



West Vigo Acknowledgement Form

Student Athlete's Name (Please Print): _____
Sport Participating In (If Known): _____ Date: _____

THIS FORM MUST BE SIGNED AND PRESENTED TO THE SCHOOL ALONG WITH THE INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION (IHSAA) PHYSICAL EVALUATION FORM BEFORE ANY STUDENT TAKES PART IN ANY SCHOOL ATHLETIC PRACTICES OR GAMES.

VCSC Acknowledgement of Insurance

___I/we hereby acknowledge that I/we understand and accept that the Vigo County School Corporation has NO accident or medical insurance policy that covers my son/daughter while they are participating in ANY interschool sport program. I/we also hereby acknowledge that ALL medical expenses incurred as a result of participating in ANY interschool sport program are my/our total responsibility. _____ **Parent Initials**

INFORMATION FOR PARENTS WHO NEED INSURANCE FOR THEIR SON/DAUGHTER

HOOSIER HEALTHWISE FOR CHILDREN is a health insurance program for children in Indiana. It is operated by the State of Indiana. Some families may not have to pay any premiums for this insurance, depending upon family income. For more information please call toll free 1-800-889-9949

Concussion and Sudden Cardiac Arrest Education *Please Read the accompanying fact sheets prior to signing*

___As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.
_____ **Student Initials**

___ I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest. _____ **Parent Initials**

Athletic Code of Conduct *Please read the accompanying Athletic Code of Conduct prior to signing*

___I/we acknowledge I/we have reviewed the Athletic Code of Conduct from the Vigo County School Corporation and understand its content. _____ **Parent Initials**
_____ **Student Initials**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Student Signature: _____ Date: _____