

MAUMEE HIGH SCHOOL EXTRACURRICULAR PARTICIPATION CHECKLIST

Eligibility Information

NAME: _____
 ADDRESS: _____
 CITY, OH: _____

GRADE: 9 10 11 12
 SEX: M F
 ZIP: _____

BIRTHDATE: ____/____/____
Month Date Year

SPORT(S): Please Circle

Cross Country	Football	Golf	Soccer	Tennis
Volleyball	Basketball	Gymnastics	Ice Hockey	Bowling
Wrestling	Swimming	Baseball	Softball	Track
		Cheer		

DATE OF ENROLLMENT: ____/____/____
Month Date Year

COMPLETE AND RETURN TO THE COACH PRIOR TO PARTICIPATION:

- | | | | | |
|----|---|---|---|-------|
| 1. | MHS Extracurricular Participation Checklist (this form) | Y | N | _____ |
| 2. | Ohio High School Pre-Participation Physical Examination Form (4 pages) | Y | N | _____ |
| | <i>Date of Exam:</i> _____ | | | |
| 3. | Current Emergency Medical Authorization Form | Y | N | _____ |
| 4. | Consent for Treatment by Maumee Athletic Training Staff/Team Physicians | Y | N | _____ |
| 5. | Ohio High School Athletic Association Eligibility Checklist | Y | N | _____ |

*Coach—please initial on the line next to the response (include date that you have received the form) *

ACKNOWLEDGMENT OF WARNING

I, hereby, acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of Maumee City Schools that by participating in the above sport that I am exposing myself to the risk of serious injury that may cause permanent, partial, or complete physical impairment, even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. Should I choose to participate in the above sport or activity, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself while participating.

Student's Signature

Date

CONSENT FOR PARTICIPATION

I, the parent or guardian of the above-named student athlete, do consent to the participation of our son or daughter in the interscholastic athletic program of Maumee High School including practice sessions and athletic contests including travel to and from said contests. We also agree to emergency medical treatment as deemed necessary by the medical personnel as designated by school authorities which include physicians, nurses, athletic trainers, and emergency medical technicians that may cover athletic contests.

Parent/Guardian Signature

Date

INSURANCE

To comply with the policy as set forth by Maumee City Schools Board of Education, all students participating in interscholastic athletics must present proof of insurance coverage that is sufficient to cover any costs associated with medical care that may be necessary as a result of injury. Does your family have sufficient insurance coverage to cover any costs associated with any medical care that may result from injury from participation in interscholastic athletics? The parent's initials should be placed on the line next to the correct response.

_____ Yes, my family has sufficient insurance to cover costs associated with any medical care that may result from injury from my participation in interscholastic athletics

COMPANY NAME: _____

POLICY NUMBER: _____

_____ No, my family does not have sufficient insurance to cover costs associated with any medical care that may result from injury from my participation in interscholastic athletics

CODE OF CONDUCT

All students participating in interscholastic athletics at Maumee High School are expected to follow all rules and regulations as set forth by the Ohio High School Athletic Association as well as the Maumee City Schools Code of Conduct for Extracurricular Activities. Furthermore, student-athletes are expected to follow all provisions of the Maumee High School Code of Conduct as well as any additional rules and regulations as set forth by the coach with approval from the Athletic Director and/or Principal.

I have read the Maumee High School's Code of Conduct for Extracurricular Activities and understand that I am expected to abide by these rules and any additional rules that may be imposed by a coach or sport. I understand and have been made aware that infractions of these rules may result in temporary or permanent denial of participation in a given sport or sports.

Student's Signature

Date

Parent/Guardian Signature

Date

EQUIPMENT CONTRACT

I understand that I am responsible for all equipment issued to me by the Maumee High School Athletic Department and will take appropriate time to care maintain this equipment. In the event of loss or damage of this equipment, I agree to pay the cost for replacement of this equipment and all awards and recognitions will be held until equipment is returned in appropriate condition for future use or such obligations are paid to the Maumee High School Athletic Department.

Student's Signature

Date

Parent/Guardian Signature

Date