

FAIRHOPE HIGH SCHOOL

ATHLETIC DEPARTMENT

Dear Parents:

The Alabama High School Athletic Association regulations require that each participant in school athletic programs be covered by adequate insurance and have a current physical on file at school. Physicals are good for one calendar year.

If you wish your child to participate in the sports program at Fairhope High School, please fill in the blanks below, sign, and return to the school. Students will not be allowed to practice without a current physical and insurance form on file with the school.

I hereby give permission for my child _____ to participate in any area of the sports program at Fairhope High School.

_____ Date _____ Grade _____ Signature of Parent or legal guardian

PLEASE CHECK THE APPROPRIATE BLANKS BELOW:

My signature above relieves Fairhope High School of all medical responsibilities as:

1. I have coverage with: _____
Insurance Company Policy Number

2. I wish to enroll my child in the school insurance program.

Check the preferred policy below. Please obtain an insurance brochure from the office and return it completed with a check for the amount on the brochure. Regular and full time policies will cover all sports except Varsity Football. **All checks must be made payable to Markel Insurance Company.** See brochure for description of benefits below.

School Time Policy (9 months)

Around The Clock (24 hour a day for 12 month)

FOOTBALL COVERAGE

In the event of an emergency, do you give the Fairhope High School Athletic Department permission to seek medical/dental attention for your son or daughter?

Please circle: **YES** **NO**

Date

Signature of parent or legal guardian

Signature of student