

SARALAND City Schools
ATHLETIC PERMISSION FORM
High School Band

I hereby give permission for my son/daughter, _____,

To participate in _____ at Saraland High School
(Name of School)

During the 2021-2022 sport season.
(Year)

I will assume the responsibility of any medical treatment that he/she might need if any injury occurs while participating in Band, Color Guard, Feature Twirler, Dance Team, functions.

Furthermore, I herewith release the Saraland Board of Education, its servants and agents, and Saraland High school from all responsibility for any injury resulting from such activities.

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

[REQUIRED] Policy Number _____.

(Signature of Parent) (Date)

(Street Address) (Zip Code)

(Telephone Number)