SCHOOL _____ STUDENT ID #_____

HENRY COUNTY SCHOOL DISTRICT ATHLETIC/EXTRA-CURRICULAR INFORMATION AND CONSENT FORM
(hereinafter "Form")

(PLEASE PRINT)
Student Name _____ _____ _____ Male ____ Female ____
LAST FIRST MIDDLE

Address _____ _____ _____ _____
STREET CITY STATE ZIP

Telephone (home) _____ Date of Birth _____

Date entered 9th grade _____ Student's grade level for the current school year_____

Father's Name _____ Father's Work Number _____ Cell _____

Mother's Name _____ Mother's Work Number _____ Cell _____

Student resides with (Names of Parent(s)/Guardian) _____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address). **Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.**

Has the above-named student attended this Henry County School for at least one full school year? Yes _____ No _____

EMERGENCY CONTACT INFORMATION
In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Henry County School District finds to be an emergency situation involving the student.

Name	Relationship	Home Phone	Cell Phone	Work Phone
Name	Relationship	Home Phone	Cell Phone	Work Phone

WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS, INTRA-SCHOLASTIC SPORTS CLUBS, OR OTHER EXTRA-CURRICULAR ACTIVITIES INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.

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 OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

Each of the undersigned hereby consents for the above-named student to:

1. Compete in athletics (for _____ School of the Henry County School District) in Georgia High School Association approved sports **except** those CROSSED out below:

   Baseball Basketball Cheerleading Cross Country Football Golf Soccer Softball
   Tennis Track Wrestling Volleyball Rifle

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. Each of the undersigned hereby verifies that the information contained within this Form and in any other documentation submitted to the Henry County School District is correct and understands that any false information may result in the above-named student being declared ineligible for participation in sports.

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

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 extra-curricular 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 does not provide transportation to students for extra-curricular events unless required 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.

Please have the parent/guardian INITIAL one of the following statements regarding insurance coverage for the above-named student for the _____-_____ school year:

_____ The above-named student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

_____	_____	_____
Company Providing Insurance	Name of insured	Policy Number

_____ One or more of the undersigned has purchased the Benefit Plan for the above-named student provided by the Henry County School District. _____
Policy Number

If any insurance coverage for the above-named student expires, is terminated, cancelled, revoked, or suspended, the undersigned agree to immediately notify the Henry County School District and to immediately obtain replacement accident insurance coverage for the above-named student and provide the Henry County School District with the name of the insurance company, the name of the insured, and the policy number of such replacement insurance coverage, or alternatively, will purchase the Benefit Plan provided by the Henry County School District.

By signing this Form, each of the undersigned acknowledge and agree that each of the undersigned has read and understands this Form and agrees to all the terms set forth in this Form and that all the information contained in this Form or otherwise provided to the Henry County School District is true and correct. Each of the undersigned hereby acknowledge and agree that they have the authority and right to sign this Form on behalf of the above-named student and on behalf of all of said student's parents and guardians, and further hereby release and agree to indemnify and hold the Henry County School District and its employees, members, agents, officers, and directors, and the Henry County Board of Education and its members, and all of the successors and assigns of all of such persons and entities, harmless from any and all claims, damages, liability, and causes of action, whether known or unknown, whether now, previously, or in the future existing or arising, in any way directly or indirectly related to the above-named student's participation in any sport, extra-curricular activity, or any other activity in any way related or incidental thereto, or in any way related to any rendering, attempt to render, or failure to render any medical, health care, or other treatment of any nature to the above-named student.

This Form and all consents, acknowledgments, and agreements contained herein shall remain in effect until the specific portion of this Form that a parent or guardian wishes to revoke is identified in writing and such revocation is delivered to the Henry County School District at least three (3) days prior to the effective date such consent is terminated.

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