

PARENT PERMISSION/INSURANCE FORM &
OZARK CONFERENCE
CREED/SPORTSMANSHIP STANDARDS

(Student)

I/We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it is en-route to or from another school or during practice or an interscholastic contest. And we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his/her school.

I/We realize that participation in interscholastic athletics involves the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

If we cannot be reached in the event of an emergency, we also give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities. We understand that the school **may** not provide transportation to all events, and **permit do not permit** (circle one) my child to drive his/her vehicle in such a case.

The MSHSAA By-laws provide that a student shall not be permitted to tryout, practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. Our son/daughter is covered by basic accident insurance for the current school year with:

(Name of Insurance Company)

(Policy Number)

If you do not have insurance coverage, notify the coach or athletic director for necessary forms to purchase insurance.

I/We acknowledge that I/we have read and understand the above.

(Parent/Guardian signature)

(Date)