



INSURANCE AND CERTIFICATION
2020-2021 SPRAYBERRY GIRLS JR BASKETBALL CLUB

Student Name:

Parent or Guardian Name:

Medical Release and Authorization:

My athlete, _____ covered by medical insurance:

Insurance Provider:

Policy #:

Name of Policy Holder:

Select One:

Authorization from Insurance required for treatment?

If yes, telephone #:

In case of emergency, I authorize and give permission for my child to be transported to the nearest hospital or emergency care center in the event that I cannot be reached. I understand and agree that staff, teachers, coaches, and administrators of Sprayberry High School, Cobb County Board of Education, Cobb County Junior Basketball Conference, and Jr. Jackets Basketball Club cannot be held liable for any injuries which may occur while my child participates in the activities of the Jr. Jackets Basketball Club.

Signature of Parent/Guardian

Date

I certify that my student athlete lives in the Sprayberry High School District

Signature of Parent/Guardian

Date