

ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

(Please Print)

Student's Name _____ Parent's Name _____

Address _____

Phone _____

School of Attendance: Firelands High South Amherst Middle (Please circle one)

Current School Year : July 1, _____ to June 30, _____

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right in the Firelands Local School District.

I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless Firelands Local School District and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the Firelands Local School District during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company _____

Address of Insurance Company _____

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

(Signature of Parent or Guardian)

(Date)