

Huntingtown High School

Consent Form:

I hereby give my permission for my son/daughter _____
to participate as a member of the _____ team/group
during the school year _____.

Signature: _____ Date: _____

My son/daughter MAY NOT participate in the following sport/activity: (list
all that are being excluded)

School Insurance Waiver Form:

My son/daughter _____ in
grade _____ will be covered by the following medical insurance in case of
injury while participating in HHS athletics/activities.

Insurance Company Name	
Policy Number	
Parent/Guardian Signature	
Home Phone	
Work Phone	
Emergency Person and Phone	
Family Doctor	
Doctor Office Phone	