

# Insurance/Sports Participation Form

Student Name \_\_\_\_\_

1. We consent to the participation of the above named student in the interscholastic program of his/her school including practice sessions and travel to and from athletic contest. We also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities. We have read and understand the OHSAA athletic eligibility information bulletin.
2. I assume full responsibility for ALL medical expenses incurred. This waiver is applicable for the following sports. Please check sports that your child will be trying out for and or participating in for the 2005-2006 school year.

_____ Baseball	_____ Cross Country	_____ Softball
_____ Basketball	_____ Football	_____ Track
_____ Cheerleading	_____ Golf	_____ Volleyball
_____ Swimming	_____ Wrestling	

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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