

**NEODESHA HIGH SCHOOL
2021-2022 ATHLETIC PERMIT FORM
ATHLETE INFORMATION**

Athlete: _____ Grade: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Birth date: _____

Physician: _____ Phone: _____

Check the sport(s) you will be participating in this school year.

_____ Football	_____ Basketball	_____ Cross Country
_____ Volleyball	_____ Tennis	_____ Cheerleading
_____ Baseball	_____ Softball	_____ Track

INSURANCE INFORMATION

Parent: Initial one of the following insurance choices.

_____ I am insuring my student under the Student Assurance Services Plan (\$_____ premium and insurance enrollment forms must be completed and returned with this form).

_____ I do not wish to purchase the school's insurance. I feel that my son/daughter has adequate insurance protection for practicing and/or participating in all interscholastic sports and all other school sponsored activities.

Insurance Comp. _____ Policy # _____

*****PARTICIPATION AND MEDICAL AUTHORIZATION*****

I understand that accidents may occur in athletics even though normal, acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in the interscholastic program(s). Furthermore, you have my permission to allow authorized members of the medical profession to treat injuries incurred at activities sponsored by Neodesha High School.

Parent/Guardian signature Date

*This form must be on file with the Activity Director's office before participation will be allowed.