



## Jackson STEM Middle School

### Athletic Department

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Eric Slack, Athletic Director

TO: PRINCIPAL OR SUPERINTENDENT

THIS IS TO CERTIFY THAT \_\_\_\_\_ HAS MY PERMISSION TO PARTICIPATE IN THE ATHLETIC PROGRAM AT JACKSON STEM MIDDLE SCHOOL. (FOR PURPOSES OF THIS ACKNOWLEDGEMENT, AND UNDER HIGH SCHOOL LEAGUE RULES, CHEERLEADING IS CONSIDERED PART OF THE ATHLETIC PROGRAM.) SUCH PARTICIPATION IS ANTICIPATED TO INCLUDE INITIAL TRYOUTS, PRACTICE, CONDITIONING, COMPETITION, AND, WHERE APPLICABLE, WEIGHTLIFTING, AND SPRING PRACTICE. THIS ACKNOWLEDGES MY UNDERSTANDING THAT NEITHER THE SCHOOL NOR THE CONSOLIDATED SCHOOL DISTRICT OF AIKEN COUNTY HAS MEDICAL INSURANCE WHICH WOULD COVER ANY POTENTIAL INJURY THAT MIGHT OCCUR DURING THESE EVENTS. I CERTIFY THAT THERE IS PRIVATE OR FAMILY INSURANCE AVAILABLE FOR SUCH COVERAGE, AND I ACKNOWLEDGE THAT ANY COST NOT COVERED BY INSURANCE IS MY RESPONSIBILITY AS PARENT OR LEGAL GUARDIAN. THE PRIVATE INSURANCE CARRIER AND POLICY NUMBER IS SET FORTH AS FOLLOWS.

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

I ACKNOWLEDGE THAT PARTICIPATION IN ANY TEAM SPORT WHICH INVOLVES RIGOROUS PHYSICAL ACTIVITY, EXERCISE, AND IN SOME INSTANCES CONTACT, CARRIES AN INHERENT RISK OF PERSONAL INJURY AND THAT DUE CONSIDERATION TO SUCH RISK HAS BEEN GIVEN PRIOR TO GRANTING THE WITHIN PERMISSION. I ALSO ACKNOWLEDGE THAT WHILE THE SOUTH CAROLINA HIGH SCHOOL LEAGUE RULES REQUIRE PHYSICAL EXAMS BY CERTIFIED PHYSICIANS PRIOR TO A STUDENT'S ACTUAL PARTICIPATION IN ANY ATHLETIC PRACTICE OR GAME. SUCH PHYSICAL EXAMINATIONS MAY NOT BE CONDUCTED PRIOR TO CERTAIN PHASES OF THE ATHLETIC PROGRAM, SUCH AS THE TRYOUTS. IT IS MY RESPONSIBILITY AS PARENT OR LEGAL GUARDIAN TO BE SATISFIED THROUGH MEANS AVAILABLE TO ME CONCERNING THE GENERAL PHYSICAL CONDITION AND WELLBEING OF THE ABOVE NAMED STUDENT PRIOR TO PARTICIPATION IN ANY PHASE OF THE PROGRAM.

THE COACHES AND/OR ADMINISTRATORS AT JACKSON STEM MIDDLE SCHOOL ARE HEREBY AUTHORIZED TO GRANT PERMISSION, IN MY ABSENCE, FOR COMPETENT MEDICAL PERSONNEL TO PERFORM ESSENTIAL MEDICAL CARE AND TREATMENT OF THE ABOVE NAMED STUDENT.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE