

THIRD & FOURTH GRADE BOYS
PARENT PERMIT
FOR
PARTICIPATION IN BASKETBALL INTRAMURALS

I hereby grant permission for my son,

(First & Last Name)

To participate in the Intramural Boy's Basketball Program.

One of the following statements must be answered in the **affirmative** to complete this permit:

___ **Yes**, I have adequate insurance to cover medical expenses, if needed.

___ **Yes**, I will assume all responsibilities for medical expenses without the benefit of insurance.

WE HEREBY GIVE CONSENT TO THE COACHES OF COVINGTON SCHOOLS TO SECURE TREATMENT AT THE BEST AVAILABLE HOSPITAL IN CASE OF INJURY.

WE FURTHER GIVE CONSENT FOR THE HOSPITAL OFFICIALS OR DOCTORS TO TAKE NECESSARY ACTION TO PROVIDE THE BEST TREATMENT UNTIL WE ARE IN CONTACT WITH THE PARENTS.

Parent/Guardian Signature: _____

EMERGENCY CONTACT NAME: _____

(Please include phone #'s below)

(In case of Bad weather on practice days please use your best judgment or call one of the coaches prior to coming to the practice)

Phone #: _____

Phone #: _____

- Thanks-Coach Craft (473-2552)