

To Be Filed
In The Principal's
Office

HUNTSVILLE CITY SCHOOLS
HUNTSVILLE, ALABAMA

See Policy #105-1
Page 2, Section D.
Insurance

ATHLETICS PERMISSION FORM FOR ALL SPORTS

I hereby give permission for my child _____, to participate in the following sports during the _____ year:

Please use an X to mark the sport.

Baseball _____	Football _____	Swimming _____	Track _____
Basketball _____	Golf _____	Soccer _____	Volleyball _____
Cross Country _____	Softball _____	Tennis _____	Wrestling _____

I also give my permission for the adult representative to sign for emergency medical treatment my son/daughter may need while participating in this sport.

I fully understand that neither _____ (school) nor the Huntsville City School System furnishes an accident and/or disability insurance for athletes; however, we feel a responsibility to make available to you information on the best, most inexpensive insurance you can purchase. Each athlete must take out this insurance, or the parents must sign that they will assume responsibility for all medical bills.

By signing this document, I hereby release the Huntsville City School System and all its employees from any liabilities whatsoever and waive any claims for compensation in case of injury to my son/daughter.

PLEASE MARK PREFERENCE DESIRED IN BLANK SPACE

- 1) _____ Regular school insurance, to be purchased by parents, will cover all sports and school accidents, except football.
- 2) _____ Special school insurance, to be purchased by parents, to cover football.
- 3) _____ Parents will assume responsibility for all medical bills.

Signature of Parent

Date

Work Number

Home Number

Doctor's Name

Emergency Number

List any medication your child is allergic to:

IN CASE OF EMERGENCIES
COACHES SHOULD HAVE A COPY OF THIS INFORMATION
AVAILABLE AT ALL TIMES