

LAMAR COUNTY COMPREHENSIVE HIGH SCHOOL

STATEMENT BY PARENT AND STUDENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any 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, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the 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, we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THE WARNING SHOULD NOT SIGN THE PERMISSION FORM.

All athletes must be covered by insurance (School Insurance, Parent/Guardian Insurance or Medicaid Insurance). Be aware that no insurance will cover all the costs of all injuries.

I (We) hereby give consent to:

1. Compete in athletics at Lamar County Comprehensive High School in the Georgia High School Association approved sports.

Football	Basketball	Baseball
Cheerleading	Golf	Softball
Tennis	Track & Field	Weight Lifting
Soccer	Swimming	Cross Country
Volleyball	Wrestling	

2. Accompany any school team of which the student is a member on any of its local or out-of-town trips.
3. Allow school authorities to exercise their best judgement in case of injury to the participant in the event of the inability to contact the parent/guardian.

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

Student Athlete Signature: _____ Date: _____

PLEASE COMPLETE FRONT AND BACK OF FORM

PARENT'S INSURANCE RELEASE FORM

Athlete's Name: _____

_____ has sufficient insurance to cover my son/daughter
(Parent's Name)
in case of injuries or other occurrences incurred during season practice, games and camp participation. I understand that I assume full liability and expense for any injury as a result of participation in _____ practice, games or camp.
(Sport)

Parent's Signature: _____ Date: _____

INSURANCE INFORMATION

Insurance Company Name: _____

Policy Number: _____

Group Number (if applicable): _____

FAMILY INFORMATION

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Parent's Cell #: (_____) _____ Parent's Cell #: (_____) _____

Emergency Contact Name: _____

Emergency Contact #: (_____) _____ Cell #: (_____) _____

Hospital Preference: _____