

**Marblehead Public Schools**  
**OFFICE USE ONLY \* Marblehead Veterans Middle School**  
**SPORTS | ACTIVITIES PERMISSION FORM**

PLEASE CHECK GRADE     7TH         8TH

STUDENT'S LAST NAME	FIRST NAME
PARENT GUARDIAN'S LAST NAME	FIRST NAME
HOME ADDRESS	
PHONE	CELL

I understand the rules and regulations pertaining to the MVMS Sports | Activities Programs and agree to adhere to them all while participating at MVMS.

**STUDENT'S SIGNATURE:** \_\_\_\_\_

I give permission to my child to participate in MVMS Sports | Activities Program. I understand the School Department does not assume medical expenses as a result of my child's participation in MVMS Sports | Activities Programs. The School's insurance policy for the participating students in this program is a non-duplicating policy. All bills must be submitted to the family's insurance company. The School's insurance will pay the balance, if any. All injuries must be reported immediately to the person in charge of the sports activity or the High School Athletic Office.

I understand that the **\$131** user fee for my child to participate in **Intramural Sports | Activities** must be paid, and my child must have proof of a current physical on file with the MVMS nurse.

I understand that the **\$209** user fee for my child to participate in **Interscholastic Sports | Activities** must be paid, and my child must have proof of a current physical on file with the MVMS nurse.

I authorize the Athletic Director, coach, trainer, and/or administrator to act for me according to their best judgment in any emergency requiring medical attention when unable to reach me.

**PARENT|GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Student's Physician's Name: \_\_\_\_\_

Health Conditions|Allergies: \_\_\_\_\_

Regular Medications Taken: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

BLUE CROSS BLUE SHIELD # \_\_\_\_\_

INSURANCE COMPANY OTHER THAN BCBS \_\_\_\_\_

POLICY # \_\_\_\_\_

**\*This form does not replace an updated physical for the school nurse.**