

Lucas Local Schools Athletic Department

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Medical Insurance Responsibility Form

The Lucas Athletic Department requires that parent/guardians indicate the type of medical coverage your student will have should an injury occur during his/her participation as a member of a Lucas athletic team.

The responsibility of financial burden rests with the parent/guardian of the participant. You **MUST** have some type of insurance to participate in athletics at Lucas. Please check the space below that describes the coverage your student will have:

_____ School Insurance Plan was ordered & payment sent on / /

_____ Employer's Hospitalization Plan
Place of Employment: _____
Insurance Company & Policy # _____

_____ Independent Hospitalization Plan
Insurance Company & Policy # _____

As parent/guardian of _____, I
verify that the information given above is accurate & true.

Print Parent/Guardian Name

Parent/Guardian Signature / /
Date

Residency Report Form

The Ohio High School Athletic Association requires that in order to be eligible, a student wishing to participate in interscholastic athletics at Lucas must report his/her residential status. After filling in the top portion of this document, complete the statement below that best reflects your student's current residential status:

Student name: _____

Grade: ____ Age: ____

_____ The previously mentioned student resides with his/her natural or adoptive parents within the Lucas Local School District.

_____ The previously mentioned student resides with someone other than his/her natural or adoptive parents within the Lucas Local School District.
Name of Other: _____
Relation of Other: _____
Address of Other: _____

_____ The previously mentioned student resides with his/her natural or adoptive parents outside of the Lucas Local School District.
Address: _____

Print Parent/Guardian Name

Parent/Guardian Signature / /
Date



Sportsmanship...Make it a tradition...Practice it for Life!

