

NORTH MIDDLE SCHOOL

ATHLETIC INSURANCE STATEMENT*

VAN BUREN PUBLIC SCHOOLS ARE NOT RESPONSIBLE FOR PAYMENT OF MEDICAL BILLS FOR INJURIES INCURRED WHILE PLAYING INTERSCHOLASTIC ATHLETICS. FAMILIES ARE REQUIRED TO HAVE PROPER MEDICAL COVERAGE ON THOSE STUDENTS WHO PARTICIPATE IN OUR PROGRAM. IF A STUDENT DOES NOT HAVE MEDICAL COVERAGE, HE/SHE WILL NOT BE ALLOWED TO PARTICIPATE. MEDICAL COVERAGE MAY BE PURCHASED THROUGH OUR ATHLETIC DEPARTMENT BY G-M UNDERWRITER AGENCY INC. IF YOU NEED FURTHER INFORMATION CONTACT YOUR COACH OR THE ATHLETIC OFFICE AT 697-0016.

We have sufficient medical coverage through: _____

Home Phone _____ Name of Insurance Carrier _____
Work Phone _____
Hospital Preference _____ Doctor Name _____

_____ **A current physical is attached.**

_____ **A current physical is on file for this year for the sport of _____.**

PARENT PERMISSION STATEMENT*

I am giving my son/daughter permission to participate in athletics at North Middle School.

We are aware of the responsibilities of participation in extracurricular athletics. We also realize the risks involved and that there is the possibility of injury and in extreme cases permanent disability or loss of life.

We have read the athletic code and agree to abide by the rules and regulations of the Athletic Department and any individual team rules set forth by the coaches.

Signature of Parent or Guardian

Date

Signature of student participant

Birth date of participant

Sport

Grade

***FORM MUST BE SUBMITTED FOR EACH INDIVIDUAL SPORT.**