

**\*\*\*PLEASE BE SURE TO SIGN BOTH FORMS BELOW AT THE X'S\*\*\***

**ACCIDENT AWARENESS AND INSURANCE WAIVER**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

I am aware that the chance exists that I may be seriously injured by my participation in inter-scholastic athletics.

Louisville High School will NOT be held responsible for any medical expense incurred as a result of injury while I am participating in inter-scholastic athletics. I will pay all medical bills.

Athlete's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_



**2013-2014 ATHLETIC HANDBOOK – CODE OF CONDUCT**

Dear Parent/Guardian & Participant:

It is vital that all parties concerned – participant, parent/guardian & school personnel – work together with a clear and common understanding of the policies of the Athletic Department. This knowledge will eliminate a lot of confusion and will enhance the cooperation between home and school.

Please take the time to review the handbook/code of conduct and return this **SIGNED** form to your son/daughter's coach prior to any participation in any Louisville Athletic program.

**YES, we have received the Athletic Handbook and are aware of the policies and procedures it contains.**

**X** \_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_ **Sport(s) Participating In (2013-2014)**

**X** \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_ **Date Signed**