

Bass Fishing	Baseball	Softball	Track	Golf	Volleyball
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OVHS Extracurricular Code of Conduct Agreement

Participation in the Okaw Valley CUSD #302 Athletic Program requires the signature of the participant and his/her parent(s)/guardian(s). By signing and returning this form, the student and parents are acknowledging that they are aware of district policies that are in place in our extracurricular handbook. I, by my signature below, give my child _____, consent to participate in Okaw Valley extracurricular activities.

I have reviewed the Okaw Valley Extracurricular Code of Conduct and understand that when participating, I am representing my school and community. I am aware that I have an additional responsibility as a role model to the younger children in the community who may be influenced by my actions. Participation in extracurricular activities is a privilege and not a right and I agree to follow the Extracurricular Code of Conduct provided by the Okaw Valley CUSD #302.

Student Signature

Parent/Guardian Signature

Date _____

Date _____

Insurance Waiver

The Okaw Valley School Board requires all students participating in Interscholastic Sports to be insured for accidents which may result from such participation. This insurance may be bought through Markel or by your personal family insurance policy. If you choose to purchase school insurance through Markel to cover the situations listed above, then you need not complete this form. However, if you choose to cover the above listed situations with your personal insurance, you must complete the information below and return it to the Okaw Valley Athletic Office at Okaw Valley High School prior to the start of practice. Information regarding Markel Student Insurance can be found at www.okawvalley.org.

_____ requests that their family insurance policy carried with
(Students Name)

_____ be accepted by the Okaw Valley Board of Education to
(Insurance Company)
insure the above-named student in the event of injury sustained from participation in athletics.

Policy Number _____ Parent/Guardian Signature _____
Date _____

OVHS Pre-Concussion Screening Waiver

I give consent that _____ may participate in IHSA activities as a student-athlete at Okaw Valley High School without benefit of a pre-concussion screening. If my son/daughter receives a concussion as during practice or competition, I will provide proper medical attention.

Signed (parent/guardian) _____ Date _____