

Anthony Wayne Local Schools

Dear Parents/Guardians:

In your packet you will find all the forms needed to allow your son/daughter to participate in AW athletics. Please read the entire booklet and simply check and sign the information below. This page, along with the Emergency Medical Form, must be returned to the coach immediately. Individual coaches may require other forms.

Thanks you for your help.

Jeff Schwerer
Athletic Director

ATHLETIC CHECK OFF SHEET

Name of Athlete _____ Grade _____

Sport/Season/Year _____

1. _____ We have read the Anthony Wayne High School Athletic Code.

2. _____ We have read the Anthony Wayne High School Insurance Release Form and are insured through: **(Policy number must be listed with company name or form will be returned.)**

Company: _____ Policy Number: _____

_____ I do not have insurance and will purchase a plan offered by the district or a similar plan approved by the Board of Education prior to the start of the Athletic Season. **(See reverse side.)**

3. _____ I have been informed of the risks involved with my child participating in the sport listed above and give my permission (by signing below) for this participation. (Permission/Acknowledgement for Interscholastic Sports).

I/We further assume full responsibility for any injuries or damages which may occur to the named student, and hereby fully and forever release and discharge any covenant to hold harmless, indemnify and repay any sums paid by the Board of Education of the Anthony Wayne Local Schools and/or its members, officers, employees, agents and its or their heirs, successors, executors and assigns from or for any and all claims, demands, damages, rights of actions or causes of action present or future, whether the same as known or unknown, anticipated or unanticipated, resulting or arising from or incident to the student's participation in the named activity.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____

Student Accident Insurance

Operation Policy 8760

“The Board requires that students participating in interscholastic school athletics be covered by some type of accident insurance. The insurance may be the accident policy, which has been approved by the Board or a similar policy type acquired elsewhere by the student or his/her parents. If the latter choice is made, a copy of the policy or a resume of the coverage shall be furnished the Treasurer of the Board, along with a statement by the parent that said student is a beneficiary of insurance adequate to cover the expenses of all injuries said student may incur while participating in interscholastic school athletics.”