

**FAYETTE COUNTY SCHOOL SYSTEM
PARENTAL CONSENT FOR ATHLETIC/EXTRACURRICULAR PARTICIPATION**

**Parents signature needed in four places. Student signature needed in two places*

PLEASE PRINT

Name _____ Male _____ Female _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip)

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

The student attended this Fayette County School for at least one full School Year? YES _____ NO _____

The student lives with (Name of Parent/Parents/Guardian) _____

Date of Birth _____ Telephone (Home) _____ (Work) _____ (Cell) _____

Date entered 9th Grade _____ Student's grade level for the upcoming school year _____

PARENTAL CONSENT FOR PARTICIPATION

WARNING:

1. 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 OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.**
2. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**
3. By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS 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 (student's Full Name): _____ to:

1. Compete in athletics and/or extracurricular activities at _____ SCHOOL of the Fayette County School System.
2. To accompany any school team of which the student is a member on any of its local or out-of-town trips
3. I hereby verify that the information of the physical form is correct and understand that any false information may result in my son/daughter being declared ineligible to participate.
4. Students found illegally enrolled out of their school attendance area could be ruled ineligible.
5. If any emergency medical procedures or treatments are required by the student, I consent to the supervisor(s) taking, arranging for, and consenting to the procedures for treatment in his/her discretion.

We acknowledge that the student is subject to all the rules outlined in the Fayette County School System Student Code of Conduct. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
_____ *Signature of Student Athlete / Activity Participant	_____ Date

INSURANCE INFORMATION

Accident insurance is required in order to participate in athletics and/or extracurricular activities. 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 Interscholastic Athletics / Extracurricular (including, but not limited to, Varsity and Junior Varsity Football).
Initial

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

_____ I wish to purchase the Benefit Plan offered by the Fayette County School System.
Initial (A signed copy of this Benefit Plan must be stapled to this form.)

We acknowledge that unless we purchase the Benefit Plan offered by the Fayette County School System, there is no other school district insurance to cover any injuries, losses or damages resulting from participation in these activities.

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
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**FAYETTE COUNTY SCHOOL SYSTEM PERMISSION TO PARTICIPATE
IN ATHLETIC/EXTRACURRICULAR SCHOOL SPONSORED TRIPS**

CONSENT

I hereby consent for _____ to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic and/or intra-scholastic competitions. I understand that transportation may or may not be provided by the Fayette County School System. In the event transportation is not provided by the Fayette County School System, transportation will be the student's responsibility. **My signature below signifies that I understand and agree that I and my student engaged in athletics and/or extracurricular activities may be responsible for getting my student to related activities (practice, game, competition, etc., taking place in or out of Fayette County) at the time designated by the coach/ sponsor. I may be responsible for providing my student the necessary transportation or am responsible for knowing how he/she will be transported which may include my student's own automobile/vehicle or with another parent or student. The school and school district are not responsible for providing transportation to these practices or events and is not responsible for any consequences arising during or as a result of transportation with my student's own automobile/vehicle or with another parent or student. In the event that the school / school district do provide transportation, the coach / sponsor may require that students ride with the team to and from the event.**

If any emergency medical procedures or treatment 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 direction.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Fayette County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent 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.

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date</i>
_____ <i>*Signature of Student Athlete /Activity participant</i>	_____ <i>Date</i>

AUTHORIZATION

In case of an emergency or accident on the 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 said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

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 / extracurricular activities as stated above.

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date:</i>
<i>Relation to Student – (Please check One)</i> Mother _____ Father _____ Other _____	Phone – Work: _____ Phone – Home: _____ Phone – Cell: _____