



City of Pembroke Pines Charter Schools Academic Village Campus

"Empowering Students for the Possibilities of Tomorrow."



Cambridge International School



MSAA INTERSCHOLASTIC SPORTS PARENTAL PERMISSION AND INSURANCE STATEMENT – 2022-2023 School Year

To: Peter Bayer, Principal

PART I

I, _____ (Parent or Guardian), hereby grant permission for my son/daughter _____, (Birthdate: _____), to participate in interscholastic sports this school year.

(Please circle the sports in which your son/daughter **MAY NOT** participate.)
Cheerleading, Soccer, Flag Football, Track

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

The original physical is attached with doctor's stamp of approval.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also: I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with _____ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director. A photocopy of the front of the Insurer's policy card is attached.

Parent/Guardian Signature

NOTARIZATION

NOTE

A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM

STATE OF FLORIDA
COUNTY OF ____
Sworn to and subscribed before me

this ____ day of __, 20__

Notary Public
My Commission Expires: _____

PART II

INSTRUCTIONS TO PARENT OR GUARDIAN

Complete, sign and have the document notarized.

Attach proof of Insurance AND proof of Student Physical WITH Doctor's Stamp.