



**AGREEMENT TO POLICIES AND PROCEDURES FOR SPORTS
MEDICINE SERVICES**

I HAVE READ THE DOCUMENT ENTITLED POLICIES AND PROCEDURES FOR SPORTS MEDICINE SERVICES. I UNDERSTAND THE STATEMENTS CONTAINED THERIN. I ALSO UNDERSTAND THAT FAILURE TO FOLLOW THE GIVEN POLICIES AND PROCEDURES MAY LEAD TO FINANCIAL RESPONSIBILITY OF MEDICAL EXPENSES ON MY PART.

(Form MUST be signed by both Student Athlete & Parent/Guardian)

SIGNATURE OF STUDENT

Date

Printed Name

SIGNATURE OF PARENT/GUARDIAN

Date

Printed Name