

**PONTOTOC COUNTY
ATHLETICS PARTICIPATION CLEARANCE
NORTH PONTOTOC/SOUTH PONTOTOC
ATHLETIC DEPARTMENT**

This form must be completed for each athletic program.

Parents/Legal Guardian:

*Please complete the following form and return for our records as required by the
Mississippi High School Activities Association.*

I hereby give consent for my child, _____, to
participate in the school district's _____ program during the
_____ school year.

(Parent's Signature)

(Date)

I hereby authorize and give permission for emergency medical treatment be rendered for
and on behalf of my child, _____, for any
injury received while participating in any supervised school related sports activity. This
authorization includes but is not limited to any treatment deemed necessary by certified
personnel, physicians, hospital emergency room physicians and hospitals.

(Parent's Signature)

(Date)

I hereby release the Pontotoc County School District and all school personnel for any and
all liability associated with such necessary treatment.

(Parent's Signature)

(Date)

I hereby acknowledge that health and accident insurance is required for participation in all organized athletic activities and further certify that my child is covered under the health and accident insurance program listed below.

_____ School Day Insurance Policy Number _____
(School Day Insurance will not cover High School Football)

_____ High School Football Insurance Policy Number _____

_____ Other Policy Number _____

Company _____

Address _____

Agent _____

(Parent's Signature)

(Date)

THE PONTOTOC COUNTY SCHOOL DISTRICT IS PROHIBITED BY LAW FROM PAYING ANY EXPENSE INCURRED FOR ANY ACCIDENT INVOLVING A STUDENT ON SCHOOL PROPERTY OR PARTICIPATING IN SCHOOL ACTIVITIES AND DOES NOT PROVIDE HEALTH OR ACCIDENT INSURANCE FOR PARTICIPANTS IN ATHLETIC PROGRAMS.

In addition, I assume any expense for liability not covered by the above required insurance policy for injury received by the above named student while participating in sports authorized above. I accept full responsibility for medical and hospital expenses and any other related expenses and do hold harmless the Pontotoc County School District and the Pontotoc County School Board, their agents or assigns, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis or death.

(Parent's Signature)

(Date)