FILE:JJIC-E2



Authorization for Participation in Interscholastic Athletics

As parents or guardians of	(Student's Name)	
We hereby authorize and consent to our child's part interscholastic athletics and sports. WE understand which our child will be participating is potentially da that physical injuries may occur to our child requirin medical care and treatment. We assume the risk of it child that may occur in an athletic activity. In consideration of the acceptance of our child by the County Public Schools in its athletic program and the derived by our child from participation, we agree to harmless the Board of Education of Allegany County, the Superintendent of Schools, the principal, all coad and all other of their agents, servants, and/or emplot o indemnify each of them from any claims, costs, sujudgments, and expenses arising from our child's painterscholastic athletics and sports and any injuries of therefrom and expenses related thereto. We hereby give our consent and authorize the Board Allegany County and its agents, servants, and/or emconsent on our behalf and on behalf of our child, to medical care and treatment in the event we are una notified by reasonable attempts of the need for such medical care and treatment. We understand and agree that we will be responsible bills and costs that may be incurred as a result of medical care.	chat the sport in negrous and sponsored game athletic contests njury to our Students who hat be required to pregular school he practice, games release and hold its members, thes, and any yees and agree lits, actions, tricipation in eccived Sports Insurance cover injuries the Student Accident additional cover reimbursement through the school accoverage of clair efor all medical	treatment of our child, and we agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests. Students who have elected to participate in the athletic program will be required to practice and participate in scheduled contests after regular school hours and possibly on non-school days. Supervision at practice, games and travel will be provided by the school. In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Allegany County Public Schools as issued by the Board of Education of Allegany County and the Maryland State Department of Education. Sports Insurance: ACPS may obtain supplemental insurance to cover injuries that occur which are not covered by the regular Student Accident Insurance policy. This insurance may provide additional coverage for an injured athlete. Claims for reimbursement under this insurance should be filed by the parent through the school office. The Board's insurance office should be advised of all claims filed on this policy. This should be done by completing a school accident form as well as completing the insurance claim forms. This insurance may not guarantee 100% coverage of claims.	
Name of School/Community			
I also declare and affirm that my child: ☐ Resides (with parents or legal guardians) within ☐ Is attending the above school with special perm		legany County Public Schools	
If a student is attending a high school without the be special permission of the Office of Student Services, eligibility for a period of time, ineligibility in a specificase. A student being taught by parental request at athletics. The athlete's team and school will be penal.	the student in question is subject to disciplic c sport or sports for the forthcoming year on nome (home school) is not enrolled in Alleg	nary action which could result in the loss of athletic r penalties as may seem justified in the particular any County Public Schools and cannot participate in	
Relationship to Student	Parent/Guardian's Signature	Date	
Home Phone	Cell Phone	Email	

^{*}This form cannot be accepted without the above information.