

**\*\*PLEASE FILL OUT/SIGN ALL HIGHLIGHTED AREAS \*\***

## **Edgewood Middle School**

### **ATHLETIC CONSENT FORMS FOR CODE OF CONDUCT, RELEASE OF INFORMATION, AND ASSURANCE OF INSURANCE COVERAGE**

As a parent or guardian of an athlete or prospective athlete at Edgewood Middle School, I have been informed that it is my responsibility to access, read, and understand the Edgewood Student-Athlete Parent Handbook, and both the student-athlete and I accept this responsibility. I know we are able to access the handbook either through the on-line resources available on the WCS and/ or Edgewood webpage, or I may obtain a copy of the handbook in the Edgewood Office, and I understand that if either the student-athlete or I do not comprehend any portion of the handbook-especially the section pertaining to the Edgewood Student-Athlete the Code of Conduct-it is my responsibility to contact the Edgewood office for clarification.

It is my desire that \_\_\_\_\_ (student-athlete) participate in a sports program for Edgewood Athletics, and both the student-athlete and I hereby voluntarily agree this student-athlete will be subject to the terms outlined in the Edgewood Student-Athlete Parent Handbook.

We also further authorize any Federal, State, County, or private agency to provide to the Edgewood Athletic Director, Principal, or designee information pertaining to the minor (under age 18) student-athlete's involvement in activities outlined as violations in the Edgewood Student- Athlete Code of Conduct or those leading to arrest, detainment of the student-athlete.

As per the Edgewood Student-Athlete Parent Handbook, I understand that neither Warsaw Community Schools nor Edgewood Athletics carries athletic insurance coverage for student-athletes. Due to the nature of athletic activities, accidents and injuries may occur. I realize the school provides the opportunity for participation. I (the parent/guardian) understand I retain the right of denial of such participation, and I must carry the responsibility for providing medical care and insurance coverage for my son or daughter in order for him/her to participate in athletics at Edgewood. I fully understand I am responsible for first-dollar coverage for athletic accidents or injuries.

This is to certify that the undersigned comprehends this document, accepts responsibility for accessing and understanding the Edgewood Student-Athlete Parent Handbook, and from the date of this document for a 365-day period, agree to abide by these regulations, rules, and the rules of conduct for Edgewood athletic participants.

**STUDENT-ATHLETE NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT-ATHLETE SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**ADDRESS OF INSURANCE COMPANY:** \_\_\_\_\_