## Mansfield Christian Athletics

## "Parent Information and Forms Sign-Off"

## 2016-2017 School Year

Name of Student-Athlete:	Sport:
(Second) Student Athlete:	Sport:
Parent/Guardian (print name):	
Home Phone:	Cell/Work Phone:
Email address:	
Download and view each of the items locate	ed on the Athletics page of the MCS web site. Once you have
read/reviewed each item, print this form, in	itial each item listed and return this form signed to the
athletic office. This must be completed befo	ore your son/daughter will be permitted to participate in a
regular season game.	
Reviewing this information takes the place o	of the meeting if unable to attend. It is a requirement of the
OHSAA and Mansfield Christian School that	you review the following information in order for your
son/daughter to be eligible to compete in in	nter-scholastic competition. Please contact the athletic office
with any additional questions or email Mr. S	Stephen Armstrong at <u>armstrong.stephen@mcsflames.org</u> .
Review the OHSAA video	
Read the Athletic Handbook	
Complete the OHSAA Pre-participation	on Physical Evaluation Form and OHSAA form
Read, sign and return Concussion Inf	ormation Form
Pay Athletic Fee (\$115 High School; \$	\$75 Jr. High; \$285 Family Max)
Student athlete has health care cove	erage
Copy of auto insurance card to trans items and acknowledge the information cor	port students I have reviewed/revised each of the above ntained within.
(Signature of parent/guardian)	 (Date)