

INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: _____, Principal
_____ School

I, _____ (Parent or Guardian) hereby grant permission for my son/daughter _____ (Birthdate: Mo. _____ Day _____ Year _____), to participate in interscholastic sports during the _____ school year. (Please circle the sport/s in which your son/daughter MAY NOT participate).

Baseball, Basketball, Cheerleading, Cross-Country, Decathlon, Drill Team, Golf, Gymnastics, Pentathlon, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Water Polo, Weightlifting, Wrestling

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also, I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with _____ (Name of Insurance Company), which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the Insurer's policy card is attached.

(Signed) _____
Parent or Guardian

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****NOTE:****

**A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM.**

PARENT/GUARDIAN: Please return to the Athletic Dept. of your son's/daughter's school.