

Athletic Handbook Acknowledge Form

Crestview Local School District
1575 State Route 96
Ashland, Ohio 44805
419-895-1700

I have read the Crestview Athletic Handbook and agree to abide by the policies stated herein.

Student Signature

Parent Signature

Date Signed



Medical Insurance Coverage Form

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I, hereby, state that I have medical insurance which would cover any injury which I might sustain while participating in activities occurring on Crestview Local School District facilities, and I therefore, release the school district from any liability which might arise from participating in any athletic activity. If there is any lapse of coverage, it will be my responsibility to notify the athletic department.

Student's Name _____ Grade _____

Parent's Signature _____ Date _____