

Last Name: _____

First Name: _____

A. Prior to participating in any practice or tryout session for any interscholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be in file in the athletic office. One current physical exam per year is sufficient for all sports during the school year.
2. Attend a Pre-Season Rules Meeting with the Athletic Director and Coaches. The parents must also attend this meeting.
3. Properly fill out and return to the Coach the Emergency Medical Form
4. Have completed the Student Athletic Data Sheet and Acknowledgement of Athletic Responsibilities form and have a copy on file in the Athletic Office.

B. As a Licking Heights School student athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the Licking Heights School code of conduct, the school's Athletic Handbook, the coach's team rules, and the rules of the OHSAA.
2. I will conduct myself in an exemplary manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season
4. I will not use tobacco, alcohol, or narcotics. If I do use any of these substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the Athletic Handbook.
5. I acknowledge that I have been properly advised, cautioned and warned by administrative and coaching personnel of the Licking Heights School District that I am exposing myself to the risk of injury including, but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in sports and do so with full knowledge and understanding of the risk of injury.
6. I, along with my parent(s)/guardian(s), certify that I have read and understand all of the Licking Heights School District Athletic Policies in the Athletic Handbook and in order to be eligible for participation I must comply with all requirements listed.

C. Parent or Guardian Consent

I hereby give my consent for the above Junior High / High School student to engage in interscholastic athletics for Licking Heights Schools during the current school year and to accompany the team as a member in its out-of-town trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies. I have read both the Licking Heights Athletic Handbook and the OHSAA eligibility rules.

D. Insurance

I fully understand that in order to participate in interscholastic athletics, my son/daughter must be covered by an active health/accident insurance policy provided by me. The Licking Heights Local School District does not provide any accident or health coverage for my child while participating.

_____ Insurance Company Name

_____ Policy Number

A parent / guardian may elect to enroll the participant in a supplemental insurance program offered by an insurance company authorized by the Licking Heights Local School District. Contact your Athletic Director for this coverage.

E. Parent's Travel Permit

I hereby give my consent for the above Junior High / High School student to travel to and from athletic events scheduled by the Licking Heights Athletic Department. I understand the department policy will be to provide transportation by school bus.

F. Medical Treatment Consent

In emergency, contact: _____ Phone: _____

Or contact: _____ Phone: _____

I, _____ Parent / Guardian of: _____

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

My signature below indicates I have read and understand all sections of this document

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____