

St. Mary Parish Schools

474 Highway 317 • P.O. Box 170 • Centerville, LA 70522
337-836-9661 • www.stmaryk12.net

SCHOOL BOARD MEMBERS

Athletic Insurance Acknowledgement Form

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I, _____ (Parent/Guardian), hereby grant permission for my child,
_____ (Student Athlete) to participate in school-sponsored athletics.

By signing this Acknowledgement Form, I understand that it is my responsibility to provide medical insurance coverage for the above-named student athlete. I agree to hold St. Mary Parish School Board, its members, employees, agents, assigns and insurers harmless from and against any liability for accidents involving the student while participating in athletic activities and any injuries suffered by the student during, or because of, such participation.

I certify that my child is otherwise covered for any medical expenses incurred through any accident or injury that may occur while participating in athletics. It is the policy of the St. Mary Parish School Board that no student shall be allowed to practice or participate in interscholastic athletics until this requirement has been met.

This agreement also authorizes team physicians to treat the student athlete if an injury requires emergency treatment.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



Superintendent
Buffy S. Fegenbush, Ed. D.