



## Canton Local Athletic Department

600 Faircrest Ave SE Canton, Ohio 44707  
Telephone (330) 484.8005 Fax (330)484.8013

**Athletic Director: Andy Harms**

www.cantonlocal.org

### 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.