

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

**\*Parents signature needed in four 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)

Have you attended this Fayette County School for at least one full school Year? YES \_\_\_\_\_ NO \_\_\_\_\_

You live with (Name of Parent/Parents/Guardian) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date entered 9<sup>th</sup> Grade \_\_\_\_\_ Your grade level for the upcoming school year \_\_\_\_\_

**PARENTAL CONSENT FOR PARTICIPATION**

**WARNING:** 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.** 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.**

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 \_\_\_\_\_ to:

1. Compete in athletics and/or extra curricular 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.*

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

**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 Interscholastic Athletics (including, but not limited to, Varsity and Junior Varsity Football).

Company Providing Insurance: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Fayette County School System.  
(A signed copy of this Benefit Plan should 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.*

<hr/> <i>*Signature(s) of Parent(s) or Guardian(s)</i>	<hr/> <i>Date</i>
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**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.

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.

Signatures of Parent(s) of guardian(s)	Date

**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 attest 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.**

<b>*Signature(s) of Parent(s) or Guardian(s)</b>	<b>Date</b>
<b>Relation to Student: (Please check one)</b>	
<b>Mother</b> _____	<b>Phone (W)</b> _____
<b>Father</b> _____	
<b>Other</b> _____	<b>Phone (H)</b> _____