

**MY SIGNATURE INDICATES THAT I HAVE READ THE ATHLETIC  
CODE OF CONDUCT FOR INTERSCHOLASTIC ACTIVITY AND  
AGREE TO BE GOVERNED BY THE RULES AND REGULATIONS  
CONTAINED THERE IN.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**MY SIGNATURE INDICATES THAT I HAVE RECEIVED THE OHIO  
DEPARTMENT OF HEALTH CONCUSSION AND HEAD INJURY  
INFORMATION SHEET FOR YOUTH SPORTS.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

*This is a required form for Participation.  
Return to your coach or Athletic Director ASAP.*