

**STUDENT/PARENT EXTRACURRICULAR AGREEMENT**

Name _____ Birth Date _____

Graduation Year _____ Date Enrolled in High School _____

It is mandatory that the "Eligibility and Extracurricular Code Agreement" be signed in order for the student/athlete to be eligible to participate.

ELGIBILITY AND EXTRACURRICULAR CODE AGREEMENT

As a student/athlete choosing to participate in a Hudson High School/Middle School Extracurricular Program, I have read the Eligibility and Extracurricular Code Agreement and understand it. Furthermore, I grant permission to the Hudson Police Department to release information to officials of the Hudson City School District concerning any criminal investigations or prosecutions involving tobacco, alcohol and/or other drugs, as defined in the extracurricular policy, which involve me.

Student/Athlete Signature Date: _____

As the parent(s) of the above named student/athlete, I understand the standards and the consequences of policy violations. Furthermore, I grant permission to the Hudson Police Department to release information to officials of the Hudson City School District concerning any criminal investigations or persecutions involving tobacco, alcohol and/or other drugs, as defined in the extracurricular policy, which involve my child in any way.

Parent Signature Date: _____

Hudson High School/Hudson Middle School Insurance Coverage

The Hudson Board of Education, Hudson High School, Hudson Middle School and the Hudson Athletic Department will not assume any financial responsibility for injuries received while participating in interscholastic athletics or traveling to and from games and practices. As a member of the OHSAA, we are covered by a major medical insurance policy for athletic injuries. This policy has a \$25,000 and \$1,000,000 limit.

Prior to participation, every student athlete must:

1. Be covered by insurance or
2. Parents have indicated they choose not to be covered and that they will assume all costs relating to any injury in connection to athletics.



PLEASE SIGN AND RETURN THIS PAGE TO YOUR COACH/ADVISOR

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 any injury in connection with athletics for our child.
- _____ We will purchase school insurance through the student insurance program which will provide coverage for medical expenses as a result of athletic injury for every sport with the exception of grades 10-12 football. (Note: A special policy is available to cover football). Insurance is purchased directly by the family from the company. The school does not process insurance.

_____ Date: _____
Parent/Guardian Signature