

KENOBA UNIFIED SCHOOL DISTRICT ATHLETIC PERMISSION FORM

Please enter your insurance information into these two fields:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Permission to Participate

I hereby give my permission for the abo

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above named student to participate in the KUSD Athletic Program.

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Athlete Signature

Date