

MADISON COUNTY BOARD OF EDUCATION
Extracurricular Participation Permission/Waiver

_____ has my permission and consent to
Student's Name participate in extracurricular activity/-
activities, including participation in out-of-town contest pertaining to such Activity, and
I understand and agree that this activity is elective, and therefore, because my child has
chosen to participate in this activity/activities, I further agree as follows:

1. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of the activity/activities or such travel.
2. I accept the responsibility for payment of all medical bills, including, but not limited to, charges for doctors, ambulance, hospitals and drugs which our child may incur by reason of participation in such activity/activities.
3. I waive any claims or cause of action against the Madison County School System and employees of the system which may arise by reason of injuries to my child because of such participation and agree that said School District and employees are released and forever acquitted from all and any claims of liability to me or my child.
4. I agree to submit to the principal a current physician's statement certifying that my child has passed a physical exam. (Note: A physician's examination is required prior to practice by the Madison County School File: IDFA and the Alabama High School Athletic Association for athletes and cheerleaders).
5. My child is insured with _____
Policy # _____ and I agree to maintain this coverage for the tenure of his/her participation in any school activity.
6. My child is not covered by insurance and I understand and agree that I will be responsible for payment of any medical bills that may incur by reason of participation in such activity/activities. (Note: refer to item #2)
7. I understand that insurance at a reasonable rate is available on an optional basis. Three types of coverage are offered: school day coverage, full coverage, and athletic coverage. (File: JGA)

Signature of parent/guardian

Date

Address: _____

Home Phone # _____

Work Phone # _____