

MSAA INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT

To: Mark Henderson, Principal
Walter C. Young Middle School

I, _____ (Parent or Guardian), hereby grant permission
For my son/daughter _____, (Birth date: Month _____ Day, _____
Year _____ to participate in interscholastic sports during the 2025 – 2026 school year.

Please **circle** the **sports** in which your son/daughter **MAY NOT** participate.

Soccer, Cross Country, Basketball, Flag Football, Volleyball, Track and Field

My son/daughter has been examined by a physically qualified to participate in the sports stated above.
The original physical is attached with doctor's stamp of approval.

I authorize my child to accompany the school team, of which he or she is a member on any of its local or
out of town trips. Also, I authorize the school to obtain, through a physician of their own choice, any
emergency medical care that may become reasonably necessary for my child because of game
participation.

We have accident insurance with _____ (Name of Insurance
Company) which will cover my son/daughter in the event of an interscholastic sport injury as required
by School Board Policy # 5304. I will assume responsibility for payment of doctor and hospital bills for
treatment of any injury my son/daughter might suffer while participating in athletic activities. If any
change occurs in this policy, it is the responsibility of the parent/guardian to notify the School Principal
or Athletic Director.

A photocopy of the front and back of the Insurer's policy card is attached.

(Signed) _____

Parent or Guardian – Must be signed in the presence of a Notary

NOTARIZATION

Note

A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM

STATE OF FLORIDA
COUNTY OF _____
Sworn to and subscribed before me
This _____ day of _____, 20 _____

Printed Name of Notary

Notary Signature _____
My Commission Expires: _____