

**To Be Filed  
In The  
Principal's Office**

**HUNTSVILLE CITY SCHOOLS  
HUNTSVILLE, AL  
ATHLETICS PERMISSION FORM**

**See Policy #105-1  
Page 2, Section D.  
Insurance**

I hereby give my permission for my child \_\_\_\_\_ to participate in athletics at \_\_\_\_\_ during the \_\_\_\_\_ year, and also give my permission for the adult representative to sign for emergency medical treatment my son/daughter may need on out-of-town trips.

I fully understand that neither \_\_\_\_\_ nor the Huntsville City School System furnishes an accident and/or disability insurance for athletes; however, we feel a responsibility to make available to you information on the best, most inexpensive insurance you can purchase. Each athlete must take out this insurance, or the parents must sign that they will assume responsibility for all medical bills.

By signing this document, I hereby release the Huntsville City School System and all its employees from any liabilities whatsoever and waive any claims for compensation in case of injury to my son/daughter.

**PLEASE MARK PREFERENCE DESIRED IN BLANK SPACE**

1.  Regular school insurance, to be purchased by parents, will cover all sports and school accidents, except football.
2.  Special school insurance, to be purchased by parents will cover football.
3.  Parents will assume responsibility for all medical bills.

\_\_\_\_\_  
Signature of Parent                      Date

\_\_\_\_\_  
Doctor's Name

Emergency numbers where parents can be reached:

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Alternate Contact

List any medication your child is allergic to:

\_\_\_\_\_

\_\_\_\_\_

Insurance Holder: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

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

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

Insurance Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IN CASE OF EMERGENCIES  
COACHES SHOULD HAVE A COPY OF THIS INFORMATION  
AVAILABLE AT ALL TIMES**