



Fulton County
Department of
Athletics
404-763-6892

**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF SUBSTITUTE INSURANCE**

This form is to be completed by the Parent/Guardian and Student prior to the first practice session. It contains vital information in case of injury or an emergency situation. Coaches are to ensure that this form accompany this athlete to all practices and contests. Please print all information. Parent(s) / Guardian(s) acknowledge that they have read and understand the Student / Parent/ Guardian Handbook for GHSA Sanctioned Interscholastic Activities 2004-2008 when they sign this form. Prior to participation in any conditioning, tryout, practice session, or play in any interscholastic athletic activity, the student-athlete **MUST SUBMIT** this form to the coach of the activity. Failure to submit this form will delay the eligibility of the student athlete to join the team. **Warning!** Although participation in supervised interscholastic athletic and activities may be one of the least hazardous in which students will engage in and out of school, by its nature participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down to death. Although serious injuries are not common in supervised athletic programs, it is possible only to minimize and not to eliminate the risk. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's athletic trainer, and inspect their equipment daily. 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 the permission form.

Date: _____ Sport / Activity: _____

Student Name: _____ Male ____ or Female ____
(Last Name) (First Name) (MI)

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Tel. #: _____ Emergency Tel. # _____ Cellular Tel. #: _____

Name(s) of parent(s) /guardian(s) you live with: _____

The student is domiciled at the above address located in the _____ High School District.
(Name of School)

Date of Birth: _____ Age: _____ years. Date entered 9th grade: _____
(Month) (Day) (Year)

Your grade level for this school year: 9 10 11 12 Your expected year of Graduation: _____

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 meeting the citizenship 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 (We) hereby give our consent for _____ to represent his/her school in interscholastic activities. We have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities. I (We) understand that we are 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 404-763-6892. If I (we), the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I (we) 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.

(1) I (We) give consent to participate the approved sports and activities except those that are CROSSED OUT below:

- | | | | | | |
|-----------------|------------|--------------|---------------|------------------|------------|
| Baseball | Basketball | Cheerleading | Cross Country | Debate/Forensics | Football |
| Golf | Gymnastics | Lacrosse | Literary | One-Act Play | Riflery |
| Soccer | Softball | Swimming | Tennis | Track and Field | Volleyball |
| Weight Training | | Wrestling | | | |

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- (2) I (We) give my consent to accompany any school team of which the student is a member on any of its local or out of town trips.
- (3) I (we) hereby verify that the information on this form is correct and understand that any false information may result in my son/ daughter being declared ineligible.
- (4) Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) calendar year.
- (5) Parent(s) / guardian(s) should contact the Head Coach for information regarding injuries to their son / daughter.
- (6) That this acknowledgement of risk and consent to allow to participate shall remain in effect until revoked in writing.

All parents and guardians must sign and date this form

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Student-Athlete: _____ Date: _____

Important: All student athletes must have medical / health insurance in order to participate in the Fulton County Schools GHSA Sanctioned Interscholastic Athletics and Activities Programs. Students must be enrolled in the medical / health insurance coverage that has been approved by the Fulton County School System or enrolled in substitute medical / health insurance through a bona fide insurance provider. Parent(s)/Guardian(s) must verify substitute insurance coverage.

VERIFICATION OF SUBSTITUTE INSURANCE COVERAGE

I (We) have waived the medical / health insurance coverage that has been approved by the Fulton County School System and offered to my child, _____ . Date of Birth: _____
 (Name of Child)

The medical/ health insurance that I am using for my child for the current school year at is provided by _____ and the insurance policy number is _____.
 (Name of Insurance Company) (Insurance Policy Number)

This insurance policy is in effect from: _____ to _____.
 (Date) (Date)

The above medical / health insurance coverage provides for the following interscholastic activities:

1. _____ 2. _____ 3. _____ 4. _____

I / We certify that the above information is accurate. I/We will submit notification to the school if there are any changes in the above policy.

ALL PARENTS/GUARDIANS/STUDENTS MUST SIGN BELOW AND DATE

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____