

SCHOOL				STUDENT ID#						
	HENRY COU	NTY SCHOOL DI	STRICT ATHLETI (hereinafte		CULAR INFORM	IATION A	ND CONS	ENT FO	ORM	
(PLEASE Student N	lame .							Viale	Female	
	LAST	•	F	IRST	MIDI	DLE				
Address _		STREET		CITY	STA		ZIP			
Tolophon	a (homa)	JIKELI		OILI	SIA					
Father's N	lame			Father's Work Number			Cell			
Mother's N	Vame			Mother's Work Number				ell		
Student re (If Guardia	esides with (Nam an, submit copies	es of Parent(s)/0 s of Court Order	Guardian) for Guardianship)							
notified if	student moves	from the above a	idress located in teddress). Studen r one (1) full year.	ts found illegally	enrolled out o	hig f their so	h school chool atte	district ndance	(school must be zone could be	
Has the al	bove-named stu	dent attended this	s Henry County Sc	hool for at least or	e full school yea	ır? Yes		No		
In an ever	nt the father or m		reached, these per ict finds to be an e				ations whi	ch any d	officer, agent, or	
Name			Relationsh	ip	Home Phone		Cell Phone W		Phone	
Name			Relationsh	ip	Home Phone	Cell	Phone	Work	Phone	
LONG TE Participan REPORT PROGRA Each of th	EXTRA-CURRIC RM CATASTRO ts can and have ALL PHYSICA M, AND INSPECTE undersigned have 1. Compete in	ULAR ACTIVITI PHIC, INCLUDII the responsibili L PROBLEMS T THEIR EQUIF ereby consents for	ICIPATION IN INT ES INCLUDE A F NG PERMANENT ty to help reduce TO THEIR COAC MENT DAILY. or the above-name d sports except th Cheerleading Wrestling	PARALYSIS FRO the chance of inju CHES OR CLUB ad student to:	WHICH MAY M THE NECK D ITY. PARTICIPA SUPERVISORS	RANGE OWN OR ANTS MU S, FOLLO	N SEVER DEATH. ST OBEY DW A PR	ALL SOPER	OM MINOR TO AFETY RULES, CONDITIONING	
			eam or sports club reby verifies that th							

Each of the undersigned certifies that the medical history on the attached form entitled (insert title of medical history form) concerning the above-named student is complete and accurate. Each of the undersigned understands that this will serve as the basis for determining whether the above-named student is eligible to compete in middle/high school athletics or other extra-curricular activities within the Henry County Schools. Each of the undersigned also understands any evaluation or review conducted by the Henry County School District concerning any student's medical history is only to determine whether a student meets eligibility requirements concerning participation in athletics or other extra-curricular activities. Any such evaluation or review by the Henry County School District is not a certification or guarantee of any nature concerning the health, well being, medical status, or fitness of any student to participate in any middle/high school athletics or extra-curricular activity and is not to take the place of regular medical examinations. In case of an emergency or accident on school grounds, during or related to any school, athletic, or extra-curricular activity involving the above-named student, if in the opinion of any school authorities present immediate medical or surgical attention is advisable, each of the undersigned hereby grants permission to said school authorities to obtain the services of a physician or other medical provider and to transport the above-named student to the

named student being declared ineligible for participation in sports.

submitted to the Henry County School District is correct and understands that any false information may result in the above-

hospital or other medical facility if it is deemed advisable by any school authorities. Each of the undersigned hereby grants permission, also, to any physician or other medical provider to treat said condition unless an undersigned parent or guardian of the above-named student is present and requests otherwise or until each of the undersigned request otherwise in writing. Each of the undersigned also hereby grants permission for any personnel of the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, rehabilitative medical treatment or other assistance believed by such personnel to be advisable to protect the health and well-being of the above named student. Each of the undersigned understands and agrees that the terms hereof apply to any injury, accident, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of Henry County School District athletic or extracurricular participation or any activities in any way related or incidental thereto, including but not limited to tryouts, practice, conditioning, meetings, games, and travel. Each of the undersigned also understands that reasonable efforts will be made to contact a parent (or legal guardian) of the above-named student concerning any serious or involved medical treatment.

The Henry County School District is <u>not</u> required to provide transportation to students for extra-curricular events unless stipulated by law. As such, it is the responsibility of the parent/guardian to make arrangements for transportation to any extra-curricular events in which the above-named student may wish to participate. The Henry County School District strongly discourages students from riding with other students to and from extra-curricular events. Please be advised that the Henry County School District is not responsible for monitoring or supervising the transportation used or sought by students with respect to any athletic or other extra-curricular activities. Each of the undersigned hereby further consents on behalf of the student named above to participate in school-sponsored trips.

Each of the undersigned hereby authorizes the release of any and all information relating to the extra-curricular or athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the extra-curricular or athletic participation of such student, including ability, attitude and conduct.

attitude and conduct,		
Please have the parent/guardian INITIAL one ofschool year:	f the following statements regar	ding insurance coverage for the above-named student for the
The above-named student is adequately participating in any school authorized activity (in		by accident insurance that will cover injuries sustained while ty or Junior Varsity Football).
Company Providing Insurance	Name of Insured	Policy Number
One or more of the undersigned has School District.	as purchased the Benefit Plan fo	or the above-named student provided by the Henry County
immediately notify the Henry County School D named student and provide the Henry County	district and to immediately obta School District with the name o	cancelled, revoked, or suspended, the undersigned agree to in replacement accident insurance coverage for the above- of the insurance company, the name of the insured, and the rehase the Benefit Plan provided by the Henry County School
this Form and agrees to all the terms set provided to the Henry County School Distrithey have the authority and right to sign the parents and guardians, and further hereby employees, members, agents, officers, and successors and assigns of all of such persection, whether known or unknown, whether related to the above-named student's particificidental thereto, or in any way related to a treatment of any nature to the above-named.	forth in this Form and that a ct is true and correct. Each is Form on behalf of the abo release and agree to indem. directors, and the Henry Cou ons and entities, harmless for r now, previously, or in the for pation in any sport, extra-cur- ny rendering, attempt to rend student.	that each of the undersigned has read and understands all the information contained in this Form or otherwise of the undersigned hereby acknowledge and agree that ve-named student and on behalf of all of said student's nify and hold the Henry County School District and its inty Board of Education and its members, and all of the om any and all claims, damages, liability, and causes of ture existing or arising, in any way directly or indirectly ricular activity, or any other activity in any way related or ter, or failure to render any medical, health care, or other definition shall remain in effect until the specific portion of any and such revocation is delivered to the Henry County
School District at least three (3) days prior to	the effective date such cons	ent is terminated.
Signature(s) of Parent(s) or Guardian(s)	and the second s	Date
Signature(s) of Parent(s) or Guardian(s)	_	Date
Signature of Student	<u> </u>	Date