

MESKWAKI MIDDLE/HIGH SCHOOL

PARENT PERMISSION, INSURANCE & ACKNOWLEDGEMENT OF RISK FORM FOR INTERSCHOLASTIC ATHLETICS

Each student planning to participate in athletics shall provide to the Athletic Director a physician's certificate, parent permission form, insurance form, and acknowledgement of risk form. **THESE FORMS MUST BE TURNED IN TO THE ATHLETIC DIRECTOR BEFORE A STUDENT WILL BE ALLOWED TO PRACTICE.**

PARENT PERMISSION

_____ is hereby given my permission to participate in athletics.

Grade 7 8 9 10 11 12

Parent name (please print)

Parent signature

INSURANCE

This is to inform you that our child _____, is covered by the following accident insurance policy number _____, company name _____.

Parent signature

Date

A REMINDER, YOU MUST PURCHASE COVERAGE PRIOR TO PARTICIPATING.

(Proof of insurance may be requested)

ACKNOWLEDGEMENT OF RISK

We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death, as a result of participating in athletic activities. In case of an injury I hereby give my consent to have school personnel seek immediate medical attention for my son/daughter.

Student's name (PLEASE PRINT) _____

Parent signature

Date

Student signature

Date

Home Phone

Alternate Phone

Doctor Name

Doctor Phone