



Oak Hill High School

Athletic Participation Agreement

(This agreement is for all sport seasons during the school year-please contact the athletic director if you have a change in insurance coverage or the named student has a change in medical status.)

Student Section

(Please Print)

FULL NAME OF STUDENT _____

DATE OF BIRTH: _____ **AGE:** _____ **CLASS OF (YEAR)** _____

PARENT OR GUARDIAN: _____

HOME TELEPHONE: _____ **WORK PHONE:** _____

FAMILY DOCTOR: _____ **DR'S PHONE** _____

This application to compete in athletics at school is entirely voluntary on my part and is made with the understanding that this membership can be terminated by a violation of school/athletic department rules and by not meeting eligibility standards

As an Oak Hill student/athlete, I pledge to read the Athletic Handbook and abide by all the rules and regulations that govern the athletic program.

I also recognize that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

DATE _____ **SIGNATURE OF ATHLETE** _____

Parent Section

Medical Insurance

Company _____ **Policy#** _____ **Exp. Date** _____

I hereby give my consent for the above named student: to represent his/her school in athletic activities provided that such athletic activities are approved by the Board of Education. (2) To accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school or its agent to obtain, through a physician of its own choice, any medical care that may become reasonably necessary for the student in the course of such athletic activities of such travel.

I am also aware that the Board of Education requires that all students receive a medical physical every two years.

As a parent/guardian of the above mentioned athlete I pledge to become familiar with the rules and regulations that spelled out in the Athletic Handbook and to do everything within my control to insure that my son/daughter abides by those standards. In signing this form, I accept the responsibility of notifying the school of any violations of the rules and regulation outlined in the Athletic Handbook.

I am also aware of the risks, stated above in the student section, that are inherent with interscholastic athletics.

DATE: _____ **Parent/Guardian signature** _____

Address: _____

City or Town _____ **Zip** _____