

**Required Team, School, and OHSAA forms checklist**

**The following forms are required to be completed and returned to the Licking Heights XC coaching staff. Some of these forms are new to the XC program while others are what you will see affixed to the LH Extra Curricular Handbook. They have been stapled together so that it will be easy to return as one combined package and contain a checklist below for easy understanding. PLEASE DO NOT UN-STAPLE THIS PACKAGE.**

**Please read through each form, complete each form, and then also sign the below. If you have any questions, please contact:**

COACH WEAVER 614-256-4215 LHHornetsXC@gmail.com

🞏 ATHLETIC TEAM HANDBOOK ACKNOWLEDGMENT GREEN FORM

🞏 INDIVIDUAL STUDENT ATHLETE INFO SHEET YELLOW FORM

🞏 TEAM AND INDIVIDUAL GOAL SETTING AND GUIDELINES YELLOW FORM

🞏 OHSAA ELIGIBILITY CHECKLIST YELLOW FORM

🞏 ODH CONCUSSION FORM YELLOW FORM

🞏 A VALID PHYSICAL YELLOW FORM

🞏 EMA YELLOW FORM

🞏 OHSAA AUTHORIZATION FORM YELLOW FORM

🞏 OHSAA ELIGIBILITY AUTHORIZATION FORM YELLOW FORM

🞏 OHSAA SPORTSMANSHIP FOR PARENTS PLEDGE YELLOW FORM

🞏 LH MEDICAL ALERT FORM YELLOW FORM

🞏 LH STUDENT INSURANCE FORM YELLOW FORM

🞏 LH STUDENT ATHLETE DATA SHEET YELLOW FORM

🞏 LH ACKNOWLEDGEMENT OF ATHLETIC RESPONSIBILITIES YELLOW FORM

BY SIGNING THE BELOW, I ACKNOWLEDGE I HAVE RECEIVED AND READ THE 2013 LH XC TEAM HANDBOOK. BY ALSO SIGNING THE BELOW, I WILL ADHERE TO THE RULES AND REGULATIONS SET FORTH BY THE OHSAA, LICKING HEIGHTS SCHOOL DISTRICT, THE ATHLETIC DEPARTMENT, AND THE XC COACHING STAFF.

STUDENT ATHLETE NAME (FIRST & LAST NAME) – please print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ATHLETE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME (FIRST & LAST NAME) – please print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_