

SARALAND CITY SCHOOLS
ATHLETIC PERMISSION FORM
ALL SENIOR HIGH BOYS AND GIRLS
ALL JUNIOR HIGH BOYS AND GIRLS
ALL MIDDLE SCHOOL BOYS AND GIRLS

I hereby give permission for my son/daughter, _____,
(Athlete's Name)

to participate in _____ at _____
(Sport) (Name of School)

during the _____ sport season.
(Year)

I will assume the responsibility of any medical treatment that he/she might need if any
injury occurs while practicing in _____ or on trips.
(Sport)

Furthermore, I hereby release the Saraland Board of Education, its servants and
agents, and _____ from all responsibility for any injury
(Name of the School)
resulting from such activity.

My family has medical coverage with _____
(Name of Company)

(Policy Number)

(Parent Signature) (Date)

(Street Address) (Zip)

(Parent Telephone Number)