

Lumpkin County Middle School

Statement by Parent and Student for Athletic Participation

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or 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 or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not to eliminate all of the risk involved.

Participants can and have the responsibility to help reduce the change of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment on a daily basis.

By signing this form, we acknowledge that we have read and understand this warning. Parents or students that do not wish to accept the risks described in this warning should not sign this permission form.

I (we) hereby give consent for _____
(Athlete's Name)

(Street Address) (City, State & Zip)

(Telephone Number)

TO:

1. Participate in athletics at Lumpkin County Middle School
2. To accompany any school team of which the student is a member, on any of its local or out of town trips.

INSURANCE COVERAGE:

The school makes available to all athletes a Full Excess accident policy. Eligible covered expenses will be paid only if they are in excess of other valid and collectable insurance. Claims must be submitted to your primary insurance carrier before this policy will compute payment. If not covered by other insurance, claims will be submitted to school insurance for processing.

Indicate the name of your family/individual insurance: _____

Policy Number: _____

In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In the case that I cannot be reached, I grant my full permission for any immediate treatment deemed necessary by the attending physician. I also give my permission for my child to be transferred to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.

We will accept full responsibility for any accident or injury occurring while the above-mentioned athlete is participating in the Lumpkin County Athlete Program.

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

(Signature of Student Athlete) (Date)