

Clover Garden School
“A North Carolina School of Distinction”
Parental Permission and Insurance Waiver
(to be completed by the parent or guardian)

Student-Athlete _____

I have read and reviewed the general requirements for school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director or coach.

All other information contained on this form is accurate and current. I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

In accordance with the rules of Clover Garden School, I hereby give my consent for the participation of the student-athlete named above for the activities NOT MARKED OUT BELOW:

SOCCER _____
BASKETBALL _____
BASEBALL _____
SOFTBALL _____
OTHERS (school may list) _____

Insurance coverage (you must check one)

€ I choose to take out the Student Accident or Health Insurance policy that is offered. The completed form and payment is enclosed.

€ I waive coverage through the Student Accident or Health Insurance because my child is covered under my/our policy.

Insurance carrier: _____
Policy #: _____
Effective date: _____

Parent's or Guardian's Signature _____

Date: _____

NOTE: This statement should be on file in the principal's office and is valid for one school year only.