

**DEWEY SCHOOLS**  
**2025-2026**

M / F

Circle Male or Female

(Print Clearly)

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade in 2024-2025

To the parent or guardian of Dewey athletes,

Each student athlete must have this form signed, dated and returned to his/her coach.

I understand that Dewey Schools **does not** provide student athletic insurance.

I am aware of my child's potential insurance needs in the event of accident or injury occurring during game, practice or participation in a school sport or activity.

Additional insurance information can be found by going to the following website.  
[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT  
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA                   §  
   §  
COUNTY OF \_\_\_\_\_ §

I, \_\_\_\_\_, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of \_\_\_\_\_, who is enrolled as a student at \_\_\_\_\_ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that \_\_\_\_\_ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT  
FOR STUDENTS 18 AND OLDER**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA                   §  
   §  
COUNTY OF \_\_\_\_\_           §

I, \_\_\_\_\_, the undersigned person, being first duly sworn, on oath, state that I am of legal age.  
I am enrolled as a student at \_\_\_\_\_ School, and I intend to compete on a school athletic team during the upcoming school year.  
I acknowledge that \_\_\_\_\_ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature

# Concussion and Head Injury Acknowledgement

\_\_\_\_\_  
(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by \_\_\_\_\_ related to potential concussions and head injuries occurring during participation in athletics.

(NAME OF SCHOOL)

I, \_\_\_\_\_, as a student-athlete who participates in  
(PLEASE PRINT STUDENT ATHLETE'S NAME)

\_\_\_\_\_ athletics and I, \_\_\_\_\_

(NAME OF SCHOOL)

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by \_\_\_\_\_ related to concussions and head injuries occurring  
(NAME OF SCHOOL)

during participation in athletic programs and understand the content and warnings.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.**

## Sudden Cardiac Arrest Acknowledgement Statement

\_\_\_\_\_  
(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student Athlete's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

*This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*