

Athletic Participation Clearance & Insurance Information

I hereby give consent for my child to participate in any and all required activities pertaining to Mobile Christian School's athletic program and in all sports during the school year.

In an effort to ensure all athletes have insurance prior to participation in athletics please provide the following information to be use in the case of an emergency, or to assist with the follow-up care of a sport related injury or condition.

I hereby acknowledge that health and accident insurance coverage is required for participation in all organized athletic activities and further certifies that my child is covered under the health and accident insurance program listed below. If the student is not covered on any plan you will be responsible for obtaining coverage. ALL Kids and Student Insurance are possible options for insurance coverage. Ask for pamphlets on these plans from your coach, nurse or athletic trainer.

Student Name (Last, First and MI)	Date of Birth	Social Security Number
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Insurance Information

Policyholder's Name	Relationship	Date of Birth
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Street Address	City	State	Zip Code
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Home Phone	Cell Phone	Work Phone
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Employer

Employer Street Address	City	State	Zip Code
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Insurance Company	Coverage Type: (circle one)	HMO, PPO, POS, Medicaid, All-Kids, Other
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Policy #	Group Plan #	Effective Date
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Send Claims to:

Street Address	City	State	Zip Code
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Contact Person for Verification of Coverage	Phone
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For additional assistance, please attach a copy of the front/back of insurance card.

In addition, I assume any expenses for liability not covered by the above required insurance policy for injury received by the above named student while participating in sport(s). Furthermore, I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless Mobile Christian School, and Board of Trustees, and their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participating in organized high school athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis or death.

My signature below attests that I have read, understand and concur with this form and agree to the terms thereof.

Signature of Representative (Student)	Date	Signature of Parent or Guardian	Date
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