



\*\*PLEASE NOTE: A COPY OF THIS FORM WITH PARENT/GUARDIAN SIGNATURE IS EQUIVALENT TO ORIGINAL

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

ATHLETIC INSURANCE FORM

I, the parent or guardian of the above named student, hereby attest that he/she is covered by an accident insurance policy during his/her participation in the interscholastic athletic program at Utica Middle/Senior High School for the current school year. The policy, which we have obtained privately, is with \_\_\_\_\_.

I have purchased the school insurance to cover the expenses incurred from any injury the above named student might incur while participating in the interscholastic athletic program at Utica Middle/Senior High School during the current school year. The policy was purchased with check number \_\_\_\_\_ and mailed on \_\_\_\_\_.

Please mark the plan(s) purchased: (Premium rates and coverages are listed in the Student Accident Insurance brochure)

- At-School, 24-Hour Coverage, High School Football, Optional Extended Dental

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- This form is required for the following athletic programs: Football (7-12), Golf (9-12), Cheerleading (7-12), B/G Basketball (7-12), Wrestling (7-12), Volleyball (7-12), Softball (7-12), Bowling (9-12), B/G Cross Country (7-12), Baseball (7-12), B/G Track (7-12)

Student Activities Conduct Code and Rules INFORMED CONSENT AGREEMENT

As A Student:

- I understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violation of the Code of Conduct. I have read the Code of Conduct and thoroughly understand the consequences that I will face, if I do not honor my commitment to the Code. I understand and realize that there is risk involved in the participation of extracurricular activities.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

As A Parent/Guardian:

- I have read the Code of Conduct and understand the responsibilities of my son/daughter as a participant in extracurricular activities in the North Fork Local School District. I pledge to strive and promote healthy life styles for the student participants in the extracurricular offerings in the North Fork Local School District. I understand and realize that there is an assumed risk involved for my son/daughter, as a participant in extracurricular activities in the North Fork Local School District.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF HAVING RECEIVED

The "Ohio Department of Health's Concussion and Head Injury Information Sheet"

- By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-effects. By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_