

Athletic Permission Form

I hereby give permission for my son/daughter _____ to participate in the interscholastic athletic program at Pepperell Middle School.

Today's date is _____

I certify that I have insurance which provides adequate medical coverage for said student with _____ (Name of Insurance Company) and Policy number _____.

Students are responsible for updating insurance policies (numbers) if they change. It is understood that neither Pepperell Middle School nor Floyd County Schools carries liability OR medical pay insurance which covers participation in the athletic program. Also, school funds may not be used for medical treatment for personal injuries sustained while participating or traveling to athletic events. Students are responsible for all medical treatments for injuries resulting from participation in the athletic program.

I hereby agree and release Floyd County Schools and Pepperell Middle School, and its employees, from all medical claims and expenses related to participation in the athletic program of Pepperell Middle School.

Parent Signature

Street Address

City, State, Zip

Telephone Number