

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 **should** 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 additional school insurance.**

Signed: \_\_\_\_\_  
Parent/Guardian

B. I have insurance, but **also wish to purchase additional school insurance.**

Signed: \_\_\_\_\_  
Parent/Guardian

C. I do not have other insurance for my child, and **wish to purchase school insurance.**

Signed: \_\_\_\_\_  
Parent/Guardian

D. **I do not currently have insurance coverage** for my child and accept financial responsibility for any injuries that may occur as a result of this athletic participation.

Signed: \_\_\_\_\_  
Parent/Guardian