PERMISSION / INSURANCE / CODE OF CODUCT FORM

I, _____ the undersigned parent or guardian of _____, have read the Code of Conduct for Anchor Bay Athletics and pledge to assist my son/daughter in any way that I can to abide by these rules. He/she has my permission to participate in _____

Print Parent's Name

Print Student's Name

We carry _____ accident insurance and hereby release the Anchor Bay Schools from obligations that might arise from injury received by the above named student. I further agree to pay all medical expenses and hospital bill resulting from injuries sustained while participating in athletic contests that the above mentioned insurance does not cover.

_____ _____

Parent's Signature Date

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I, the undersigned student, have read the Code of Conduct for Anchor Bay Athletics and pledge to abide by these rules.

_____ _____

Student's Signature Date