

Maple Heights Athletic Department

TRANSPORTATION PERMIT – INSURANCE WAIVER

_____ has my permission to participate in the
(Student's Name)

_____ program and to ride all Athletic Department
(Sport)
sponsored transportation to practices and contests.

My child is covered under the following Health Insurance Policy, and I hereby realize there is no insurance liability to the Athletic Department of the Maple Heights City Schools or the Maple Heights Board of Education.

| | |
|-------------------|------------------------------|
| _____ | _____ |
| Policy Number | Signature of Parent/Guardian |
| _____ | _____ |
| Insurance Company | Address |
| _____ | _____ |
| Phone No. | Date |

PLEDGES

I agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games or meets.

I further agree to pay for any and all equipment which I do not return at the end of the season. If your responsibility is not met, you will not be permitted to participate in any other athletic program.

Date _____ Athlete's Signature _____

I agree to abide by all the rules and regulations set forth in the Maple Heights Athletic Code of Conduct.

Date _____ Athlete's Signature _____

I, as a parent of the above athlete, have read the policies and rules as set forth for athletic participation at Maple Heights City Schools.

Date _____ Parent's or Legal _____
Guardian's Signature

WARNING: At the recommendation of the Ohio High School Athletic Association and our legal advisors, please be advised that participation in interscholastic sports could result in serious injury, paralysis or death.