

**FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS**  
**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS**  
**AND VERIFICATION OF INSURANCE**

**Sport:** \_\_\_\_\_ **Date of first practice:** \_\_\_\_\_, 2024/2025

**Student Name:** \_\_\_\_\_ **Male** \_\_\_ **or Female** \_\_\_  
(Last name) (First name) (MI)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ years old  
(Month) (Day) (Year)

**Address:** \_\_\_\_\_  
(# and Street Name) (City) (State) (Zip Code)

**Home Telephone #:** \_\_\_\_\_ **Emergency Telephone #** \_\_\_\_\_

**Cellular Telephone #:** \_\_\_\_\_

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that not meeting the standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

**Student Signature:** \_\_\_\_\_  
(Signature) (School) (Date)

I hereby consent for the above student to represent his/her school in interscholastic activities. I have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities 2024-2025. I understand that I am responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 470-254-6892. If I, the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities. I give permission for the above student to participate in school-sponsored trips, including overnight trips, associated with Fulton County School's interscholastic athletic competitions. In the event that transportation is not provided by the Fulton County School System, transportation will be the student's or the parent's /guardian's responsibility. In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, arising out of, during, or in conjunction with the student's participation in the activity, any trip, or transportation associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

**All parents and guardians must sign and date this form**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.**