South Cumberland Elementary School
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Darrell G. Threet
Principal

South Cumberland Athletics Requirements

Every athlete in Cumberland County must meet the following minimal requirements to participate in athletics or cheerleading:

1. Maintain passing grades
2. Be of the appropriate age
3. Provide documentation of a current physical examination dated April 15th or later that remains on file in the principal's office
4. Can have no unexcused absences.
5. Parent/guardian signature on permission form verifying that their child has medical insurance or school insurance (24 hr. per day coverage)
6. Parent/guardian signature on permission form giving their child permission to ride the school bus if a bus is provided
7. Parent/guardian signature on permission form giving consent for emergency medical treatment

PERMISSION FORM

***It is a county wide requirement for this form to be on file in the principal's office, and chaperones must have, in their possession, a copy of this form at every sporting event.**

I hereby give consent for _____ to participate in South Cumberland Elementary's athletic and/or cheerleading program. I agree that my child is to the abide by following:

- All athletes and cheerleaders will maintain passing grades.
- All athletes and cheerleaders will be of appropriate age.
- All athletes and cheerleaders will have current physical on file.
- All athletes and cheerleaders no unexcused absences.
- All athletes and cheerleaders will have 24 hour per day medical insurance coverage.
- All athletes and cheerleaders must ride the school bus to all away games, if a bus is provided.
- If athletes and cheerleaders are allowed to travel home with parents/guardians after away games, they must be signed out.
- Every time an athlete or cheerleader travels home with someone other than a parent/guardian, a note must be presented to the team sponsor with the following information: (1) date, 2) name of athlete or cheerleader, (3) name of person athlete or cheerleader will be departing with, and (4) parent/guardian signature.
- Any athlete or cheerleader can be given, if necessary, emergency medical treatment.

I give my permission and/or consent to all the above statements.

_____ _____
(Parent/Guardian Signature) (Date)

_____ _____
(Home address) (Home phone)

_____
(Emergency phone numbers)