



Banks County Middle School

712 Thompson Street

Homer, GA 30547

Dr. Mike Boyle Principal

Mr. Chuck Butler Assistant Principal/Athletic Director

2020-2021

**Proof of Insurance (please print)**

Athlete's Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Parent/Guardian Contacts (please print)**

1) Emergency Contact Name \_\_\_\_\_

Phone/Cell Phone Number \_\_\_\_\_

2) Emergency Contact Name \_\_\_\_\_

Phone/Cell Phone Number \_\_\_\_\_

Contacts for routine matters such as schedule changes, practice dates, booster club information, and other athletic information.

E-mail Address \_\_\_\_\_

and/or

Cell Phone Text Number \_\_\_\_\_

**Parent/Guardian Acknowledgement Signatures**

**I have read and acknowledge the following rules, policies, and expectations documents:**

Athletic Rules and Policies

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Sportsmanship Expectations

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Concussion Policy

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_