

**AUSTINTOWN FITCH HIGH SCHOOL DEPARTMENT OF ATHLETICS
STUDENT PARTICIPATION and INSURANCE FORM**

Student's Name: _____

Street Address: _____

Zip Code: _____

Home Phone: _____

I understand and realize that there is risk of injury in participating in interscholastic athletics. As legal guardian of the above named student, I grant him / her my permission to participate in:

_____ Baseball _____ Basketball _____ Cross Country _____ Football

_____ Golf _____ Cheerleading _____ Softball _____ Soccer

_____ Tennis _____ Track & Field _____ Volleyball _____ Wrestling

_____ Danceline: _____ Bowling _____ Other (_____)

This permission is granted with the understanding that the school and its representatives will assume no financial or legal responsibilities for any injuries that may occur to him / her as a result of such participation.

PLEASE CHECK THE APPROPRIATE INSURANCE INFORMATION BELOW

_____ I currently have adequate insurance coverage and do not wish to purchase the student accident insurance plan offered through the school.

_____ I have purchased the student accident insurance plan offered through the school.

Date: _____

Signature: _____