

**ATHLETIC CONSENT FORM**

I hereby give my consent for _____
to compete in interscholastic sports, participate in related practice sessions and to travel with the team/coach for such functions. I acknowledge that even with proper instruction and supervision, proper use of equipment and strict observance of the rules, injuries and accidents are still a possibility. I understand that the Marion School District or its employees will not be **liable** if an injury or accident occurs. I give my consent for treatment at the best medical facility available in case of injury, accident or illness. I understand that I am required to have **Primary Insurance Coverage**. Marion Public Schools has purchased Blanket Interscholastic Insurance Coverage for all participants. This policy provides **Supplemental Coverage** to students actively engaged in the play or practice of activities sponsored by the Arkansas Activities Association. Claims must be made within 30 days of the accident. I understand that the Marion Public School District will not be responsible for payment of any medical bill that the family's personal policy or the district's athletic insurance does not pay.
I also agree to be responsible for the return of any athletic equipment issued to the above named student in quality condition.

Did the student/athlete attend Marion Public Schools for the entire previous school year? (Circle one) Yes or No

Does the student/athlete currently reside in the Marion School District with the parent(s) that has/have legal primary custody of the student? (Circle one) Yes or No

List address of the parent(s) that has legal primary custody of the student.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY.

PRINT NAME OF PARENT/GUARDIAN

PARENT PHONE NUMBER

SIGNATURE OF ATHLETE

NOTE: This form must be signed and returned to the Coach before an athlete may participate in any athletic activity. Please sign and return to your Coach.