

IMPORTANT NOTICE: It is the policy of St. Tammany Parish School Board that ALL athletes participating in our school sports programs **MUST HAVE EITHER MEDICAL OR ACCIDENTAL INSURANCE IN ORDER TO PARTICIPATE.**

Please be sure to provide that information on this form. This information becomes important in case of injury or illness and we are unavailable to contact parents/guardians.

Athletic Parent Permission Form **Slidell Jr. High School** **2019-2020**



Please Print

Name _____ Student ID Number _____

Birth day _____ Grade _____ Female or Male _____

Address _____ Zip code _____

Father's name _____ Phone number _____

E-mail _____

Mother's name _____ Phone number _____

E-mail _____

Other emergency contact number and name _____

Health Insurance Company _____

Insurance policy Number _____

Parent whose policy covers student _____

Allergies _____

Are you eligible?

- *You cannot become 15 years of age before September 1, 2019 (Born before Sept. 1, 2004)
- *You must pass 5 subjects and earn at least a 1.50 GPA in all subjects taken.
- *You must be picked up promptly after practice and games or be dismissed from the program.
- * You must pass a physical exam by a licensed physician and have it turned into your coach before trying out.
- *You cannot have more than two out of school suspensions.

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

I hereby give my child permission to participate in all athletic sports at Slidell Jr. High.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent printed name _____