

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

Name of Student: _____ Activity: _____

I/we hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous and that physical injuries may occur to our child requiring emergency medical care and treatment. I/we assume the risk of injury to our child that may occur connected with this activity.

In consideration of the acceptance of our child by the Montgomery County Public Schools in its athletic program and the benefits derived by our child from participation, I/we agree to release and hold harmless the Board of Education of Montgomery County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics and sports.

I/we hereby give our consent and authorize the Board of Education of Montgomery County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year the Board of Education makes available a Student Accident Policy at a nominal premium. This insurance is secondary to the family's own insurance. Because accidents inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. 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 are available at the school. The Board of Education subscribes to catastrophic insurance coverage for all athletes. Information about this insurance is available from the athletic director.

State regulations also require that each student participating in interscholastic athletics submit a physical examination certificate to the coach at the start of each sport season.

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

_____ I/we wish to obtain coverage for the balance of the school year by applying for the Board of Education Student Accident Policy.

Signature of Parent/Guardian (When parents are divorced and have legal joint custody, both must sign.)

_____ Date _____

_____ Date _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR COACH/SPONSOR