

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

**Berea City School District  
Student Contract for the Privilege of Participating in a  
Co-Curricular Activity**

I agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games, meets, and/or activities. I further agree to pay for any and all equipment I do not return at the end of the season/activity.

I agree to abide by all the rules and regulations set forth in the Berea City School District's Co-Curricular Code of Conduct.

I, as parent/guardian of the above student, have read the policies and rules for the privilege to participate in the Berea City School District's Co-Curricular Program.

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Berea City School District  
Insurance Waiver**

Last Name \_\_\_\_\_ First \_\_\_\_\_ School Year \_\_\_\_\_

**(to be completed by parents/guardians)**

A. We feel that our family has sufficient insurance to cover our son/daughter in case of any injury incurred while participating in the Berea City School District's Co-Curricular and Extra-Curricular Program.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**OR**

B. Parents/Guardians without insurance shall assume all bills and expenses resulting from an injury.

Parent/Guardian Signature \_\_\_\_\_

Have you had any significant ailments or injuries since your physical exam was done? Yes or No  
If yes, describe the injury or illness, doctor's name, treatment received and dates of treatment.

\_\_\_\_\_  
\_\_\_\_\_