

McIntosh County Athletic Participation Consent Form

All information must be provided.

PRINT NAME: _____ Male _____ Female _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Student lives with: _____ Relationship: _____
(indicate parents, mother only, father only, aunt, brother etc.)

Telephone: Home _____ Work _____ Cell _____

This information is for the school year 2017 - 2018. Your grade level will be _____ (6, 7, 8, 9, 10, 11, 12)

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

By its nature, participation in inter-scholastic athletics and intra-scholastic sports clubs 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 athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches or club supervisors follow a proper conditioning program and inspect their equipment daily.

I (We) hereby give consent for _____ to:
(Print full name)

1. Compete in athletics in the McIntosh County School District in the following sport(s)/activities
(Please circle each sport you approve)

Band	Baseball	Basketball	Color Guard	Cheerleading	Cross Country	Football
Golf	Soccer	Softball	Track	Volleyball	Wrestling	

2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips. I understand that transportation may or may not be provided by the McIntosh County School District. (In the event transportation is not provided by the School District, transportation will be the student's responsibility.)

I release and waive, and further agree to indemnify, hold harmless or reimburse the McIntosh County School District, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment if any.

I have insurance for coverage of my son/ daughter indicated on the back of this form. (You must provide a copy of the insurance card or policy benefits as indicated.)

Please initial the insurance option that applies to your student-athlete.

1. _____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter-scholastic Athletics (including, but not limited to, Varsity and Junior Varsity Football) and inter-scholastic clubs and activities. (Attach copy of card)

Insurance Company Name: _____

Name of Insured: _____

Policy number: _____

2. _____ I have purchased the Benefit Plan provided by the McIntosh County School System. (attach a signed copy of benefit plan)

I hereby verify that the information on this form is correct and understand that any false information may result in my son/ daughter being declared **ineligible**.

By signing this permission form, you acknowledge that you have read and understand the risks of participation and agree to the above terms. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing. (Parents or students who do not wish to accept any of these terms or risks should not sign and participation will be denied.)

_____ DATE _____

SIGNATURE(S) PARENT(S) OR GUARDIAN(S)

_____ DATE _____

SIGNATURE OF STUDENT-ATHLETE