

**TO BE COMPLETED BY PARENT/GUARDIAN**  
**SPORTS PARTICIPATION PERMISSION FORM**

STUDENT NAME: \_\_\_\_\_

I HEREBY \_\_\_\_\_ DO \_\_\_\_\_ DO NOT (*check one*) GRANT PERMISSION FOR MY  
(SON/DAUGHTER/WARD) TO TAKE PART IN INTERSCHOLASTIC SCHOOL  
ATHLETIC ACTIVITIES FOR THE SCHOOL YEAR \_\_\_\_\_. (*current school year*)

I realize that such activity involves the potential for injury, which is inherent in all sports. I 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.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE BELOW  
STATEMENTS.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician's Examination Date: \_\_\_\_\_

**ATHLETIC INSURANCE COVERAGE**

Stamford Public Schools Interscholastic Insurance Policy provides excess type benefits that pick up when other coverage leaves off.

Players and parents must first submit the injury claim through their own personal insurance coverage, if any and then this plan will cover all usual and reasonable expenses related to injury.

Some of the major points in the policy are:

Maximum Benefit	\$10,000
Maximum Dental Benefits	\$1,000
Deductible	None
Dismemberment Benefit	\$10,000