

OESJ ATHLETIC POLICY

CERTIFICATE OF ASSURANCE **2022-2023**

I have read and received a copy of the above rules and agree to follow them. I understand the consequences of my actions, which violate these rules, as set forth above, which may include suspension or removal from the team. I am aware that a copy of the district's concussion policy is available on the school website and available upon request.

Athlete (Print and Sign)

Date

I have read the above rules and am aware of their implications for my son/daughter. Further I will do my best to see that he/she follows said rules. In addition my signature confirms that my child has had no injuries or illness that should limit his/her participation in high school athletics. I am aware that a copy of the district's concussion policy is available on the school website and available upon request.

Parent/Guardian Athlete (Print and Sign)

Date

Address:

Telephone #:

Home: _____

Work: _____