



## STUDENT/PARENT ACKNOWLEDGEMENT & CONSENT

To be read and signed by parent/guardian and student

**Students may NOT participate in athletics until this form is on file in the Athletic Office.**

1. I acknowledge that student athletic insurance is required for participation in any MSD of Perry Township sport. It becomes the parent's responsibility to acquire such insurance and provide proof of coverage. ***(Select your insurance option on the back of this form)***
2. I hereby give consent, in the event of an accident, injury or illness for any and all necessary medical care to be administered to my child under the direction of the responsible school personnel or their agents until such time as I may be contacted. In addition, I release the Licensed Athletic Trainer or Doctor to provide the appropriate coaching staff with medical information that may affect my child's ability to participate in athletics.
3. I acknowledge that I have received and read both of the fact sheets (located on the school athletic web site) regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.
4. I acknowledge that I have read and understand the "Perry Township Code of Conduct" policies, established by the MSD of Perry Township. (located on the school athletic web site)
5. I authorize MSD of Perry Township to use the name and/or picture of my child on the school related web sites.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

***Please complete your insurance information on the back of this form.***



Student Name \_\_\_\_\_ (M/F) \_\_\_\_\_  
(Please Print)

Graduation Year \_\_\_\_\_ Sports \_\_\_\_\_

**ATHLETIC INSURANCE COVERAGE**

Student Athletic Insurance is required for participation in any MSD of Perry Township sport. It becomes the parent's responsibility to acquire such insurance and provide proof of coverage.

**Option 1**

If the student is currently covered under a family policy, simply provide the requested information.

**Option 2**

If the student is eligible for financial assistance under federal guidelines (eligible for free or reduced lunch and textbook rental assistance), he/she could also be eligible for Hoosier Healthwise Insurance at no cost. If the student is already covered under Hoosier Healthwise, please provide the information under option two. Parents will need to contact Hoosier Healthwise at 317-221-3183 to enroll in their program.

By signing below, those families applying for Hoosier Healthwise Insurance understand and agree that until the application has been approved the family will assume full liability for any accident and/or injury during try outs and/or participation in any athletic event.

**Option 3**

If the student is ineligible for Hoosier Healthwise Insurance and not covered under a family policy, parents may receive an application for supplemental Student Athletic and Accident Insurance. It will be the parent's responsibility to complete the application and provide proof of coverage.

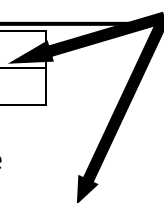
**\*\*One of the options listed below MUST be selected before students may try out or participate in any sport within MSD of Perry Township. This will ensure that each student athlete can be provided appropriate medical care if an injury occurs.**

**SELECT ONE FROM THE FOLLOWING OPTIONS**

\_\_\_\_ 1. Currently have medical insurance coverage.

Insurance Company	Phone #
Policy Holder	Policy or ID#

**\* Must Fill Out One Box with Info**



\_\_\_\_ 2. Applying for Hoosier Healthwise Insurance or already a member of Hoosier Healthwise Insurance.

Date of Application \_\_\_\_\_ or Current Policy # \_\_\_\_\_

\_\_\_\_ 3. Currently do not have insurance coverage and am in the process of applying for coverage with American Youth Student and Sports Insurance. Get form in Athletic Office.

Date of Application \_\_\_\_\_

**\* If you do not have insurance please call or see the Athletic office for other options. (317-789-4893) It is Mandatory that every athlete have Insurance to play a sport.**

***(Please fill out completely)***