

**COAHULLA CREEK HIGH SCHOOL
INSURANCE AND CONSENT FORM
2013-2014 SCHOOL YEAR**

PLEASE PRINT:

Name of Student _____
(Last) (First) (Middle)

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

Names of Parents/Guardian You Live With: _____

Date of Birth: _____ Grade Level for the current school year: 9 10 11 12

Phone #: (home) _____ (cell) _____ (work) _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

By completing and signing this form, I/we the Parent(s)/Guardian(s) of _____
 agree to all of the aspects of the following which includes: (student name)

RELEASE FOR MEDICAL TREATMENT, PERMISSION TO TRAVEL, AND INSURANCE LIABILITY

I/We do hereby give permission for the above named student to participate in any athletic program during the school year, realizing that such participation involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

By signing below, I/we extend our permission for the above named student to participate in all high school athletics except as noted on the physical examination. Furthermore, I/we understand that the above named student must have a completed Georgia High School Association Physical Examination Form signed by a licensed physician before he/she will be permitted to try out for any athletics.

I/We further give permission for the above named student to accompany any school team of which the student is a member on any of its local or out-of-town trips. I/We understand that these trips may involve motor vehicle travel away from the school premises and that the method of transportation is within the discretion of Whitfield County Schools.

I/We understand and agree to release individually Whitfield County Schools, Whitfield County Board of Education, and any and all employees of same from liability for death, personal injury, and/or property damage that may be sustained by the above referenced student while involved in this travel and related activities.

I/We give the coaching staff the authority to admit the above named student for emergency treatment, which may arise from an accident on the school grounds or during any school activity involving my child. I/We hereby grant permission to said school authorities to obtain physicians to treat any injuries unless I am present and request otherwise. By signing below, I understand that this permission will cover all extracurricular activities at Coahulla Creek High School.

I/We furthermore state that I/we are adequately and currently covered by the accident insurance named below and that this policy will cover injuries sustained while participating in any school authorized activities, including sports activities; and/or, I/we have purchased the Benefit Plan provided by the Whitfield County School System.

Company Providing	Name of	Policy
Insurance: _____	Insured: _____	Number: _____

_____ I have purchased or _____ I have been offered the Benefit Plan provided by the Whitfield County School System.

I/We, by signing below, do hereby agree to all aspects of the above-stated permits and releases pertaining to the student named above for the school year stated.

Signature of Parent(s)/Guardian(s): _____		
Signature	Printed Name	Date