

# FPCS Athletic Department Parent Responsibility Notice



Fairview Park City Schools  
21620 Mastick Road  
Fairview Park , OH, 44126  
Phone: 440.331.5500  
Fax: 440.356.3545  
[www.fairviewparkschools.org](http://www.fairviewparkschools.org)

The Ohio High School Athletic Association [OHSAA] annually purchases an insurance policy for the protection of athletes who attend member school. All boys and girls practicing for and participating in OHSAA sanctioned activities are provided with an accident insurance policy with a specific aggregate limit (1,00,000) The policy contains a \$25,000 deductible clause [subject to change].

Coverage for the deductible amount of this policy is the responsibility of the parents or guardians of each athlete. They must also assume responsibility for the protection of their children in areas not specifically covered by the policy provided by OHSAA. A copy of the OHSAA policy may be found on the OHSAA Web site [www.ohsaa.org](http://www.ohsaa.org).

The Fairview Park City School District Athletic Department requests that parents or guardians of athletes complete the form below. By doing so, you indicate that you have read and understood the above information and that you assume responsibility of providing coverage for all expenses for injuries by your son or daughter while taking part in the athletic activities sanctioned by the OHSAA that are not covered in the policy help by OHSAA.

Date

I hereby declare that any medical expense incurred by Student's Name:

While participating in the sport of:

will be totally assumed by me.

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(Parent/Guardian Signature)

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Address: