

## PARENT OR GUARDIAN'S PERMISSION

I give my permission for \_\_\_\_\_ to participate in organized school athletics at Alsea School. I realize that such involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries are so severe as to result in disability, paralysis or even death.

I consent for my child to go with the coach on any team related trip.

I give permission for the coach(es) to seek medical/hospital aid in the event of an injury to my child. Our medical insurer is listed below. I understand that if we don't have or cannot afford medical insurance for my child, low cost insurance is available through "Healthy Kids" and information on this program is available through the Athletic Director.

I acknowledge that I have read and understand the extracurricular policy, IDGI-AR, and have had the opportunity to discuss any questions regarding the policy at the pre-season parent meeting and/or had the opportunity to meet with the Athletic Director to discuss questions about the policy.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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