

**MSAA INTERSCHOLASTIC SPORTS  
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: \_\_\_\_\_, Principal  
\_\_\_\_\_ School

**PART I**

I, \_\_\_\_\_ (Parent or Guardian), hereby grant permission for my son/daughter \_\_\_\_\_, (Birthdate: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_), to participate in interscholastic sports during the \_\_\_\_\_ school year.

(Please circle the sports in which your son/daughter **MAY NOT** participate.)

Soccer, Cross Country, Golf, Basketball, Flag Football, Volleyball, Track

**My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.**

The original physical is attached with doctor's stamp of approval.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also: I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with \_\_\_\_\_ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the Insurer's policy card is attached.

(Signed) \_\_\_\_\_  
Parent or Guardian

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**NOTARIZATION**

**\*NOTE\***

**A COPY OF VALID  
INSURANCE I.D. CARD  
MUST BE ATTACHED TO  
THIS FORM**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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**PART II**

**INSTRUCTIONS TO PARENT OR GUARDIAN**

1. Complete, sign and have the document notarized.
2. Attach proof of Insurance AND proof of Student Physical WITH Doctor's Stamp.