

SPORT _____

MS _____ or HS _____

STRUTHERS CITY SCHOOLS

Athletic Participation and Waiver Information Form

Name: _____ Grade _____ Homeroom _____ Date _____
Last First Initial

Address: _____ City: _____ Zip: _____

Phone: _____ (H) _____ (C) Birthdate: _____

1. Return of Equipment:

I agree to return all equipment that was temporarily issued to me, in good condition.

Signed: _____
Player

2. Release:

I fully understand that when my child participates as a student athlete at Struthers City Schools, he/she must be covered under a health insurance policy. At no time will the Struthers Board of Education or the Struthers Athletic Department be responsible for any outstanding expenses that may occur above and beyond the coverage of the insurance policy.

Signed: _____
Parent/Guardian

3. Student School Insurance:

A. I already have insurance for my child with: _____
Insurance Company

I do not wish to purchase school insurance. Signed: _____
Parent/Guardian

B. I have insurance, but also wish to purchase school insurance.
Signed: _____
Parent/Guardian

C. I do not have other insurance for my child, and wish to purchase school insurance.
Signed: _____
Parent/Guardian

4. Hospitalization Information

Please complete the information below concerning your family's hospitalization. This information will be on file in our office and the hospital.

Name of Insured Parent	Phone	Address	Name of Insurance Company
_____	_____	_____	_____
_____	_____	_____	_____