

# INFO/PERMISSION FORM

Jersey# \_\_\_ Name you answer to \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

FB\_\_\_ SOFTB\_\_\_ CHEER \_\_\_ BASKETB\_\_\_ WREST\_\_\_ SWIM\_\_\_ TRAC\_\_\_ BASEB\_\_\_ TEN\_\_\_ GOLF \_\_\_

Parent you live with \_\_\_\_\_ Other parent you live with \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Workplace \_\_\_\_\_ Other Parent's Workplace \_\_\_\_\_

Your Workplace \_\_\_\_\_ Your Work Number \_\_\_\_\_

## Permission

I hereby give my permission for my son/ daughter, \_\_\_\_\_, to participate in Ben Hill Middle School's athletic programs except for those activities specifically prohibited by a physician. I give my permission for my child to leave the campus when: traveling with the team to and from team practices or contests, traveling to special functions while representing the team and traveling to and from a medical facility as directed by a coach for the purposes of receiving examinations, treatments or rehabilitation of injuries. I give my consent for any representative of Ben Hill Middle School to obtain emergency medical treatment for my child as may seem necessary to the persons in charge of my child while participating in Ben Hill Middle School's athletic programs.

I understand that I am financially responsible for any medical expenses that may be charged to my child as a result of his/her participating in Ben Hill Middle School athletic activities. I certify that my child is covered under the following insurance policy(s) and that I will immediately notify the athletic department if there is any change in his/her insurance coverage. I understand that I may either purchase or decline to purchase the school's athletic insurance policy for my child in addition to my family coverage. I understand that my child will not be allowed to participate without insurance.

Insurance Co. Name \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Insurance Co. Claims Phone Number \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Social Security Number \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_

Medicaid Number (if applicable) \_\_\_\_\_

Initial yes or no as appropriate:

\_\_\_\_\_ YES, I am going to purchase the school athletic insurance for this year.

\_\_\_\_\_ NO, I am not going to purchase the school athletic insurance this year.

By signing this form I declare the insurance information to be correct and I hereby agree to the conditions set forth in the permission paragraphs of this form.

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_