



DEPARTMENT OF ATHLETICS

Middle School Athletic Participation, Insurance, and Consent Form

****Parent/Guardian signature required in four (4) places.****

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Date of Birth (MM/DD/YYYY) _____ Male [] Female []

Address _____
(Street) (Apt. No) (City) (Zip Code)

Grade level for the 2009-2010 school year _____

You live with (Name of Parent(s)/Guardian(s)) _____

Telephone: Home _____ Work _____ Cell/Other _____

.....

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 at _____ Middle School of the Bibb County School District in the approved sports **EXCEPT THOSE CROSSED** out below:

Baseball	Basketball	Cheerleading	Football	Soccer
Softball	Track & Field	Weight Training	Wrestling	

- 2) To accompany any school team on which the student is a member on any of its local or out-of-town trips;
- 3) 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.
- 4) Students found illegally enrolled out of their school attendance zone could be ruled ineligible for competition for one (1) full year.
- 5) 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 current school year until revoked in writing.

Signature of Parent(s) or Guardian(s)

Date

Signature of Student-Athlete

Date

BIBB 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 Bibb County School District. In the event transportation is not provided by the Bibb County School District, transportation will be the student's responsibility.

If any emergency medical procedures or treatments are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Bibb County School District, the Bibb 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 _____

INSURANCE INFORMATION

The Bibb County School District requires that student-athletes must provide proof of insurance coverage prior to participating in any athletic try-outs, practices, or games. This insurance must be able to cover injuries sustained while participating in inter-scholastic Athletics. Medicaid is not an acceptable form of insurance for a student-athlete.

Please provide the following information concerning insurance coverage for your son/daughter for the 2009-2010 school and sign below. If any changes occur in your son's/daughter's insurance coverage, please notify the coach immediately and provide the new insurance coverage information:

Name of Insurance Provider _____

Policy Number _____

Name of Policy Holder _____

Name of Insured Student _____

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION

I understand that per the Georgia State Law a Preparticipation Physical Evaluation must be performed by a physician to medically screen each student who participates in the athletic programs of the Bibb 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 Bibb 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 Bibb 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 Bibb 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 Bibb 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) _____

Telephone: Home _____ Work _____ Cell/Other _____