

**INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: Dr. Sandberg, Principal

Franklin Academy Cooper City

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.)

Basketball Soccer

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

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

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: _____