



Bishop Rosecrans High Schools ♦ “OK to Try-Out” Checklist

The OK to Try-Out Checklist must be completed before a student may participate in interscholastic activities at Bishop Rosecrans High School. Upon completion, the student will receive a signed copy of the form to submit to their coach. No student will be permitted to try-out until the OK to Try-Out is completed and on file in the Athletic Office.

Sport: _____

Student Name: _____ Date: _____

Parent/Guardian: _____

Phone Numbers: (Daytime) _____ (Evening) _____

Address: _____

Parent(s) Email Address: _____

Student Email Address: _____

“OK to Try-Out” Checklist Items to be completed:

- Athletic Agreement Form
- Athletic Handbook Sign-Off Sheet
- OHSAA Pre-participation Physical Evaluation
- OHSAA Authorization Form
- OHSAA Eligibility and Authorization Statement
- Authorization to Consent to Medical Treatment
- Liability and Insurance Waiver Form
- Parental Permission & Transportation Form
- Signed “OK to Try-out” Checklist

For Office Use Only:

All items have been reviewed, are complete, and filed within the BRHS Athletic Department. The student is ready to compete.

Athletic Director

BISHOP ROSECRANS ATHLETIC DEPARTMENT

ATHLETIC AGREEMENT FORM

ATHLETE'S NAME: _____ GRADE _____

STUDENT-ATHLETE'S AGREEMENT

I have read the entire *Bishop Rosecrans High School Athletic Handbook* and agree to abide by its contents. I agree to support all policies in both spirit and practice in my relationships, participation, and attitude. I will do my best to uphold my responsibility as a student-athlete of Bishop Rosecrans High School, being faithful to pursue integrity and character that is consistent with the Christ centered vision of the Bishop Rosecrans High School athletic department.

STUDENT-ATHLETE SIGNATURE: _____

DATE SIGNED: _____

PARENT'S/GUARDIAN'S AGREEMENT

I/we have read the entire *Bishop Rosecrans High School Athletic Handbook* and support the enforcement of its rules and guidelines both in spirit and practice. I/we agree to support the athletic department & coaching staff in their decisions, as they are delegated authority in my son/daughter's athletic participation in Bishop Rosecrans High School athletics.

PARENT(S)/GUARDIAN(S) SIGNATURE

PRINT NAME: _____ RELATIONSHIP: _____

SIGNED: _____ DATE: _____

PRINT NAME: _____ RELATIONSHIP: _____

SIGNED: _____ DATE: _____