



## SANDUSKY CITY SCHOOLS PARENTAL ATHLETIC CONSENT FORM

Your signature at the bottom of this form and the return of this sheet indicates that you have read the following items and are aware of them. This parental consent form must be signed and returned before your child can participate in athletics at Sandusky City Schools.

I understand, agree, and read the following documents:

1. There is a risk of injury in all sports to my son/daughter.
2. The insurance information and understand that the policy is an excess insurance policy.
3. The Code of Conduct and Disciplinary Procedures, Sportsmanship Code, along with the required profile of a successful athlete listing for Sandusky High School.
4. The eligibility requirements of the O.H.S.A.A. requiring two and ~ units of credit must be passed per nine-week grading period, along with maintaining a 1.50 GP A or better during each grading period, and no more than one "F" during any nine-week grading period.
5. My child must complete a physical, Nurse Health History Form, return a completed Emergency Medical Authorization form, and a signed Helmet Warning Statement (if applicable) before participation is allowed.
6. My child lives in the Sandusky City School District with his/her legal custodian.
7. My child is responsible for all items issued to him/her by the Sandusky City Schools Athletics & Activities Department. .
8. My child and I have read and understand all attached rules and regulations for the sport listed below.

NAME OF ATHLETE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SPORT: \_\_\_\_\_

LEGAL CUSTODIAN SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_