

Athlete's Name (print clearly): _____

Grade: _____

ATHLETIC HANDBOOK SIGNATURE FORM

RULE AWARENESS VERIFICATION

I have read and understand the rules and regulations as listed in the Edinburgh Middle/High School Athletic Handbook. **I agree to obey the rules and I understand the possible consequences if they are not followed.**

PARENT/GUARDIAN PERMISSION TO PARTICIPATE

I hereby give my permission for the above named student to participate in IHSAA or Edinburgh Middle/High School approved activities as a representative of his/her school. I also give my consent for the above named student to accompany the team or group as a member on its away (outside of Edinburgh) activities and be involved in the random drug testing program. I understand that neither the Edinburgh Community School Board nor the Athletic Department carries insurance for injuries sustained in the interscholastic program.

RISK AWARENESS VERIFICATION

I understand and acknowledge that organized middle and secondary athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, that injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

WE, THE UNDERSIGNED, ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND ALL ASPECTS OF THE HANDBOOK AND GRANT PERMISSION AND CONSENT AS REQUIRED.

Athlete's signature

Date

Parent/Guardian signature

Date

THIS FORM MUST BE SIGNED AND TURNED IN TO THE HEAD COACH BEFORE ANY PRACTICE IN THE ATHLETE'S SPORT TAKES PLACE. NO PARTICIPATION *OF ANY KIND* MAY OCCUR WITHOUT THIS FORM TURNED IN TO THE COACH OR BEING ON FILE WITH THE ATHLETIC DIRECTOR.