

Lowell High School

Athletic Department



2051 E. Commercial Ave.
Lowell, IN 46356

<http://tricreek.schoolwires.com/lhs/site/default.asp>

219-696-7733 ext. 1731

SIGN-OFF SHEET 2013-2014

Student-Athlete Name (**PLEASE PRINT LEGIBLY**) _____

Home Street Address

Date of Birth

City / State / Zip

Parent Email Address

Home Phone Number

Cell Phone Number

(Please check each box as you complete each section and attach forms 1-4 in order to this sheet.)

- I have read, understand, and agree to comply with all rules and regulations found in the **Lowell High School Student-Athlete Handbook**, located on the Lowell High School Athletic website. If access to a computer is unavailable, a hard copy can be obtained in the Athletic Office. I have completed and attached a signed **Code of Conduct** confirming my agreement to comply with all rules, regulations, and policies.
- I have completed and attached the **IHSAA Physical Form** (pages 1-4). This is the only form the Athletic Office is permitted to accept per the IHSAA.
- I have completed the **Student/Parent Code of Conduct Certificate and Consent**. (Form 1)
- I have completed and attached the **Medication Consent**. (Form 2)
- I have read the **HEADS UP CONCUSSION** fact sheet for **Athletes** and **Students**. I have completed and attached the **CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM** for **Parents** and **Student Athletes**. (Form 3)
- I have read and understand the **Insurance Waiver**. If the student-athlete does not have insurance, I understand I can obtain Student Athlete Protection through Guarantee Trust Life. (forms in athletic office)
(Complete only if you don't have Insurance - Form 4)
- I have read and completed the TriCreek School Corporation's Drug Testing Consent form. (Form 5)
- I have completed online the **Emergency Medical Waiver**.
- I have read and agree to the **Student Athletic Fee**. Payment is expected for each sport, every season before the first scheduled away contest.
- I have read and understand the **Guidelines for Use of Social Networking Media**.
- I have read and give permission for my son/daughter to take the **ImPACT Concussion** preventative computer test.
- I have read and understand the **Herbicide/Fertilizer Usage**.
- I have read and understand the **Cautionary Statement**. (sport specific)
- I am confirming my son/daughter **has not attended another high school**.
- I understand that my student-athlete must be enrolled in, and passing, a minimum of 5 credit hours at LHS, any alternate classes must be approved through the Athletic Office.

Print - Student Name

Date

Student Signature

Print - Parent/Guardian

Date

Parent Signature