

# MADISON COUNTY BOARD OF EDUCATION

## Extracurricular Participation Permission/Waiver

\_\_\_\_\_ has my permission and consent to participate

Student's Name

in the following activity: \_\_\_\_\_, including participation in out-of-town contests/events pertaining to such activity. I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity, 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 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 my child may incur by reason of participation in such activity.
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 any and all claims of liability to me or my child.
4. I understand that, prior to practice (including tryouts), a physician's examination is required for all athletes by the Madison County School System and the Alabama High School Athletic Association.
5. Circle **a** or **b** below. (If **a** is selected, fill in information regarding insurance company/policy.)
  - a.** My child is insured with \_\_\_\_\_, Policy # \_\_\_\_\_, and I agree to maintain this coverage for the tenure of his/her participation in any school activity.
  - b.** 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 be incurred by reason of participation in such activity/activities. (Note: Refer to item #2 above.) I understand that insurance at a reasonable rate is available on an optional basis.

\_\_\_\_\_  
Signature of Parent/Custodial Parent

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_