

PIKE COUNTY MIDDLE SCHOOL

ZEBULON, GA

I/We, the undersigned parent(s) and/or guardian(s) do hereby give permission for my

son/daughter, _____ to participate in

(Sport): _____ for the 20____ - 20____ school year.

I/We understand that if an injury occurs to my son/daughter during practice/play I am responsible for filling school insurance within 90 days of the injury.

Signature of Parent/Guardian

Date