

Dear Mariemont Warrior Athletes and Parents,

The three pages that follow this letter compose the Registration Packet required of every student trying out for any athletic team at Mariemont High School and at Mariemont Junior High School. A new packet must be completed for each athletic season, as the releases are sport specific. These forms must be returned BEFORE an athlete is permitted to practice with their team.

The Ohio High School Athletic Association's Physical Examination form must be completed and returned before an athlete may practice with their team. An athlete only needs to have this form completed once each academic year. The school will keep these forms on file for the entire academic year. This form is also available online from the OHSAA Physical Form link on the Mariemont High School Athletic homepage.

The final form that must be on file with the school is the completed Student Handbook Form, which is the last page of the Student Handbook. This form signifies that the athlete and the parent has reviewed the school policies outlined in the Student Handbook, as well as the Mariemont Code of Conduct for extra-curricular activities.

Completed forms should be returned as follows:

High School Students: To Tom Nerl, Athletic Director in the High School Main Office.

Junior High Students: To the Mariemont Junior High Main Office.

ATHLETIC REGISTRATION FORM

Name _____ Grade 7 8 9 10 11 12
Address _____ Phone _____ Male
Female
City _____ ZIP _____ Date of Birth _____
New to Mariemont High School this year? _____ Sport _____

CERTIFICATION OF RESIDENCE AND LEGAL CUSTODY

We/I, the parent(s) of _____ do hereby certify that we/I have legal custody of named student and that we/I reside within the Mariemont School District at the above address. We/I agree to notify the school office immediately (Principal, Athletic Director) if custody and/or residence changes at any time.

Signature of Parent

Date

ATHLETIC MEDICAL INSURANCE

THE MARIEMONT SCHOOL DISTRICT DOES NOT PROVIDE INSURANCE FOR SCHOOL ATHLETICS. The Ohio High School Athletic Association (OHSAA) plans to provide a catastrophic insurance policy for athletes injured in the pursuit of an OHSAA and Board of Education sponsored sport. Details regarding the provisions of this plan are available through Tom Nerl, Athletic Director. If you have a child participating in interscholastic sports, we recommend you investigate the following:

1. Check with your own health insurance carrier to determine the nature and extent of coverage available to you due to an athletic injury
2. If athletic injuries are not covered or are partially covered through your current Health care plan, consider purchasing a rider to that plan.

PLEASE SIGN BELOW ACKNOWLEDGING THE FACT THAT YOU HAVE READ THE MEDICAL INSURANCE INFORMATION ABOVE.

Parent signature _____

Date _____

Student signature _____

Date _____

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I (name of student)_____ hereby acknowledge that by participating in the sport of _____ I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures, and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

Signature of Athlete

Date

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We (I), the parents of _____ do hereby acknowledge that our (my) child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage or even death by participating in _____(sport). Notwithstanding such warning, and with full knowledge and understanding of the risk of injury to our (my) child named above which may result, we give our consent to _____(name of child) participating in the sport of _____.

Signature of Parent

Date

SPORTS / EXTRA-CURRICULAR ACTIVITIES RELEASE

I/we, the undersigned, being the parents/guardians of _____(name of student) do hereby release, waive, discharge and covenant not to sue the Mariemont City School District Board of Education, its individual members, superintendent, principals, administrators, employees, agents, or anyone acting on its behalf from any and all liability, claim, demand, action or right of action, of whatever kind, nature, either in law or equity, arising from or by reason of bodily injury, personal injury or mental injury, known or unknown, including death from (name of student) _____'s participation in sports and any other extracurricular activity on behalf of or in the name of Mariemont City School District Board of Education.

I/we hereby assume full responsibility for and risk of bodily injury, personal injury or mental injury or death due to my/our son/daughter/ward's participation in sports and/or other extracurricular activities on behalf of or in the name of Mariemont City School District Board of Education.

I/we expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student be injured and that if any portion of this release is held invalid, it is agreed that balance shall, nevertheless, continue in full force and effect.

I/we further state that I/we have carefully read the above release and know the contents of same and sign this release as my/our own free act.

Dated _____

Parent/guardian _____

Parent/guardian _____