TUSCALOOSA CITY SCHOOLS ATHLETICS

ATHLETIC PERMISSION AND INSURANCE VERIFICATION FORM

I HEREBY GIVE PERMISSION FOR MY SON	DAUGHTER		
		NAME OF PARTICIPA	
TO PARTICIPATE IN THE INTERSCHOLAST	IC ATHLETIC PROGRAM		SCHOOL
DURING THE SCHOOL YEAR	•		
IT IS UNDERSTOOD BY ME THAT NEITHER CARRIES LIABILITY OR MEDICAL PAY INS PROGRAM. SCHOOL FUNDS MAY NOT BE IS SUSTAINED WHILE PRACTICING FOR OR PROGRAMS OR EVENTS OR WHILE ON TRIWILL ASSUME FULL RESPONSIBILITY FOR NEED OR REQUIRE FOR SUCH INJURIES.	SURANCE WHICH COVERS PAF USED TO PAY FOR MEDICAL T PLAYING OR OTHERWISE PAR PS IN CONNECTION THEREWI	RTICIPATION IN THE FREATMENT FOR PER TICIPATING IN SUCH TH. IT IS FURTHER U	ATHLETIC RSONAL INJURIES I ATHLETIC INDERSTOOD THAT I
CASTASROPHIC INSURANCE IS PROVIDED OF \$25,000.	BY THE AHSAA FOR EACH A	THLETE WITH A DEC	OUCTABLE AMOUNT
I DO HEREBY RELEASE AND AGREE TO INDISTRICT, ITS AGENTS, SERVANTS, AND EMEDICAL EXPENSES AND DAMAGES OF WON ACCOUNT OF ANY INJURY RESULTING	MPLOYEES FROM ALL CLAIM HATEVER KIND WHICH MAY	IS AND LOSS ON ACC BE SUSTAINED BY M	COUNTS OF INJURIES
I HEREBY GIVE THE COACH IN CHARGE M AN EMERGENCY SITUATION.	Y PERMISSION TO SEND THE	ABOVE NAMED FOR	MEDICAL CARE IN
□ I CERTIFY THAT I HAVE INSURANCE WE	HICH PROVIDES MEDICAL CO	VERAGE FOR SAID P.	ARTICIPANT.
□ I CERTIFY THAT I DO NOT HAVE INSURA	NCE WHICH PROVIDES MEDI	CAL COVERAGE FOR	R SAID PARTICIPANT
PARENT NAME	PARENT SIGNATURE		DATE
ADDRESS			PHONE
ADDRESS			HIONE
MEDICAL INSURANCE VE	RIFICATION		
NAME OF STUDENT:	A.C.E.	DIDTUDAV.	
PARENT(S) PLACE OF EMPLOYMENT:_	AGE	DIKITIDAT	
PARENT(S) WORK PHONE NUMBER:		CELI:	
INCASE OF EMERGENCY, CONTACT:_			E:
INCASE OF EMERGENCI, CONTACT		111011	D
MEDICAL INSURANCE INFORMATIO	<u>)N</u> :		
NAME OF MEDICAL INGUIDANCE COM			
NAME OF MEDICAL INSURANCE COM	PANY:		
MEDICAL INSURANCE POLICY NUMBI	3R:		
INSURANCE COMPANY ADDRESS:			 -
INSURANCE COMPANY PHONE:			
EMERGENCY STATEMENT:			
I AUTHORIZE THE COACHING STAFF 1	O MAKE EMERGENCY STE	EPS TO OBTAIN ME	DICAL
ASSISTANCE FOR MY CHILD IN THE E			
QUICKLY AND THERE IS NOT TIME AV			
WHEN THE PARENT(S) OR GUARDIAN			
PARENT NAME	PARENT SIGNATURE		DATE
I ANNEN I INAME	I AINENI DIONATURE		DALL