

# Required Forms Letter

Dear Parent or Guardian:

**A permission form, a physical form, and a concussion form are required from all students** participating in Starkville Oktibbeha Consolidated School District's extra-curricular athletic programs. **Your child must return these signed and completed forms before he/she will be allowed to participate in practice or competition.** Please take a few minutes to carefully read, complete and sign the forms.

Starkville Oktibbeha Consolidated School District provides a supplemental-insurance plan for all participants in extracurricular athletic events. In the event of an injury a claim should also be filled with your family medical plan if you family has access to one. In the result of an injury district insurance will only provide coverage after the parent/ guardian's primary is exhausted.

If you have questions, please feel free to contact a member of the coaching staff.

Sincerely,

Dr. Cheyenne Trussell  
Athletic Director

## Permission Form for Participation in Sports or Extracurricular Activities

DIRECTIONS: Read this form carefully. Complete boxes 1-4. Do NOT leave any boxes blank. Before participating in any sports or extracurricular activities, this form must be completed and returned to your coach or activity sponsor. The physical exam form must also be completed by a physician before participating in sports or activities for the current year.

1. STUDENT'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SS# \_\_\_\_\_  
SPORTS OR ACTIVITIES \_\_\_\_\_

### 2. PERMISSION TO PARTICIPATE AND TRAVEL

I give my /our permission for my daughter/son named above to participate and travel in this or these particular sports or extracurricular sponsored by the Starkville Oktibbeha Consolidated School District. I recognize that it is my/our responsibility to provide for all medical treatment, hospital and ambulance costs in the event of an injury.

I further acknowledge that our child participates in the activity and/or trip at his/her own risk. Our child is in good health, and we release you, your heirs, executors and assigns of any responsibility that you or they might have regarding the health and physical condition of our child during his/her participation in the trip. On behalf of myself, our child, our heirs, executors and assigns, I further releases and forever discharge you, your heirs, executors and assigns, and demands right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by our child and/or lost or damaged property, or otherwise directly or indirectly arising from participation by my child this activity and/or trip.

I agree to indemnify you, your heirs, executors and assigns and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by myself or by my child. Permission is given to take any action you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize. Provide treatment and order injections, anesthesia or surgery for my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 3. INSURANCE COVERAGE

Starkville Oktibbeha Consolidated School District provides a supplemental-insurance plan for all participants in extracurricular athletic events. In the event of an injury a claim should also be filled with your family medical plan if you family has access to one. In the result of an injury district insurance will only provide coverage after the parent/guardian's primary is exhausted.

Insurance coverage for my/our child will be provided by:

Insurance Company Name \_\_\_\_\_ Company Phone # \_\_\_\_\_  
Policy Number \_\_\_\_\_

### 4. MEDIA CONSENT RELEASE

I hereby give permission to the Starkville Oktibbeha Consolidated School District to use for publication or otherwise, any photographs, film, and/or videotapes in which my child is featured during this school year. I further agree to the use of such photographs, films and/or videotapes without liability to the Starkville Oktibbeha Consolidated School District.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 5. 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 by the above named student while participating in organized athletics.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

