

**STARKVILLE SCHOOL DISTRICT ATHLETIC PERMISSION FORM**  
**(To Be Executed By Parent or Legal Guardian Only)**

A student shall not be permitted to practice or compete in interscholastic athletics for a school until he/she has completed the information below. This information is important and must be on file in the office of the coach.

**SECTION 1: ATHLETE'S APPLICATION AND PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
Address of Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

**STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS**

If an athlete shows a lack of self-discipline or poor attitude or is not fulfilling his/her commitments to the athletic program, he/she shall be suspended from athletic participation in that sport for the remainder of that season.

**SECTION 2: PARENTAL PERMISSION**

I hereby give my consent for the above student to represent his/her school in interscholastic athletics and for him/her to accompany the team on athletic trips.

I understand that each student participant must be medically screened by a licensed school nurse or medical doctor and the results released to the Starkville School District Athletic Department. I further understand that this basic medical screening is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments which may be affected by athletic participation.

I give my permission for the student to participate in organized high school athletics, realizing that such activity involves the potential for injury which 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.

**SECTION 3: INSURANCE**

The Starkville School District provides a blanket-insurance policy free of charge to the parents for interscholastic sports coverage. **This policy may not completely cover all expenses resulting from an injury incurred while participating in organized athletics. In order for the district to process an insurance claim, parents/guardians are responsible for the completion of claim forms and/or other necessary paper work.** The Starkville Athletic Department also has provided insurance against catastrophic injuries with \$25,000 deductible for all participants in interscholastic varsity sports activities.

**SECTION 4: PARENTAL RESPONSIBILITY**

**I assume responsibility for any cost, fees and expenses not covered by the district insurance program for any injury which may be incurred by the above named student while participating in organized athletics.**

***My signature attests that I have read, understand, and concur with the information on this form and that I am the parent or legal guardian of the above named student.***

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM AND AGREE TO THE TERMS THEREOF.*

Signature of Student \_\_\_\_\_