

**Beachside Montessori Village**  
**Interscholastic Sports**  
**Parental Permission & Insurance Statement**

I, \_\_\_\_\_ (Parent / Guardian), hereby grant permission for my son/daughter \_\_\_\_\_, (D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_), to participate interscholastic sports during the 2019-2020 school year.

My son /daughter has been examined by a physician and is physically qualified to participate in the sport(s) 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. 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 sports injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of an injury my son / daughter might suffer while participating in athletic activities. If any changes occur 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

**\*\*NOTE\*\***

**PLEASE ATTACH A COPY OF VALID INSURANCE I.D. CARD**