

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