

Daphne High School
2009-2010
Dear Parents:

State regulations require that each participant in any school athletic program be covered by adequate insurance and have a current physical on file at school. If you already have a physical form completed, please complete and return this form to your coach or sponsor.

If you wish for your child to participate in the sports program, off season workouts and summer workouts at Daphne High School, please fill in the information requested below.

I hereby give my permission for my child:

_____ to participate in the following sports and conditioning programs at Daphne High School.

Please check all sports in which your child has permission to participate.

Football Volleyball Cross Country Basketball Track Soccer

Tennis Golf Cheerleader Softball Baseball Swimming

Signature of Parent

_____ Date ____/____/ 2009-10

*NOTE: Any retraction of permission to participate in the sports program at Daphne High School should be submitted in writing.

PLEASE CHECK THE APPROPRIATE BLANK BELOW.

I further assume all medical responsibilities in case my child receives an injury. My signature above relieves Daphne High School of all medical responsibilities, as:

_____ I have adequate insurance coverage by: (please fill in blanks below)

Name of Insurance Company Policy Number

_____ I wish to enroll my child in the school insurance program. Enclosed is my check or money order (NO CASH) to: Markel Insurance Co., \$20.00, \$37.00, or \$64.00 for School Time Policy or \$90.00, \$155.00, or 229.00 for Full time Insurance Policy.

_____ Varsity Football Insurance \$145.00, \$225.00 or \$299.00 covers games,

practices, and spring training. This is required if you are not privately insured. Make check or money order (NO CASH) to: Markel Insurance Co. and complete the enrollment envelope.

Varsity football insurance covers after-school practices and games only. It does not cover any school day related accident or regular PE injuries. Any student who is not covered by their own insurance should consider taking either the Regular School Time Policy or the Full time Insurance Policy.

In the event of an emergency, I give Daphne High School, permission to seek medical/dental attention for my son/daughter. Please circle one: YES NO

_____/_____/2009/10_____
Signature of Parent Date Signature of Student