

PERMISSION TO CONDITION

INSTRUCTIONS: *Please make sure that a parent or legal guardian signs this form in BOTH places, includes insurance information and returns it to the Athletic Office.*

Athlete's Name _____ **Home Phone** _____

Family Doctor _____ **Phone** _____

Physical problems we should be aware of: _____

If your family doctor cannot be contacted in the event of serious injury and we unable to contact one or the other parent, does the coaching staff have your permission to seek medical attention from the nearest physician?

YES **NO** **If your answer is "NO", please state the procedure you wish the coaching staff to follow:** _____

PARENT SIGNATURE _____

ATHLETIC INSURANCE INFORMATION

It is required that participation in Interscholastic Athletic Activities carry insurance for injury and/or accident. Many private insurance policies and employer sponsored group insurance plans DO NOT cover Interscholastic Athletic related injuries. **ONE OF THE OPTIONS** below must be checked and completed to be eligible to participate in our Interscholastic Athletics:

#1 _____ I have Accident/Medical insurance that covers my son/daughter during Interscholastic Athletics:

The Insurance Company is: _____ Policy Number _____

OR

#2 _____ School Insurance has been purchased to cover my son/daughter during Interscholastic Athletics.

CHECK THE PLAN PURCHASED:

_____ **SCHOOL TIME PLAN** (covers all sports EXCEPT high school football)

_____ **FULL TIME PLAN** (covers all sports EXCEPT high school football)

_____ **FOOTBALL PLAN** (covers ONLY football)

(PARENT/GUARDIAN SIGNATURE)