

DEFIANCE HIGH SCHOOL ATHLETIC MANUAL

I have read the Defiance City School Athletic Manual, and understand the rules and regulations included in this manual. I understand that I must abide by these rules as long as I participate in athletics at Defiance High School.

ATHLETE'S SIGNATURE: _____

DATE SIGNED: _____

I have read the Defiance High School Athletic Manual and understand that my son/daughter must abide by these rules and regulations as long as he/she participates in athletics at Defiance High School.

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____

ATHLETIC INSURANCE

I understand that I am responsible for obtaining medical insurance that will cover any injuries incurred through athletic participation in Defiance City Schools. (This may be my current family medical insurance or by purchase of additional insurance at my expense.)

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____