

III. INSURANCE INFORMATION (MUST BE COMPLETE)

(STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN SCHOOL ATHLETICS WITHOUT PROPER INSURANCE COVERAGE. CVS Board policy)

_____ I will insure my child in the Canal Winchester Student Accident Insurance Program

_____ I do not wish to purchase the school insurance. I believe that my present accident insurance with _____ provides adequate coverage.

(NAME OF COMPANY in date or year) _____

III. PHOTOGRAPHY / PUBLICATION RELEASE

As a school athlete, there is a strong chance that your child's picture and/or name may be used in newspaper articles, television/radio stories, newsletters, brochures, school web pages and other promotional products. By signing this sheet, you are acknowledging that this may happen and giving your consent.

IV. ATHLETIC PARTICIPATION AGREEMENT

Verification

NOTE: Any changes that occur in season may affect eligibility (residency, custody, etc.). If changes occur, please notify the athletic director immediately. To the best of my knowledge, the above information is correct. I understand that if I falsify information or fail to report any change could cause me to be INELIGIBLE and it could cause my team to FORFEIT CONTESTS.

V. SIGNATURES

Student Athlete

My signature below indicates that I have read and understand the rules, penalties, conditions for participation in the Canal Winchester Junior/Senior High School Athletic Program. In addition, I agree to abide by the stated rules and conditions. Also, having been so cautioned and warned, it is still my desire to participate in the athletic program and 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 by participating in the athletic program.

Athlete Signature: _____ **Date:** _____

Parent (s) or Guardian(s)

My signature below indicates that I/we have read and understand the rules, penalties, conditions for participation in the Canal Winchester Junior/Senior High School Athletic Program. Also, I do hereby acknowledge that I/we have been fully advised, cautioned and warned about the risk of injury to my child, _____, and notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to my child which may result, my signature below gives consent to participate in the Canal Winchester Athletic Program.

Parent / Guardian Signature _____ **Date** _____

Parent / Guardian Signature _____ **Date** _____

PLEASE CHECK THAT ALL QUESTIONS AND BLANKS HAVE BEEN COMPLETED OR THIS SHEET WILL BE RETURNED TO YOU