



# 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 -2020-2021 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

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### 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: \_\_\_\_\_

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### 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.