**Huntsville Public Schools**

 **Athletic Department Consent Form**

 I hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to compete in interscholastic sports and related practice sessions, and to go with the coach on trips. I acknowledge that even with the best of coaching, use of the most protective equipment and strict observance of rules, injuries are still a possibility. I also give my consent if any injuries occur, for the athletic trainer, ATC, team physician, or coach to secure treatment at the best medical facility available.

 I understand that all Huntsville Public School District students participating in interscholastic athletics are covered by a secondary group accident insurance policy. The premium is paid by the Huntsville School District. I understand that the Huntsville School District will not be responsible for payment of any medical bill that the family’s personal policy or the District’s athletic insurance policy does not pay.

 If you do not have primary insurance coverage on your student, it would be beneficial to you to seek some type of coverage.

I acknowledge that I have read and understand the above statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent or guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of athlete

Note: This form must be signed and returned to the coach before the athlete may take part in any athletic event.