

**PERMISSION FOR ATHLETE PARTICIPATION**  
**TO BE EXECUTED BY PARENT OR LEGAL GUARDIAN ONLY**

A student shall not be permitted to practice or compete in interscholastic athletics for a school until he/she has completed the information below. This information is important and must be on file in the office of the coach.

**ATHLETE'S APPLICATION AND PERSONAL INFORMATION**

Name \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_ Address of Parent/Guardian \_\_\_\_\_

**STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS**

If an athlete shows lack of self-discipline, poor attitude, or not fulfilling his/her commitments to the athletic program, he/she shall be suspended from athletic participation in that sport for the remainder of that season. If an athlete boycotts the team for any reason, he/she shall be suspended from athletic participation in that particular sport or any other sport for the remainder of that season.

**PARENT / GUARDIAN PERMISSION**

I hereby give my consent for the above student to represent his/her school in interscholastic athletics and for him/her to accompany the team on athletic trips.

I understand that each student participant must be medically screened prior to participation in any sport. I hereby give my consent for my child to be examined by a licensed school nurse or medical doctor and results be released to the Harrison County School District. I further understand that this basic medical screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments that may be affected by athletic participation.

I give my permission for the student to participate in organized high school athletics, realizing that such activities involve the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as the result in total disability, paralysis, or even death.

**INSURANCE**

All participants in interscholastic sports activities, grade 7-12 inclusive, must have health and accident insurance in order to take part in the athletic program of the Harrison County School District. Compliance with this requirement is determined by the following:

- (a) If participant has medical insurance, list company \_\_\_\_\_ and policy # \_\_\_\_\_.
- (b) If military connected, list branch of service \_\_\_\_\_.  
Is participant covered through military medical facilities? \_\_\_\_\_

**I assume any expenses for liability not covered by the above insurance program and/or medical coverage for injury received by the above named student while participating in organized athletics and accept full responsibility for medical and hospital expenses and other related expenses incurred by my child/ward.**

The Harrison County School District has provided for all participants in interscholastic sports activities, grades 7-12 inclusive insurance against catastrophic injuries with \$25,000 deductible.

The undersigned shall be responsible for furnishing the athletic department of Harrison County School District with any changes in the above information.

My signature attest that I have read, understand, and concur with the information on this form and that I am the parent or legal guardian of the above named student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the information on this form and agree to the terms thereof.