



Vincent High School

42505 Hwy 25
Vincent, AL 35178
(205) 682-7300

Vincent Athletics

Full name of student

Grade

Has my permission to participate in athletics at Vincent High School. I understand that all players must be covered by some type of insurance. It is the parent's responsibility to have insurance on their child.

(Please check)

_____ I have sufficient insurance and agree to assume all medical responsibility for any injury received by my child during training or competition. Furthermore, my signature states that my child has permission to ride the bus to all away athletic events. Should an injury occur to my child while on the trip, I give my permission for the coaches and/or trainers to seek emergency medical assistance or to transport in the event of an injury. I am aware that the school will provide supervision during the trip and recognize that all school rules apply while on the trip.

All athletes will be required to ride the bus home from events. Coaches may allow athletes to return with their parents through use of a sign out sheet. Parents may grant, in writing, permission for their child to return with another adult. No student will be allowed to ride with another student.

Emergency Phone Number _____

Name of Family Physician _____

Insurance Company Name _____

Policy Number _____

Signature of Parent / Guardian _____