

**DALTON HIGH SCHOOL PERMISSION FORM FOR
ATHLETIC EVENTS AND SCHOOL-SPONSORED TRIPS**

CONSENT

I hereby consent for _____ (student's name) to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic and/or intra-scholastic sport club competitions. I understand that transportation may or may not be provided by Dalton Public Schools. In the event transportation is not provided by the District, 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 discretion.

I release and waive, and further indemnify, hold harmless or reimburse Dalton Public Schools, 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 or 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 students participation in the activity, any trip associated with the activity, or the rendering of medical procedures or treatment, if any.

Signature of Parent(s) or Guardian(s) _____ **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 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 Dalton Public Schools. (A signed copy of this Benefit Plan should be stapled to this form.)

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

AUTHORIZATION

I understand that per GHSA a **Pre-participation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs at Dalton High School. 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 or assure me that my child is completely free from impairments. If I wish for a more detailed physical exam to be performed, it is my responsibility to notify the School 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 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 Dalton Public 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 Dalton Public Schools 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 Dalton Public Schools.

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

Relationship to student: Mother _____ Father _____ Other _____

Phone (W) _____ (H) _____

ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM

PLEASE PRINT

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

Address: _____
(Street) (City) (Zip)

Date of Birth: _____ Telephone (H) _____ (W) _____

Date entered 9th grade: _____ Grade Level for _____ school year _____

The student is domiciled at the above address located in the Dalton Public Schools District.

PARENTAL CONSENT FOR ATHLETIC 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 in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDES 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 no 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, 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 at Dalton High School of the Dalton Public Schools District in Georgia.

GHSA approved sports EXCEPT THOSE CROSSED OUT BELOW:

Baseball	Basketball	Golf	Swimming/Diving	Volleyball	Rifle Team
Cross Country	Football	Softball	Wrestling	Tennis	Soccer
Track and Field	Cheerleading	Weight Training	Other_____		

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 on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
4. Students found to be illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) calendar year.
5. Parents should contact the Head Coach for information regarding injuries to their son/daughter.

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

DATE