

# PARENTAL CONSENT FORM

\_\_\_\_\_  
**ATHLETE'S NAME**

\_\_\_\_\_  
**YEAR**

Prior to participating in any practice or tryout sessions for any interscholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the office of the Athletic Director. One current physical examination per year is sufficient for all sports during that school year.
2. Return to his/her coach all required forms properly signed.
3. Properly fill out and return to the coach the Emergency Medical Form.

As a Wooster High School student athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the Wooster City Schools Student Code of Conduct, the School's Athletic Handbook, the coaches team rules, and the rules of O.H.S.A.A.
2. I will conduct myself in accordance with the behavioral guidelines listed in the Student/Athlete Handbook.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I acknowledge that I have been properly advised, cautioned, and warned by administrative and coaching personnel of the Wooster City School District that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
5. I, along with my parent/guardian, give permission for medical personal of the Wooster City School District to share injury and/or illness information with coaches, administrators and physicians for the purposes of providing care, modifying activities, or returning this athlete to participation.
6. I, along with my parent/guardian, give permission for the release of medical information to Athletic Trainers and/or Team Physicians for the purposes of providing care, modification of activities or returning this athlete to participation.
7. I, along with my parent/guardian, certify that I have read and understand all of the Wooster City School District Athletic Policies in the athletic handbook and in order to be eligible for participation I must comply with all requirements listed.
8. Each student who seeks to participate in an elective co-curricular activity, and the parents or guardian of said student, shall read, sign and comply with the following statement:

"I have read, understand, and agree to comply with the Wooster City School District Student Co-Curricular Code of Conduct. I understand and agree that participation in co-curricular activities in the Wooster City Schools is a privilege that may be denied for violations of the Behavior Code.

I hereby give my consent for \_\_\_\_\_ to participate in the Wooster High School Athletic program during the \_\_\_\_\_ school year, and to accompany the team on its out of town trips. I understand that my son/daughter will be expected to adhere to all policies of the Wooster High School Athletic Department and the Wooster City Schools Board of Education.

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

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

**Please return to the athletic office**