

PARENTS CONSENT TO PARTICIPATE

Students who participate in the interscholastic program at Rabun County Middle and High School must meet and maintain the academic eligibility standards of the Georgia High School Athletic Association and the Rabun County School Board. Students must also pass a physical examination by a licensed physician before they can try out or participate. The administration and coaching staff expect these students to maintain high standards of sportsmanship and citizenship at all times.

STUDENT NAME: _____ Date of Birth: ____/____/____

ADDRESS: _____ CITY/ZIP _____

AGE: _____ GRADE _____ SEX _____

TRAVEL CONSENT & TREATMENT AUTHORIZATION

We hereby give our consent for THE STUDENT NAMED ABOVE to represent Rabun County High School in interscholastic athletics. We give our consent for him/her to accompany the team on trips under the supervision of coaches employed by the Rabun County Board of Education and will not hold the school responsible in case of accident injury.

If we cannot be reached, we give consent for school officials to obtain such medical care as is necessary for the welfare of our child.

CONTACT INFORMATION:

Home Number: _____ Work Phone: _____

Emergency Phone #(s): _____ **Player's Cell #:** _____

Students who participate in interscholastic athletics must verify that they have insurance that covers the participation. You should understand that injury is possible when students train for and compete in athletic contests. Rabun County High School can not assume responsibility for medical expenses that might result from participation in interscholastic athletics. Please give the information asked for below and sign this form. Your signature states that you understand the information given in this document and that you give consent for your child named above to represent his/her school in interscholastic competition.

Signature of Parents or Guardians _____

All Parents or Guardians must sign _____

CHECK ONE:

____ We do not have insurance that covers our child's participation and will need to purchase school insurance.

____ Our child is covered by the insurance policy listed below:

Insurance Co. _____ Policy # _____

Date: ____/____/____