

PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

Dear Parent(s) or Guardian(s):

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, participate in all required physicals, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport.

It is the policy of the Richmond County Board of Education that all athletic participants, other than football, provide either proof of insurance, purchase the student accident insurance policy that is sanctioned by the board, or sign a military waiver, provided by the school for military dependents. Participants in football must either provide proof of insurance, sign a military waiver, or purchase the football policy carried by the student accident insurance company. The school's athletic program is not authorized to extend public funds for injuries; thus, it will be the responsibility of the parent or guardian to pay any costs for any injury, which is not covered by insurance.

(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 athletic activities except those activities excluded by the examining doctor.

_____ I grant permission for my son/daughter 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 events in school approved vehicles. Parents/Guardians wishing to have their son/daughter with them returning from an event must make written arrangements with the coach.

_____ In the event of an emergency requiring medical attention, I understand every attempt will 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 son/daughter 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 agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

_____ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.

Date: _____ Signature: _____
(Parent/Legal Guardian)

Date: _____ Signature: _____
(Parent/Legal Guardian)

ATHLETE ROSTER

APP. B-1

Sport: _____

Name: _____ Birthdate: _____

Sex: [M] [F] Grade: [] []

Address: _____

Home Phone # : _____

Name of Parent/Guardian: _____

Address if different from above: _____

Home Phone # : (Mother) _____ (Father) _____

Business Phone # : (Mother) _____ (Father) _____

PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relation: _____

Address: _____

Phone # : (H) _____ (B) _____

FAMILY PHYSICIAN INFORMATION:

Physician Name: _____ Speciality: _____

Address/Location: _____

Phone # : (Office) _____ (Emergency) _____

INSURANCE COMPANY INFORMATION:

Primary: _____ Policy # : _____

Secondary: _____ Policy # : _____

Specific medication, allergies, medical problems of the athlete:

