

**Charter Alternative Program and Charter Home Study Academy K-8
EXTRA CURRICULAR ACTIVITY PERMISSION NOTICE
&
ATHLETIC INSURANCE INFORMATION STATEMENT**

Please read and initial each section:

Student Name _____ Sport _____

____ I hereby give consent for my son/daughter to participate in the Charter Alternative Program and Charter Home Study Academy K-8 After-School Sports Program.

ATHLETIC INSURANCE INFORMATION STATEMENT

____ I understand the Charter Alternative Program and Charter Home Study Academy K-8 does not carry medical or dental insurance for students injured on school premises. My son/daughter is covered by a health insurance policy.

Insurance Company _____ Policy# _____

Parent/Guardian Signature

Date