



# CULLMAN COUNTY SCHOOLS

EXCEPTIONAL EDUCATIONAL EXPERIENCES FOR  
EVERYONE EVERY DAY

## ATHLETIC PERMISSION FORM

To the Parent(s)/Guardian of \_\_\_\_\_ Born \_\_\_\_\_  
(Participating Student's Name) (Student's Date of Birth)

A(n) \_\_\_\_\_ grade student of \_\_\_\_\_  
(Grade) (School Name)

Who participates in \_\_\_\_\_  
(Sport(s) in which this student participates)

It is necessary to be certain that every player on each school's athletic squad has appropriate insurance coverage and is listed on the school's eligibility list in the office of the Alabama State High School Athletic Association. This list is due to the Alabama High School Athletic Association by September 1st. The state office purchases, for each athlete on this list, major catastrophic insurance, which covers from \$25,000 to \$1,000,000 per student for the school year. Premiums, from each school must be submitted before the first practice. For this to be done, it is required that the athlete's certified birth certificate be submitted and a copy kept on file.

At the local level, the Cullman County Commission on Education's Policy states simply that each squad member must be covered by an insurance policy **before** he/she is allowed to participate in scheduled games or practices. This gives each player's parents the option of using his/her family policy or purchasing a special insurance policy through the school, which is a limited schedule policy.

*Please mark the correct box, sign, date and return this form to the school as soon as possible.*

**I feel that my family insurance is adequate.**

Name of Insurance Company: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

or

**I wish to purchase the school accident policy offered by the approved school day insurance company. I understand this is a scheduled policy and I have received a copy of the schedule.**

In any event, I accept full responsibility, financially and otherwise, for any injury my son/daughter may incur while participating in the athletic program of a Cullman County School.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)