

UPPER ARLINGTON CITY SCHOOLS

STUDENT ATHLETE PARTICIPATION

Please read and fill out Part I, II, and III of this form and return to your coach.

Part I: Print **SPORT** _____

NAME _____ GRADE _____ PHONE _____

ADDRESS _____ ZIP _____

BIRTHDATE _____ DATE ENTERED UAHS _____

SCHOOL ATTENDED LAST YEAR (if other than UAHS) _____

PARENTS NAME (please print) _____

Part II: CONSENT

Athletes and parents must be aware of the risks and dangers while participating in sports, especially contact sports. During practice or contests, injuries could occur to: muscles, tendons, ligaments, joints, bones and internal organs. Paralysis has occurred from spinal and neck injuries and studies show athletic injuries have resulted in death. Serious injuries may have an impact on the individual's ability to earn a living or engage in other business, social, and recreational activities. We sincerely hope no serious injury will ever occur, but feel a responsibility to all student athletes, and their parents, to make them aware of the risk that exists when they choose to participate. **Please read carefully the information sheet handed out by the coach which describes the cautions, considerations, and responsibilities to be followed.** The decision to participate should be made by the family only after all information has been reviewed. **Your signature below indicates you acknowledge you are aware of the risk of injury associated with participation in any athletic program and your sport.** Your signature indicates you acknowledge the athletic program and school have coaches, nurses, and certified athletic trainers employed or contracted by the school to monitor the program and provide screening, triage, and/or minor or routine treatment services to student athletes. By signing below, you consent to the provision of screening, triage, and/or minor or routine treatment services. You additionally consent to being notified of athletic-program-related treatment in accordance with administrative guidelines.

Student Signature / Date

Parent Signature / Date

Part III: INSURANCE

The Ohio High School Athletic Association has contracted with the National Sports Underwriters for student athletic catastrophe insurance. This OHSAA policy covers member schools' athletes in excess of \$25,000.00.

For the present school year, the Board of Education will make available to the students of the Upper Arlington Schools a student accident insurance policy and a student football accident policy. The company selected is N. Carol Insurance Agency, Inc., 1989 W. Fifth Ave., Columbus, OH 43212, phone 486-1666 and their representative is Nancy Rundels. The normal school time coverage insurance will not cover high school football, but it will cover all other athletics. Make check payable to: N. Carol Insurance Agency, Inc. and mail directly to their office.

The insurance information is located at www.uagoldenbears.com, click on Forms.

High school policy choices are:	Single Premium	Double Premium
PLAN ONE: 24 hour	\$89.00	\$178.00
PLAN TWO: School time	\$36.00	\$72.00
PLAN THREE: High School Football	\$125.00	\$250.00

or: We are **NOT** interested in additional insurance_____.

We understand that neither the athletic department nor the school assumes any liability for medical claims.