INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: Devarn Flowers, Principal West Campus
Kenneth Bass, Principal Central Campus
Pembroke Pines Charter Middle School

PART I

I, _____(Parent or Guardian), herby grant permission for my son/daughter _____, (birth date:_____/_____/_____) to participate in interscholastic sports during the 2011/2012 school year.

(Please circle the sports in which your son/daughter **MAY NOT** participate.)

Basketball, Cheerleading, Soccer, Track, Flag Football

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; also: I authorize the school to obtain, through a physician of 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 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 Insurer's policy card is attached.

(Signed) _____
Parent or Guardian

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NOTARIZATION

STATE OF FLORIDA, COUNTY OF, _____. Sworn to and subscribed before me this _____ day of _____, 201__.

_____ My commission Expires _____
Notary Public

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PART II
INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have Part I **notarized**.
2. Return to your son/daughter's school.
3. **A COPY OF A VALID INSURANCE I.D. CARD MUST BE ATTACHED TO THIS FORM.**