MSAA INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: _____, Principal

_____ School

PART I

I, _____(Parent or Guardian), hereby grant permission

for my son/daughter _____, (Birthdate: Mo._____

Day_____ Year_____), to participate in interscholastic sports during the

_____school year.

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

Soccer, Cross Country, Golf, Basketball, Flag Football, Volleyball, Track

My son/daughter has been examined by a physician and is 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 its own choice, any emergency medical care that may become reasonably necessary for my child as a result 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 to notify the School Principal or Athletic Director.

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

(Signed)_____
Parent or Guardian

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NOTE

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

NOTARIZATION

STATE OF FLORIDA
COUNTY OF _____
Sworn to and subscribed before me

this _____day of _____, 20_____

_____
Notary Public

My Commission Expires: _____

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PART II

INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have the document notarized.
2. Attach proof of Insurance AND proof of Student Physical WITH Doctor's Stamp.