



**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.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATUR OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME