

**2010-2011 MUNCIE COMMUNITY SCHOOLS
ATHLETIC PARTICIPATION PARENT CERTIFICATE**

Student's Name _____ Date of Birth _____ Today's Date _____
School _____
Address _____ Telephone # _____ Grade in 10-11 _____

In accordance with the purpose and spirit of the IHSAA rules, I hereby give my consent for my son/daughter _____, a student at _____ School, to participate in interscholastic athletic contests and practices (except _____) during the 2010-11 school year. It is my understanding that this consent also allows for my child to have a physical examination by the school doctor.

In athletics, there is a chance of injury. Neither the Muncie Community Schools nor the individual school carries athletic insurance on students. Information concerning a voluntary student accident insurance plan is provided in the fall which includes three types of coverage: school time; 24 hour; or football only.

Financial responsibility for your child may be accepted by one of the following (Must check one).

- _____ 1. Participation in the voluntary school insurance plan
 _____ School time plan
 _____ 24 hour plan
 _____ Football only plan
- _____ 2. Family Insurance Coverage
 Company _____ I.D.# _____
 Account # _____ Benefit # _____
- _____ 3. Personal acceptance of financial responsibility for all medical and hospital obligations.

***Students will not be permitted to participate in interscholastic contests or practices unless a parent/guardian signs the responsibility statement below and indicates above how financial responsibility for injuries will be covered.**

I have read the above statement and **I assume full responsibility** for medical and/or hospital expenses incurred by _____ (student) in athletic participation at _____ School.

Date _____ Parent/Guardian Signature _____

(TO BE COMPLETED BY THE PHYSICIAN)

In accordance with the purpose and spirit of IHSAA rules, I have examined the heart action and the general physical condition of _____, a student at _____ School, and I believe him/her to be physically fit to participate in interscholastic contests except for _____ with students of his/her approximate age during the 2010-11 school year. I have found this student to be free from serious heart or lung disorder, rupture, or contagious disease.

Date _____ Physician's Signature _____

RETURN TO SCHOOL OFFICE IMMEDIATELY