

# Strongsville High School

## Athletic Participation Online Checklist



ATHLETE'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

(PLEASE PRINT)

SCHOOL YEAR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL ATTENDED LAST YEAR: \_\_\_\_\_

NAME OF SPORT:                      FALL: \_\_\_\_\_

WINTER: \_\_\_\_\_

SPRING: \_\_\_\_\_

**Parent/Guardian(s) Permission:** I hereby give my consent for the above mentioned student to engage in interscholastic athletics at Strongsville High School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents/Guardians/Students:**

This page may be printed and completed in its entirety, then signed by you and your student-athlete on all lines where designated, before he/she will be permitted to participate in try-outs/practices. This information will only need to be completed once in a school year and will cover all three athletic seasons. All information is available on the SHS Athletic webpage (<http://www.strongnet.org/page/678>). I have read and understand the requirements and ramifications in the following pages of information:

**Parent Initial    Student Initial**

		RESIDENCE AFFIDAVIT
		CODE OF CONDUCT
		RISK OF INSURY/INSURANCE REQUIREMENT
		HEAD INJURY MANAGEMENT/ODE CONCUSSION
		ELIGIBILITY ACKNOWLEDGMENT

THE FOLLOWING FORMS **MUST BE PRINTED** AND SUBMITTED UPON COMPLETION:

\_\_\_\_\_ EMERGENCY MEDICAL FORM

\_\_\_\_\_ OHSAA AUTHORIZATION/PHYSICAL FORMS

PHYSICAL DATE: \_\_\_\_\_

“FOR OFFICE USE ONLY”, TO BE COMPLETED BY THE ATHLETIC DEPARTMENT: \_\_\_\_\_