

Athletic Responsibility Acknowledgment

Prior to participating in any practice or tryout sessions for any sport, each athlete must:

1. Successfully pass a physical by a registered physician and a copy of that examination must be on file in the office of the Athletic Director. One current physical examination per year is sufficient for all sports during that school year.
2. Return to his / her coach the Athletic Responsibility Acknowledgement form properly signed.
3. Properly fill out and return to his / her coach the Emergency Medical Form.
4. Receive / View a copy of the Student Athletic Handbook. Signing this Acknowledgement confirms that each athlete has received / viewed the Handbook.
5. View the OHSAA Preseason PowerPoint along with parent or guardian.
6. Parents or guardian and student athletes must read and sign the Ohio Department of Health's "Concussion Information Sheet."

As a Bloom-Vernon Local School District student athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the Bloom-Vernon Local School District student code of conduct, the coaches team rules, and the rules of the OHSAA.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol or any illegal drug. If I do use any of these substances, am in possession of such substances, or am suspended from school for the use or possession of these substances, I will be subject to denial of participation for the remainder of that season.
5. I acknowledge that I have been properly advised, cautioned and warned by the administrative and coaching personnel of the Bloom-Vernon Local School District that I am subjecting myself to the risk of injury, including but not limited to the risk of sprains, fractures and ligament and / or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk to injury.
6. I, along with my parents / guardian, certify that I have read and understand all of the Bloom-Vernon Local School District Athletic Policies, and in order to be eligible for participation, I must comply with all requirements listed.

Student Signature ----- Date ----- Sport -----

Parent Signature ----- Date----- Sport-----