



PHENIX CITY SCHOOL DISTRICT



### Athletic Participation/ Medical Permission Form

I hereby give consent for my child, \_\_\_\_\_, to participate in the school district's athletic program during the \_\_\_\_\_ school year for the following sport(s):

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child for any injury received while participating in any supervised school related sports activity. This authorization includes but is not limited to any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals. I hereby release the Phenix City School District and all school personnel from any and all liability associated with necessary treatment.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone \_\_\_\_\_ Business or Cell phone \_\_\_\_\_

Authorized contact in event parents cannot be reached:

Contact Person's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Preferred physician: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

**\*The Phenix City School District is prohibited by law from paying any expense incurred for any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in athletic programs.**

I hereby acknowledge that health and accident insurance is required for participation in all organized athletic activities. Below I am providing proof that my child is covered under my health coverage plan listed below (1) or I am purchasing the appropriate school insurance listed below (2).

(1) Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

(2) Appropriate School Insurance (Please check appropriate coverage you wish to purchase):

\_\_\_\_\_ Full Season Football / Spring Training Insurance (\$55.00)

\_\_\_\_\_ All other sports covered by purchasing school insurance (\$9.00)

**In addition, I assume any expenses for liability not covered by the above required insurance policy for injury received by the named student above while participating in sports authorized above. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Phenix City School District and the Board of Trustees, their agents or assigns, of responsibility for any such injury or expenses and waive any and all claims which may rise against them. I realize that participation in organized athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis or death.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date