

Schley County High School Ellaville, GA

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION ACKNOWLEDGMENT AND ASSUMPTION OF RISK

Many athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Each participant in these activities should realize that there are risks, hazards, and dangers inherent in the activity itself, training, preparation, and travel to and from the activity site. By its nature, participation in inter-scholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate risk.

Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.

By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form. However, your child will not be able to participate in athletics at Schley County Middle/High School without parental consent and assumption of risk acknowledged by this form.

By signing this permission form, you also acknowledge that you (the student) will abide by all athletic policies, school rules and regulations, and code of conduct. By signing this permission form, you (the parent/guardian) acknowledge receipt of this information and will encourage your child to abide by all such rules identified above.

I hereby give my child permission to:

1. Compete in athletics at Schley County Middle/High School of the Schley County School System in the Georgia High School Association
2. Accompany any school team of which he/she is a member of on any of its local or out-of-town trips

I (We) certify that I (we) have read the above notice carefully and understand the contents therein. In consideration of the benefits received from the athletic program of Schley County Middle/High School, I (we) hereby assume all risks of dangers of injury, including death, that my child may sustain while participating in or in traveling to and from such activity.

I (We) will not hold the Schley County Middle/High School, the Schley County Board of Education, or any school official liable for any accident or injury that my child may incur.

I (We) certify that I (we) have read and understood the Parental Consent for Athletic Participation & Acknowledgement and Assumption of Risk.

Student Printed Name

Parent Printed Name

Student Signature

Parent Signature

Date

Date

SCHLEY COUNTY HIGH SCHOOL
Insurance Information and Consent for Treatment

Student's Name _____

Social Security Number _____ - _____ - _____

Home Address _____

Insurance Company _____

Insurance Company Address _____

Insurance Company Telephone _____

Policy Number _____ Group Number _____

Name of Policyholder _____

Policyholder's Relationship to Student-Athlete _____

PARENTAL CONSENT

NOTE: The following is a release for medical treatment form for your child. This release assures fast medical treatment in the event he/she is injured and you are not available to give the doctor or hospital permission to treat your child.

I, _____ (Parent/Guardian printed name), do authorize the Schley County School System staff to admit my child, _____ (student's name printed) for medical treatment in the event I cannot be reached. I fully understand that I am responsible for any medical bills which may incur due to treatment of my child's injury. To the best of my knowledge, my child has the following medication allergies: _____

Parent/Guardian Signature

Date

Home Phone Number

Work and/or Cell Phone Numbers

OTHER EMERGENCY INFORMATION

In the event of an emergency, and the parent/guardian named above cannot be reached, please list other persons, their relationships, and phone numbers.

Name: _____

Relationship: _____

Phone Number: _____
