

# STUDENT ATHLETE CONSENT/INSURANCE FORM

## COLBERT COUNTY BOARD OF EDUCATION

### Tuscumbia, Alabama

*Note: This form must be completed, signed by the parent, and filed prior to a student (grades 7-12) participating in any AHSAA sanctioned athletic contest or practice sponsored by a school of the School District. It shall be the responsibility of the principal and appropriate coaches to secure completed forms on all applicable student athletes. Such completed forms shall be kept on file at the school for the scholastic year.*

#### PARENTAL CONSENT STATEMENTS

I/we, the parent(s) of \_\_\_\_\_ - consent for my/our child to participate in interscholastic athletics at Cherokee High School.

I/we consent for my/our child to travel by public or private vehicle to athletic contests/practices away from the school campus in which teams or individuals from the above named school may participate.

I/we consent for my/our child to use the facilities and athletic training equipment at the above named school at his/her own risk at any time with permission of the athletic staff.

I/we will not hold the school, the Colbert County Board of Education, or its employees liable in any way in case of an injury or accident occurring from participation in contests or practices or from travel associated with the school's athletic program.

\_\_\_\_\_  
Student Athlete                      Date                      Parent/Guardian/Custodian                      Date

*Note: The form must be signed by the student athlete and his/her parent or guardian and dated.*

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#### PARENT INSURANCE DECLARATION

DIRECTIONS: Please circle A or B below and sign the statement circled.

- A. I do not request that the school carry athletic insurance on my/our child. I/we certify that my child by a family insurance policy(ies).

\_\_\_\_\_  
Parent's/Guardian's/Custodian's Signature                      Date

Insurance Company Carrying Policy(ies) \_\_\_\_\_

Policy(ies) or Group Number(s) \_\_\_\_\_

- B. The School District offers a School-Day Insurance Policy that may provide the necessary coverage needed by your child to participate in the athletic program. In all cases, you must have adequate insurance to cover your child in case of injury.

I/we will contact you or the school principal immediately to get information on the School-Day Insurance offered by the School District. Please note, your child cannot practice or participate without proper insurance coverage.

\_\_\_\_\_  
Parent's/Guardian's/Custodian's Signature                      Date

*Note: Parents/Guardians/Custodians should contact the school principal/coach to determine the costs of the various insurance plans available to cover athletes. A check should be made payable to the school and returned with this form to cover the cost of the insurance plan.*