

INTERSCHOLASTIC SPORTS

2018-2019

PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: Michael Castellano, Principal West Campus
Sean Chance, Principal Central Campus
Pembroke Pines Charter Middle School

PART 1

I _____ (Parent or Guardian), hereby grant permission for my child _____
(Birth Date) ____/____/____) to participate in interscholastic sports during the 2018/2019 school year.

(Please circle the sport(s) in which your child may NOT participate)

Soccer, Basketball, Cheerleading, Dance, Volleyball, Flag Football, or Swimming (during P.E. class, if applicable)

My son/daughter has been examined by a physician and is physically qualified to participate in the sport 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; also, I authorize the school to obtain, through its own choice, any emergency medical care that may become necessary for my child as a result of game participation.

We have accident insurance with _____ (name of insurance company), which will cover my child in the event of an interscholastic sport injury as required by the School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury that my child might suffer while participating in athletic activities. If any changes occur in this policy, it is my responsibility to notify the school principal or athletic director.

A photocopy of the insurer’s policy card is attached.

(Signed) _____

Parent or Guardian

NOTARIZATION

STATE OF FLORIDA, COUNTY OF _____, Sworn to and subscribed before me this _____ day
of _____, 20____, by _____ (name of person making statement).

(Notary Seal) (Signature of Notary Public-State of Florida) (Name of Notary-typed, printed or stamped)

Personally Known___ or Produced Identification___ Type of Identification Produced _____

Part II

Instructions to PARENT OR GUARDIAN

- 1. Complete, sign and have Part 1 **NOTARIZED**
- 2. **A COPY OF A VALID INSURANCE I.D. CARD MUST BE ATTACHED TO THIS FORM**
- 3. **PROOF OF STUDENT PHYSICAL WITH DOCTOR’S STAMP**