

Parent Consent/ Athletic Release

Name _____ Sport _____ M _____ F _____ Date _____

Home Phone _____ Grade _____ Birthdate _____

Address _____

Name of Parent/ Guardian _____

Address (if different from above) _____

Mother's cell _____ Father's cell _____

Mother's Business _____ Father's Business _____

Person other than Parent or Guardian to Contact in case of Emergency

Name _____ Relation _____ Phone _____

Address _____

Student's Physician Name _____ Office # _____

Insurance Company Name _____ Policy # _____

WARNING: Although participation in supervised interscholastic athletics may be one of the least hazardous in which students will engage in or out of school, by its nature participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, the risk.

Participants have the responsibility to help reduce the risk 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 release 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 release form.**

I (we) hereby give consent for _____ (Student's name)to:

(1) Compete in interscholastic athletics in Georgia High school Association (GHSA) sports, **except those CROSSED OUT** below:

- | | | | |
|--------------|---------------|----------|---------------|
| Baseball | Cross Country | Soccer | Track & Field |
| Basketball | Football | Softball | Volleyball |
| Cheerleading | Golf | Tennis | Wrestling |

PARENTS, PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND APPROVED.

_____ I consent to have my son/daughter represent his/her school in approved activities except those excluded by the examining physician.

_____ I grant permission for my child to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all school events in school approved vehicles. Parents wishing to have their child with them when returning from an event must make the arrangements with the coach.

_____ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my child to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists. I release from liability the Butts County Board of Education and school administrators or responsible party exercising responsible authority. I will be responsible for hospital or physician charges made during the exercise of the authority.

_____ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my child in the proper course of such athletic activities or travels.

_____ I acknowledge that organized school activities involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these can be so severe as to result in total disability, paralysis, or even death.

_____ I hereby grant Butts County Schools permission to release scholastic and personal information about me to any interested educational institutions or branches of the armed forces.

Date _____

Signature of Parent or Guardian

Signature of Student Athlete