Parent & Athlete Please Initial the Following:

1. I have read and agree to follow the Canton Local Athletic Code of Conduct as outlined in the Student Athletic Handbook and the additional team guidelines given by the respective head coach to all participants in the athletic program. I may or may not agree with these rules, regulations and policies, but I do agree to follow them as a member of an athletic program.

2. I have read and agree to the content of the Insurance Verification Sheet.

3. I have viewed the Ohio High School Athletic Association Mandatory Parent Slideshow on the Canton Local Schools website and agree to its content.

4. I have read and agree to the Drug Testing Policy as outlined in the Canton Local Athletic Code of Conduct.

5. I have read the Ohio Department of Health Concussion Information Sheet and understand that I have responsibility to report my child's symptoms to coaches, administrators and healthcare providers. I also understand that my child must have no symptoms, and be cleared by a physician before return to play can occur.

6. I agree to a $50.00 Participation Fee for each sport that my child participates in. I acknowledge that this fee is non-refundable.

This form must be signed and returned to the Athletic Department before participation in any sports program.

Athletes Name: _______________________________ Grade: _____________

Athletes Signature: _______________________________ Date: _____________

Parent/Guardian Signature: ___________________________ Date: _____________

Please turn over and sign Lindsey’s Law on back.