be in attendance for at least half of the academic school day in order to participate in same-day contests or competitions. Students who are ineligible to participate in physical education classes will be ineligible for athletic participation. Supporting eligibility definitions and exceptions are determined by school administration.

Physical Examinations: Student athletes must provide a certificate of physical fitness issued by a licensed medical physician, physician's assistant, or nurse practitioner not more than one 395 days preceding any date of participation in any sport – including try-outs.

Transportation: Members of school teams or activities must travel to and from events in transportation scheduled for use by the Athletic Director or Designee. The student participant may travel with a parent or guardian only if written permission has been obtained and approved by the coach or sponsor. Failure to use transportation as directed or to act appropriately while using transportation services will result in suspension from competition for a length of time determined by the coach, sponsor, or Athletic Director.

2013/2014 Athletic and Activities Code of Conduct and Concussion Information Sheet

By signing below, you are indicating that you have reviewed the 2013-2014 D300 Athletic Activities Code of Conduct and Concussion Information Sheet. You are agreeing to all behavioral expectations and consequences and understand the concussion signs included in these documents.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Student Signature (grades 6-12 only)

Date

Printed Name of Student



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No |
|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Have you or any family member or relative been diagnosed with cancer? | | |
| 52. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | Yes | No |
| 53. Have you ever had a menstrual period? | | |
| 54. How old were you when you had your first menstrual period? | | |
| 55. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

EXAMINATION
Height Weight Male Female
BP / (/) Pulse Vision R 20/ L 20/ Corrected Y N
MEDICAL
Appearance
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)
Eyes/ears/nose/throat
• Pupils equal
• Hearing
Lymph nodes
Heart
• Murmurs (auscultation standing, supine, +/- Valsalva)
• Location of point of maximal impulse (PMI)
Pulses
• Simultaneous femoral and radial pulses
Lungs
Abdomen
Genitourinary (males only)
Skin
• HSV, lesions suggestive of MRSA, tinea corporis
Neurologic
MUSCULOSKELETAL
Neck
Back
Shoulder/arm
Elbow/forearm
Wrist/hand/fingers
Hip/thigh
Knee
Leg/Ankle
Foot/toes
Functional
• Duck-walk, single leg hop

Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
Consider GU exam if in private setting. Having third party present is recommended.
Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes No Limited Examination Date

Additional Comments:

Physician's Signature

Physician's Assistant Signature*

Advanced Nurse Practitioner's Signature*

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing
(This section for high school students only)
2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete Date Signature of parent-guardian Date

COMMUNITY UNIT SCHOOL DISTRICT #300

Automatic Payment Authorization for Student Fees

For your convenience, you can have your student fees automatically charged to your VISA or MasterCard. In order to do so, please complete the following information:

Name of Student: _____
(First) (Last)

Student ID#: _____

Name of Cardholder: _____

Address of Cardholder: _____

City, State, Zip: _____

Phone # of cardholder during bus. hours: () _____

I authorize CUSD #300 to automatically charge my credit card for the following amount:

Amount: _____

Please charge my: VISA MasterCard

Credit card number: _____ - _____ - _____ - _____

Exp: _____

(after 7/03)

Signature of cardholder: _____ Date: _____

Email address: _____