

LAKEWOOD LOCAL SCHOOLS
ATHLETIC CODE OF CONDUCT AND EXPECTATIONS
2019-2020
Acknowledgement of Athletic Policies Agreement

Student Name _____ Grade _____

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Lakewood Local Schools Athletic Handbook and/or school student handbook.
- I have read the student athlete handbook and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct.
- I understand that there is a risk of injury in participating in athletic activities.
- I understand this is binding while a student at Lakewood.

Student Signature _____ .Date _____

AS A PARENT/GUARDIAN:

- I have read the parent /student athlete handbook and understand the responsibilities of my son/daughter as a participant in athletic activities in the Lakewood Local Schools.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter as a participant in athletic activities.
- I understand this is binding while my son/daughter is a student at Lakewood.

We, the parents/guardians of the above-named athlete, have insurance with _____ that will pay the medical or surgical expenses that result from any injury, major or minor, that this athlete received as a result of practicing or performing in athletics at Lakewood Schools. The insurance will also cover the athlete while traveling to or from practice sessions or scheduled contests. Since we have this policy, we agree to release Lakewood Schools from any obligation as pertains to financial responsibility in these matters for this school year or any period of time thereafter.

Parent/Guardian Signature _____ .Date _____

Parent/Guardian Signature _____ .Date _____

This agreement must be signed and on file in the athletic office
before a student may participate in athletic events for the Lakewood Local Schools.