

SHAKER HEIGHTS CITY SCHOOL DISTRICT

15600 Parkland Drive
Shaker Heights, Ohio 44120
(216) 295-4000

Interscholastic Athletic Policies and Participation Agreement
(Must be completed and returned to the Athletic Office prior to participation)

Please Print

Name _____ Grade _____ School Year _____
(Last) (First)

Address _____

Zip Code _____ Phone number _____

Name of Parent/Guardian _____

EMERGENCY MEDICAL INFORMATION

Parents' Work Phone Numbers: Father's _____ Mother's _____

Close Relative's Phone Number: _____

Preferred Physician: _____

Medical Facts: (list) _____

Allergies: _____

Medication being taken: _____

Physical impairment: _____

ATHLETIC INSURANCE WAIVER

The Shaker Heights City School District *does not* provide accident or health insurance coverage for a student while participating in interscholastic athletic activities. It is the responsibility of the parent/guardian to provide accident insurance coverage for his/her son/daughter.

A parent/guardian may elect to enroll his /her son/daughter in a supplemental insurance program offered by an insurance company authorized by the Shaker Heights City School District. The general "school day" coverage plan offered will cover all sport activities except football. A more expensive football coverage plan is available. If you choose to purchase coverage through a school supplemental plan, check the box below and contact the athletic director and/or coach for additional information.

Yes, I am interested in the school supplemental insurance information.

O.H.S.A.A. CATASTROPHE INSURANCE

The Ohio High School Athletic Association provides a catastrophe insurance policy for any student participating on any school approved athletic team. This is a secondary type policy which takes effect when the primary coverage by the parent/guardian is exhausted. Generally speaking, the OHSAA catastrophe insurance coverage becomes effective after \$25,000 of primary insurance coverage.

PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance if injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Agreement Form, the parent/guardian gives permission for his/her son/daughter to participate in the interscholastic athletic program with the understanding there is risk involved.

AGREEMENT

Parent/Guardian Section

I have read and fully understand that:

- a. The Shaker Heights City School District does not provide accident insurance coverage for my son/daughter while participating in the interscholastic athletic program and it is my responsibility to provide insurance coverage.
- b. My son/daughter must abide by the Athletic Code and the special rules and regulations that govern athletes and failure to do so may result in the denial to participate.
- c. Participation in athletics involves an element of danger and risk of personal injury.
- d. My son/daughter may accompany any school team of which he/she is a member on its local or out-of-town trips.
- e. My son/daughter may receive emergency medical treatment as deemed necessary by the physician designated by school authorities.

Having read all of the foregoing information, I agree and give my consent for my son/daughter to participate in the Shaker Heights High School Interscholastic program.

Signature _____ Date: _____

Student Section

I have read and understand all sections of this Agreement Form, the Athletic Code and the Special Rules and Regulations. As an athlete in the interscholastic athletic program at Shaker Heights High School, I agree to abide by the principles and regulations contained within this Agreement Form.

Signature _____ Date: _____

NOTE: THIS FORM MUST BE COMPLETED AND FILED IN THE ATHLETIC OFFICE BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE OR COMPETE IN AN ATHLETIC EVENT