

## INSURANCE COVERAGE

The Norton Board of Education, Norton High School, Norton Middle School, and Norton Athletic Department will not assume any responsibility for injuries received while participating in interscholastic athletics.

Please check the appropriate box(es) and sign below:

- Our medical insurance provides adequate coverage, and accordingly, we will be responsible for any medical expenses incurred as a result of an athletic injury.
- We do not wish to have insurance, and we will assume all costs of an athletic injury.
- We will purchase insurance through the School Insurance Program, which will provide coverage as a result of an athletic injury for every sport except junior varsity and varsity football. (Note: a special policy is available to cover football).

If you have any questions, please feel free to contact the Athletic Office or Central Administration.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Sport**

\_\_\_\_\_  
**Student-Athlete's Name**

\_\_\_\_\_  
**Grade**

### ATHLETIC CODE OF CONDUCT CONTRACT

**Release:** As a student-athlete choosing to participate in a Norton High School/Middle School athletic program, I have read and understand the Athletic Code of Conduct. Furthermore, I grant permission to any police department to release information to officials of the Norton City School District concerning possible violations of the Athletic Code of Conduct. I also realize that each coach will distribute written expectations specific to the sport. These expectations are also guidelines for participation. By this signature, I agree that I will subject to the regulations set forth in the Athletic Code of Conduct.

**Athletic Code of Conduct Contract:** I have read and understand the Norton City Schools Athletic Code of Conduct. I also realize that each coach will distribute written expectations specific to the sport that are also guidelines for participation. By this signature, I also agree that I will be subject to its regulations.

The Athletic Code of Conduct and expectations of the coach are in effect twenty-four hours a day, seven days a week, for one calendar year.

\_\_\_\_\_  
**Student-Athlete's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Sport**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City & Zip**

Please list your legal residence. You must also notify the school if you have a change of address.  
Failure to do so could result in ineligibility for the athlete and/or his/her team.

**THIS PAGE MUST BE SIGNED & RETURNED TO THE COACH/ATHLETIC OFFICE  
BEFORE AN ATHLETE MAY PARTICIPATE IN ANY TEAM ACTIVITY**