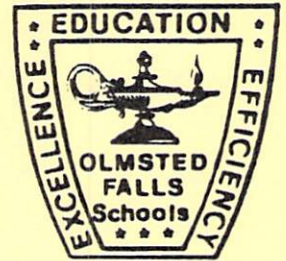


Olmsted Falls City School District  
Olmsted Falls Middle School

27045 BAGLEY ROAD  
OLMSTED FALLS, OHIO 44138-1898

(440) 427-6200  
FAX (440) 427-6210

www.ofcs.net



**ATHLETIC PARTICIPATION CHECKLIST**

STUDENT: X GRADE 7 8 9 10 11 12

BIRTHDATE: X SPORT: \_\_\_\_\_  
(month) (date) (year)

**1. INSURANCE**

To comply with the policy set by the Olmsted Falls City School Board of Education, all students participating in interscholastic sports must have the protection of some form of hospitalization. Therefore, we must have the following information.

- We do have:
- \_\_\_\_\_ Adequate family hospitalization
  - \_\_\_\_\_ Football Insurance
  - \_\_\_\_\_ School insurance (covers all sports except football in grades 9-12)

**2. ACKNOWLEDGMENT OF WARNING**

I hereby acknowledge that I have been properly advised, cautioned and warned by proper administrative and coaching personnel of the Olmsted Falls City school District that by participating in the above sport I am exposing myself to the risk of serious injury, ligament and/or cartilage damage which would result in a temporary or permanent, partial or complete, impairment in the use of limbs; brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. Should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above named sport

**3. TRAINING RULES (see Student Athletic Handbook and Student Discipline Code)**

Please Check :

4. PHYSICAL EXAM ON FILE \_\_\_\_\_ COACH: \_\_\_\_\_  
(date)
5. CURRENT EMERGENCY MEDICAL CARD ON FILE \_\_\_\_\_ COACH: \_\_\_\_\_
6. SCHOLASTIC ELIGIBILITY (see OHSAA Bulletin) \_\_\_\_\_ A.D.

I have read the extracurricular codes of the Student Athletic Handbook. I understand that I am expected to abide by these rules and any additions imposed by my coach. I understand, also, that I am expected to be familiar with the Student Discipline Code. (If you need a copy, please request one from the Main Office.) I have been made aware that infractions of these rules may result in temporary or permanent dismissal from participation.

I have read and understand the above information.

Student Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_