

PARENT PERMISSION AND AUTHORIZATION FOR - TREATMENT/INSURANCE COVERAGE

We hereby give our consent for _____ to represent his school/team
(Player's name)

in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school/team responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents representatives, coaches, and volunteers harmless from any and all liability, actions causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his school.

If we cannot be reached and in the event of any emergency, we also give consent for the school/team to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the player, if he is inured in the course of school athletic activities.

We understand that the school/team may not provide transportation to all event, and

Permit / Do Not Permit (Circle One AND SIGN BELOW)

My child to drive his vehicle in such a case.

_____(Parent/Guardian Signature)

We further state that _____ is in good health and has no physical
(Participant)
condition that would prevent or hinder his participation in the program and agree he will wear appropriate protective equipment while participating in the program.

The MSHSAA by-laws provide that a student shall not be permitted to practice or compete for a school unit it has verification that he has basic athletic insurance coverage. Our son is covered by basic accident insurance for the current school year with:

INSURANCE COMPANY NAME

POLICY NUMBER

SIGNATURE OF PARENT/GUARDIAN

DATE