HOUSTON INDEPENDENT SCHOOL DISTRICT ATHLETIC DEPARTMENT

PARENT'S APPRO		TICS AND EMERGENCY MEDICAL AUTHORIZATION
I hereby certify tha	t	has my approval to play at home or away from
	(Student)	
home on the athlet follows:	ic teams of the(Sc	Middle/High School, grade, as
Baseball/Basketb		/Golf/Soccer/Softball/Swimming/Tennis/Track/Volleyball/Wrestling or events he/she does not approve.)
I understand and a liability for any acc	gree that the HISD Board of Educatio ident or injury as a result of any aspec	and the employees and agents of HISD assume no responsibility or of participation in the sports listed above.
	his potential risk of injury, I am giving	bove-listed sports creates the potential for receiving an injury. With ny son/daughter permission to participate in athletics and accept full
In the event of an necessary medical		school officials and employees to render, secure, and authorize
		paid only according to the HISD Department of Athletics rules, and create any liability for injuries or damages.
My insurance com	pany is	
Policy Number		Group Number
(both parents, if po		
Date	Telephone	Home Address
Signed		
	(Parent or Guardian)	
Date	Telephone	Home Address
Signed		
<u> </u>	(Parent or Guardian)	
I certify that this re	lease was signed in my presence.	
	(no stamped signature) pation requirement)	
PLACE OF EMPLO	OYMENT (both parents, if possible)	
(Father) Name of Firm		(Mother) Name of Firm
Address		Address
Phone		Phone

NOTE TO THE COACH: You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.