

**INTERSCHOLASTIC SPORTS  
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: Ms. Brittany Scardino, Athletic Director

Franklin Academy Boynton Beach

**PART I**

I, \_\_\_\_\_ (Parent or Guardian), hereby grant permission for my son/daughter \_\_\_\_\_, (Birthdate: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_), to participate in interscholastic sports during the \_\_\_\_\_ school year.

**Please circle the sports in which your son/daughter MAY participate.**

<b>Basketball</b>	<b>Flag Football</b>	<b>Volleyball</b>	<b>Soccer</b>	<b>Cheerleading</b>
	(Boys only)	(Girls only)		

My son/daughter has been examined by a physician and is physically qualified to participate in the sports 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 also 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 sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs 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 must be attached.**

(Signed) \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

**NOTARIZATION**

**\*NOTE\***

**A COPY OF VALID**

**INSURANCE I.D. CARD**

**MUST BE ATTACHED TO**

**THIS FORM**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_