



MIDDLE SCHOOL INSURANCE

Students Application for Participation in Interscholastic Athletics and Verification of Substitute Insurance

This form is to be completed by the parent/guardian and student prior to the first practice session. This form is to accompany this athlete to all practices and contests. Parent(s) acknowledge that they have read and understand all the information provided when they sign this form. Failure to submit this form will delay the eligibility of the student athlete to join the team. Participation in supervised interscholastic athletics includes a risk of injury which may range in severity from minor to long-term. It is possible to minimize the risk, but not to eliminate it entirely. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's athletic trainer and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign the permission form.

Date: _____ Sport: _____

Student Name: _____ Male/Female (circle one)

Address: _____

Home Telephone: _____ Emergency Telephone: _____

Parent/Guardian Names: _____ Date of Birth _____

Grade Level: (circle one) 6 7 8

Student Signature: _____

I (We) hereby give our consent for _____ to represent his/her school in interscholastic athletics. I (we) understand the possible risks involved with participation in interscholastic athletics. If I (we) cannot be reached in the event of a medical emergency, I (we) do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities.

Signature of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

(Continue to other side)



Important: All student athletes must have medical/health insurance in order to participate in the Pickens County Schools Interscholastic Athletics Programs. Students must be enrolled in the medical/health insurance coverage that has been approved by the Pickens County School System or enrolled in substitute medical/health insurance through a bona fide insurance provider. Parent/guardian must verify substitute insurance coverage.

Verification of Substitute Insurance Coverage

I (We) have waived the medical/health insurance coverage that has been approved by the Pickens County School System and offered to my child

_____.

The medical/health insurance that I am using for my child for the current school year is provided by (Name of Insurance Company)_____

and the insurance policy number is_____.

The insurance policy is in effect from _____ to _____.

I (We) certify that the above information is accurate and will submit notification to the school if there are any changes in the above policy.

ALL PARENTS/GUARDIANS MUST SIGN BELOW AND DATE:

Signature of Parent/Guardian: _____ Date _____

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