

**SHAKER HEIGHTS CITY SCHOOL DISTRICT**

15600 Parkland Drive  
Shaker Heights, Ohio 44120  
(216) 295-1400

Interscholastic Athletic Policies and Participation Agreement  
(must be completed and returned to the Athletic Office prior to participation)

**Please Print**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First)  
Address \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone number \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Parents' Work Phone Numbers: Father's \_\_\_\_\_ Mother's \_\_\_\_\_  
Close Relative's Phone Number: \_\_\_\_\_  
Preferred Physician: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Medical Facts: (list) \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication being taken: \_\_\_\_\_  
Physical Impairment \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN PERMISSION**

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Agreement form, the parent/guardian gives permission for his/her son/daughter to participate in the interscholastic athletic program with the understanding there is risk involved.

**AGREEMENT**

*Parent/Guardian Section*

I have read and fully understand that:

- a. the Shaker Heights City School District does not provide accident insurance coverage for my son/daughter while participating in the interscholastic athletic program and it is my responsibility to provide insurance coverage.
- b. my son/daughter must abide by the Athletic Code and the special rules and regulations that govern athletes and failure to do so may result in the denial to participate.
- c. participation in athletics involves an element of danger and risk of personal injury.
- d. my son/daughter may accompany any school team of which he/she is a member on its local or out-of-town trips.
- e. my son/daughter may receive emergency medical treatment as deemed necessary by the physician designated by school authorities.

Having read all of the foregoing information, I agree and give my consent for my son/daughter to participate in the Shaker Heights High School Interscholastic program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Student Section*

I have read and understand all sections of this Agreement form, the Athletic Code and the Special Rules and Regulations. As an athlete in the interscholastic athletic program at Shaker Heights High School, I agree to abide by the principles and regulations contained within this Agreement form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED AND FILED IN THE ATHLETIC OFFICE BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE OR COMPETE IN AN ATHLETIC EVENT.**

**O.H.S.A.A. CATASTROPHE INSURANCE**

The Ohio High School Athletic Association provides a catastrophe insurance policy for any student participating on any school approved athletic team. This is a secondary type policy which takes effect when the primary coverage by the parent/guardian is exhausted. Generally speaking, the OHSAA catastrophe insurance coverage becomes effective after \$25,000 of primary insurance coverage.