SCHOOL_____ **STUDENT ID#**_____

CHEROKEE COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name_____ _____ _____ Male ____ Female ____
LAST FIRST MIDDLE

Address_____ _____ _____ _____
STREET CITY STATE ZIP

Telephone (home)_____ Date of Birth_____

Date entered 9th grade_____ Your grade level for the current school year_____

Father's Name _____ Father's Work Number _____ Cell_____

Mother's Name_____ Mother's Work Number_____ Cell_____

Student resides with (Names of Parent(s)/Guardian) _____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address).

Have you attended this Cherokee County School for at least one full school year? Yes_____ No _____

EMERGENCY CONTACT INFORMATION
In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Cherokee County School District finds to be an emergency situation involving the student

_____
Name Relationship Home Phone Work Phone

_____
Name Relationship Home Phone Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE 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 or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

We hereby consent for _____ to:

1. Compete in athletics at _____School of the Cherokee County School District in Georgia High School Association approved sports except those CROSSED out below:

   Baseball Basketball Cheerleading Cross Country Football Golf Gymnastics Lacrosse
   Soccer Softball Swimming Tennis Track Weight Training Wrestling Volleyball

2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. I hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
5. By execution hereof I hereby release and forever discharge the Cherokee County School District its agents and employees from any and all liability resulting from the intentional or negligent acts or conduct of the District its agents and/or employees.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____ _____
Signature(s) of Parent(s) or Guardians(s) Date

_____ _____
Signature of Student – Athlete Date

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the _____-_____ school year, then sign below.

_____My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to Varsity or Junior Varsity Football).

Company Providing Insurance	Name of Insured	Policy Number

_____I have purchased the Benefit Plan provided by the Cherokee County School District, I understand this is a supplemental policy. My signed copy of this Benefit Plan is on file at _____school

Signature(s) of Parent(s) or Guardian(s)	Date

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child may compete in middle/high school athletics within the Cherokee County Schools. I also understand this medical evaluation is only to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I request otherwise.

I also hereby grant permission for qualified athletic trainers retained by the Cherokee County School District to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student.

I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for Cherokee County Schools, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

I understand that per The Georgia High School Association a **Pre-participation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs of the Cherokee 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 of assure me that my child is completely free from impairments. If I wish for a more detailed physical 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 Cherokee 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 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 Cherokee 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 Cherokee 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 Cherokee 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 to participate in the athletic programs as stated above.**

***Signature(s) of Parent(s) or Guardian(s)**	**Date**	**Relation to Student**

***Signature of Student Athlete**	**Date**

THIS ACKNOWLEDGEMENT OF AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

Signature(s) of Parent(s) or Guardian(s)	Relation to Student	Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Cherokee County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Cherokee County School District strongly discourages students from riding with other students to and from extracurricular events.

I, _____, parent or guardian of _____(student)
hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent.

CONSENT AND RELEASE

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Cherokee County School District. In the event transportation is not provided by the Cherokee County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Cherokee County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity 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(s) of Parent(s) or Guardian(s) Date

RELEASE OF INFORMATION TO MEDIA AND COLLEGES

I hereby authorize the release of any and all information relating to the athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

_____ _____ _____
Signature of Student Signature of Parent/Guardian Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I hereby verify that I have received and reviewed the Cherokee County School District Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

_____ _____ _____
Signature of Student Signature of Parent/Guardian Date

STUDENT ATHLETE CONCUSSION DIAGNOSIS AND MANAGEMENT PROGRAM

I have read the information concerning usage of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT™) and understand its contents. I have been given an opportunity to ask questions and all have been answered to my satisfaction. I understand that participation in the ImPACT™ concussion baseline testing is highly recommended but not required for athletes in Cherokee County schools. I also understand that the ImPACT™ testing is merely a tool to assist Medical Professionals in the diagnosis and subsequent treatment of potentially serious injuries, the ImPACT™ testing IS NOT a substitute for treatment by a medical professional. **I acknowledge that if my child is suspected of receiving a concussion causing injury, my child WILL NOT be allowed to participate in athletics until cleared by a medical doctor.**

Please INITIAL one of the choices below, sign and date:

_____ YES, I give permission for my child, _____, to participate in baseline testing with the ImPACT™ program.

_____ NO, I do not give permission for my child, _____, to participate in baseline testing.

_____ _____
Signature(s) of Parent(s) or Guardian(s) Date