

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

WARSAW COMMUNITY HIGH 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 Warsaw Community High School, I have been informed that it is my responsibility to access, read, and understand the Warsaw Community High School 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 WCHS web page, or I may obtain a copy of the handbook in the WCHS Athletic 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 WCHS Student-Athlete the Code of Conduct – it is my responsibility to contact the WCHS Athletic office for clarification.

It is my desire that _____ (student-athlete) participate in a sports program for WCHS Athletics, and both the student-athlete and I hereby voluntarily agree this student-athlete will be subject to the terms outlined in the Warsaw Community High School Student-Athlete Parent Handbook. Regarding the Random Drug Testing Program, I accept the methods of obtaining urine samples, testing, and analysis of such specimen, and all other aspects of the program. I understand the student-athlete will be required to furnish urine specimens, and I understand any refusal to provide a urine sample may result in a 365-day suspension from all athletic participation. I further agree to consent to disclosure of the sampling, testing, and results, provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

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

As per the WCHS Student-Athlete Parent Handbook, I understand that neither Warsaw Community Schools nor WCHS 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 WCHS. 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 WCHS 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 WCHS athletic participants.

STUDENT-ATHLETE NAME: _____ **GRADE:** _____ **DATE:** _____

STUDENT-ATHLETE SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____