

LAKE ATHLETICS
PARENT INFORMATION AND FORMS SIGN-OFF
2015-16 School Year

Name of Student-Athlete: _____ Grade in 2015-16 _____

Parent/Guardian (print name): _____

Home phone: _____ Parent Cell/Work phone: _____

Home e-mail address: _____

Other e-mail address: _____

NOTE: The Lake Athletic Department will be sending periodic newsletters, updates and additional data via e-mail to parents. NO E-MAIL ADDRESSES WILL BE PROVIDED TO OUTSIDE BUSINESSES, AGENCIES OR NON-SCHOOL ENTITIES.

Download each of the items listed on the "Pre-Season Parent Information Page" of the Lake Local athletic website. Once you have reviewed each item, initial each item listed and **RETURN THIS SIGNED FORM** to your child's coach **BEFORE the FIRST DAY of official practices**. Your review of this data is a required condition of the OHSAA and the Lake Local School District for your student to be eligible to compete for Lake Local Schools. **No student will be permitted to begin practice (including try-outs) until ALL required forms are submitted.** Feel free to call the Lake Athletic Office (330-877-4288) with any additional questions.

ACTIVITY FEE: All athletic participants must have paid in full their "Pay to Participate" fees per LLSD policy. Forms are available on the Lake Local School District website, the Lake High School Athletic Office, or from your child's coach.

1. _____ Review OHSAA "Go For the Gold" video
2. _____ Complete the OHSAA Pre-Participation Exam-OHSAA Authorization-HIPPA Form (all four pages). These forms **must be returned to the COACH and on file PRIOR TO THE FIRST TRYOUT OR PRACTICE DATE.**
NOTE: If your child has a current Pre-Participation Exam form which is on file in the Lake Athletic Office and was completed AFTER MAY 21ST, 2015, they are in compliance for the entire 2015-16 school year.
3. _____ Complete the Lake Emergency Medical Authorization (one page) and **return to your child's coach.**
4. _____ Read the Parent Concussion Review, sign PAGE 3 and **return to your child's coach.**
5. _____ Review the Lake Student-Athlete "ATOD" Policy

CONSENT TO PARTICIPATE

We, the undersigned parent/guardian of _____, give our consent for participation for any and all sports my child may choose to participate in during the 2015-16 school year. We hereby release the Lake Local School District and its athletic department from any and all financial responsibility as a result of any injuries incurred by our son/daughter as a result of his/her participation in the interscholastic athletic programs offered by the Lake Local School District. We further acknowledge that before our child can participate in such school-sponsored sport(s), this consent must be completed and filed at the school along with a physical examination indicating our child is physically fit to participate in such school-sponsored activities.

We certify that any possible injuries which could be sustained by our son/daughter as a result of interscholastic athletics events and activities are covered by our family insurance program.

Signed _____ Printed name: _____

Signed _____ Printed name: _____

Date of signing: _____

Name of health insurance program Insurance policy number

PLEASE NOTE: Lake Local Schools can provide information to parents to obtain additional, supplemental school insurance for students. *Please indicate below if you choose to receive supplemental insurance information.*

Yes, I desire information for optional, supplemental accident insurance.