

Rockville High School Parent Permission Form

Athletic Director's Office (301) 517-5530

Principal's Office - (301)517-8105

Dear Parents/Guardians:

This letter is written to inform you of our school policy concerning student participation in sports activities, either intramural or interscholastic, as it relates to insurance coverage and residency.

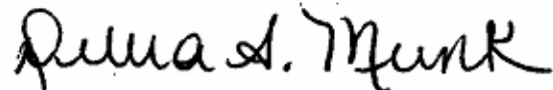
Each year the Board of Education makes available a Student Accident Policy at a nominal premium. Since accidents will inevitably occur despite our best efforts to maintain safety factors in all student activities, this insurance coverage is recommended for all students. For those participating in sports activities or interscholastic athletic programs, we *require* that this coverage be in effect unless the family deems that other insurance coverage (in force) will meet the needs of the student. A separate insurance information form is required for participation in football.

The Board of Education Student Accident Policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms will be distributed at the beginning of the school year.

County and State regulations provide that each student participating in varsity or junior varsity competitive athletics submit a physical examination certificate to the coach in order to try out for a team or squad.

If you have any questions, please contact Mr. Paul Fahmer, Athletic Director, at 301-517-5530.

Sincerely,



Principal

PLEASE COMPLETE AND RETURN THIS FORM TO THE COACH OR SPONSOR

**STATEMENT OF ACCIDENT INSURANCE AND PERMISSION TO PARTICIPATE
IN INTERSCHOLASTIC OR INTRAMURAL ATHLETICS AT ROCKVILLE HIGH SCHOOL**

I give _____ permission to participate in interscholastic and/or intramural athletics at Rockville High School. He/She does ___ or does not ___ have school insurance.

If _____ does not have school insurance, I will assume responsibility for all medical expenses incurred as a result of any athletic injury.

_____ Student is covered by a policy(held by the family) which will pay expenses in the event of accident or injury and no claim will be made on the school.

_____ I / WE wish to obtain coverage for the balance of the year by applying for the Board of Education policy.

Signature of Parent or Legal Guardian

Date