



## Form I

### PARENTAL PERMISSION

I, the undersigned parent or legal guardian of, (please print child's name) \_\_\_\_\_, a student at \_\_\_\_\_ High School, grant permission for my child to participate in the Coral Glades SGA Dodgeball Tournament to benefit Tomorrow's on Friday, February 25, 2022. This permission form releases Coral Glades and Student Government from liability for injury, illness, or accident that may befall my child while attending the event.

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

I authorize my child to accompany the school/organization team to the event named above. I approve emergency treatment by a hospital and/or physician in the event of illness or injury and agree to assume financial responsibility for bills incurred for such treatment.

### MEDIA RELEASE

I, the undersigned parent or legal guardian, also grant Coral Glades Student Government Association the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my child, for use in any materials they may produce. I understand that neither I, nor my child, will receive any compensation for such use of materials.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Form II**

**INSURANCE CONFIRMATION**

**POLICY HOLDERS CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Policy Holders Signature: \_\_\_\_\_

**HEALTH INSURANCE COMPANY INFORMATION**

Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent/Legal Guardian's Name Printed: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_