SCHOOL _____ STUDENT ID #_____

HENRY COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name _____ _____ _____ Male ____ Female ____
LAST FIRST MIDDLE

Address _____ _____ _____ _____
STREET CITY STATE ZIP

Telephone (home) _____ Date of Birth _____

Date entered 9th grade _____ Student's grade level for the current school year_____

Father's Name _____ Father's Work Number _____ Cell _____

Mother's Name _____ Mother's Work Number _____ Cell _____

Student resides with (Names of Parent(s)/Guardian) _____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address). **Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.**

Have you attended this Henry County School for at least one full school year? Yes _____ No _____

EMERGENCY CONTACT INFORMATION
In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Henry County School District finds to be an emergency situation involving the student.

_____
Name Relationship Home Phone Cell Phone Work Phone

_____
Name Relationship Home Phone Cell Phone Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.**

Participants can and 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.**

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTIPATE IN THE ACTIVITY.

I/We hereby consent for _____ to:

1. Compete in athletics (for _____ School of the Henry County School District) in Georgia High School Association approved sports **except** those CROSSED out below:

   Baseball Basketball Cheerleading Cross Country Football Golf Soccer Softball
   Tennis Track Wrestling Volleyball Rifle

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.
3. I hereby verify that the information contained within this from is correct and understand that any false information may result in my son-daughter being declared ineligible for participation in sports.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____ _____
Signature(s) of Parent(s) or Guardian(s) **Date**

_____ _____
Signature of Student – Athlete **Date**

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the _____-_____ school year, then sign below.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

_____ _____ _____
Company Providing Insurance Name of insured Policy Number

_____ I have purchased the Benefit Plan provided by the Henry County School District. _____
Policy Number

_____ _____
Signature(s) of Parent(s) or Guardian(s) Date

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child may compete in middle/high school athletics within the Henry County Schools. I also understand this medical evaluation is only to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I request otherwise.

I also hereby grant permission for medical personnel retained by the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonable to protect the health and well-being of the above named student.

I understand that the terms hereof apply to any injury, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for Henry County Schools, including tryouts, practice, conditioning, meeting, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

THIS ACKNOWLEDGEMENT OF AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

_____ _____
Signature(s) of Parent(s) of Guardian(s) Relation to Student Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Henry County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Henry County School District strongly discourages students from riding with other students to and from extracurricular events and to this end, district employees shall not assign students to ride with other students.

I, _____, parent or guardian of _____ (student) hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent, including coach/sponsor to/from extracurricular events.

CONSENT AND RELEASE

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Henry County School District. In the event transportation is not provided by the Henry County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity 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 or emergency medical procedures or treatment, if any. I **further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and for any and all claims and losses.**

_____ _____
Signature(s) of Parent(s) or Guardian(s) Date

RELEASE OF INFORMATION

I hereby authorize the release of any and all information relating to the athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

_____ _____ _____
Signature of Student Signature of Parent/Guardian Date