

\_\_\_\_\_  
School

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

## Parental Permission/Insurance Certification Form for Interscholastic Athletics

I (We) hereby certify that \_\_\_\_\_ has our permission to participate in school-related Interscholastic practices, games, and related travel and events. The Surry County Schools employ competent coaches for all sports who make every effort to prevent injuries. I understand, however, that some injuries do occur in the course of athletic activities.

Surry County Schools provides Sports Coverage for student athletes should an accident occur while participating in one of the following Sports Covered Activities:

1. Regularly-scheduled practice or training
2. Regularly-scheduled competition or exhibition game
3. A scheduled tryout, workout session or team meeting
4. A Supervised and Sponsored Sports Activity, or
5. Covered Sports Travel

***\*Please note that a student athletes' personal health insurance policy, if applicable, would be the primary responsible party with the Sports Coverage being secondary.***

**Please check one of the two statements below**

**( ) Student has health insurance coverage.**

**Insurance Company** \_\_\_\_\_

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

**( ) Student does not have coverage other than Sports Coverage provided by Surry County Schools**

In granting permission I (We) hereby acknowledge that this certificate releases and dissolves the school and the Surry County Board of Education, its agents, and employees from all liability for injuries and related expenses incurred by the student named above as a result of participating in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Both parents/guardians should sign if possible.)**