

Surry County Schools

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.

I (We) hereby acknowledge that I understand that neither the school nor the Board of Education provides hospitalization or accidental injury insurance. Such insurance is available through the school at a minimal charge for those who do not have adequate private insurance and who wish to purchase it.

Please check one of the two statements below

Yes, I (We) have adequate health insurance coverage.

Insurance Company _____

Policy Number _____

No, I (We) do not have adequate health coverage and wish to purchase coverage through the school's program

No student will be permitted to participate in practice or games without appropriate insurance coverage. If you do not have and cannot afford such, please contact the school.

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

(Both parents/guardians should sign if possible.)