

NEW ALBANY SCHOOLS ATHLETIC PARTICIPATION ACKNOWLEDGEMENT

Student Residency Information

Student Athlete's Name: _____ Grade _____

Student Athlete's Home Address: _____

School Attended Last School Year: _____

Insurance Information (check mark the one applicable)

_____ We, the guardians of the above named athlete do hereby acknowledge that an accident insurance policy is not in force for our athlete that will pay the medical or surgical expense that results from any injury, major or minor, that the student may receive as a result of practicing or performing in athletics at New Albany Schools. Since we do not have an insurance policy, we agree to release New Albany Schools from any obligation as pertains to financial responsibilities in these matters for this school year or any period of time thereafter.

_____ We, the parents of the above named athlete have insurance with _____ that will pay the medical or surgical expenses that result from any injury, major or minor, that this athlete received as a result of practicing or performing in athletics at New Albany Schools. The insurance will also cover the athlete while traveling to or from practice sessions or scheduled contests. Since we have this policy, we agree to release New Albany Schools from any obligation as pertains to financial responsibility in these matters for this school year or any period of time thereafter.

Athletic Equipment

All New Albany Schools equipment will be collected at the end of each individual sport season. It is the student's responsibility to remove all personal items from school lockers at the end of each individual sport season. Students will be billed for damaged and unreturned school equipment. Students that do not return their equipment or pay for the replacement will be barred from athletic participation until they do so.

Travel Permit

I give my consent for the above named athlete to travel to and from New Albany scheduled athletic events. I understand the policy will be to provide transportation by a school vehicle; but in the event one is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (coaches or parents of athletes), and they cannot be held responsible for any accident of injury that might occur.

Photography Permit

I give my consent for the above named athlete to be photographed during his/her games. I am aware that the pictures will be posted on the photography studio's website and I will have access to view and purchase any photo.

I have read and understand the above policies, the enclosed OHSAA Bulletin and Student Athletic Code of Conduct with regard to athletic participation while attending New Albany Schools.

Student Signature

Date

Guardian Signature

Date