

ATHLETE INFORMATION

Name _____

(Last)

(First)

(Middle)

Date of Birth (MM/DD/YYYY) _____

Male []

Female []

Address _____

(Street)

(Apt. No)

(City)

(Zip Code)

Grade level for the current and next school year _____

Known Medical Conditions _____

Known Allergies _____

Medications _____

Name of Parent/Guardian: _____

Telephone: Home _____ Work _____ Cell/Other _____

Please give an emergency contact (must be 21 or older) and method to contact if the parent/guardian cannot be reached:

Name _____ Relationship _____

Phone Number _____ Alternate Number: _____

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PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING! : Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC 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 athletic programs, it is possible only to minimize, not eliminate this risk.

Participants can and have a responsibility to help reduce the chance of injury. **PARTICIPANTS 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, you acknowledge that you have read and understand this warning. **PARENTS/GUARDIANS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for _____ to:

1. Compete in athletics in the Pulaski County School System in the following sports (please **list** all that apply):

2. I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
3. Parents/Guardians should contact the Head Coach for information regarding injuries to their son/daughter.

This acknowledgement of risk and consent to allow participation shall remain in effect for the **2014-2015** school year until revoked in writing.

_____ Signature of Parent(s) or Guardian(s)	_____ Date
_____ Signature of Student-Athlete	_____ Date

**PULASKI COUNTY SCHOOL DISTRICT PERMISSION TO PARTICIPATE IN
ATHLETIC TEAM ONE-DAY SCHOOL-SPONSORED TRIPS**

Consent

I hereby consent for _____ (student's name) to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic competitions. I understand that transportation may or may not be provided by the Pulaski County School District. In the event transportation is not provided by the Pulaski County School District, transportation will be the student's responsibility.

Medical Authorization

In the event of injury or illness during the period of time which the student is participating in a school athletic practice or contest away from his/her legal residence and the school district is **unable** to contact the parent/guardian, I grant the Pulaski County School District permission and authority to obtain emergency medical care and/or treatment as necessary for the welfare of the student. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment, or hospitalization. **I, as parent/guardian, accept the financial responsibility for such medical care or treatment.**

I release and waive, and further agree to indemnify, hold harmless or reimburse the Pulaski County School District, the Pulaski County Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as trip supervisor(s), 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 or emergency medical procedures or treatment, if any.

Signature of Parent/Guardian _____	Date _____
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INSURANCE INFORMATION

The Hawkinsville Athletic Department **requires** that student-athletes are adequately and currently covered by insurance that will cover injuries sustained while participating in inter-scholastic **The Pulaski County School District does not pay for medical expenses related to injury during competitions or practices.**

Please **INITIAL** one of the following statements regarding insurance coverage for your son/daughter for the 2014-2015 school year, then sign below:

_____ 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 intra-scholastic clubs and activities.

Company Providing Insurance: _____

Name of Insured: _____

Policy Number: _____

_____ I wish to purchase the Benefit Plan provided by the Pulaski County School System.

Signature of Parent/Guardian _____	Date _____
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AUTHORIZATION

I understand that per the Georgia State Law a Pre-participation Physical Evaluation must be performed by a physician to medically screen each student who participates in the athletic programs of the Pulaski County School District. I further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments. If I wish for a more detailed exam to be performed upon my child/ward then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify the Pulaski County School District, and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my child/ward other than the general physical exam required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge, and hold harmless the Pulaski County School District, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Pulaski County School District or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the athletic programs provided by the Pulaski County School District.

My signature below attests that I have read, understand and concur with the information on this form, and that I give consent for my child/ward to participate in the athletic programs as stated above.

Signature of Parent/Guardian _____	Date _____
Relation to Student (please check one)	
Mother [] Father [] Guardian [] (Please specify relationship) _____	