SCHOOL	STUDENT ID #				
HENRY COUNTY SCHOOL DISTRICT.	ATHLETIC/EXTRA-C nereinafter "Form")	CURRICULAR INFORMA	TION AND COM	NSENT FORM	
(PLEASE PRINT) Student Name				Male Female	
LAST	FIRST	MIDDLI			
Address	OLT)		:	_	
STREET	CITY	STATE	ZIP		
Telephone (home)	<u> </u>		Date of Birth	<u> </u>	
Date entered 9 th grade	Student's grade level for the current school year				
Father's Name	Father's V	Vork Number		Cell	
Mother's Name	Mother's V	Vork Number	(Cell	
Student resides with (Names of Parent(s)/Guardian) (If Guardian, submit copies of Court Order for Guard	ianship)	***			
The student is domiciled at the above address loo notified if student moves from the above address). ruled ineligible for GHSA competition for one (1)	Students found ill	egally enrolled out of the	high schoo neir school att	ol district (school must b tendance zone could b	
Has the above-named student attended this Henry C	ounty School for at le	east one full school year?	Yes	No	
EMERGENCY CONTACT INFORMATION In an event the father or mother cannot be reached, employee of the Henry County School District finds t	these persons should o be an emergency s	be contacted regarding a ituation involving the student	ny situations w ent.	hich any officer, agent, o	
Name R	elationship	Home Phone	Cell Phone	Work Phone	
Name R	elationship	Home Phone	Cell Phone	Work Phone	
WARNING: BY ITS NATURE, PARTICIPATION OTHER EXTRA-CURRICULAR ACTIVITIES INCL LONG TERM CATASTROPHIC, INCLUDING PERM	UDE A RISK OF IN	IJURY WHICH MAY RA	NGE IN SEVE	RITY FROM MINOR TO	

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:

 Compete in athletics (for ______ School of the Henry County School District) in Georgia High School Association approved sports <u>except</u> those CROSSED out below:

Baseball Tennis Basketball Track Cheerleading Wrestling Cross Country Volleyball Football

Golf

Soccer

Softball

- 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.
- 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 abovenamed 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 quardian 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 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

biographical information, and any other informatitude and conduct.			
Please have the parent/guardian INITIAL one ofschool year:	f the following statements rega	irding insurance coverage f	or the above-named student for the
The above-named student is adec participating in any school authorized activity (in			t will cover injuries sustained while all).
Company Providing Insurance	Name of insured	<u> </u>	Policy Number
One or more of the undersigned has School District.	as purchased the Benefit Plan	for the above-named stude	nt provided by the Henry County
Policy Number			
If any insurance coverage for the above-named immediately notify the Henry County School D named student and provide the Henry County policy number of such replacement insurance conditions.	District and to immediately obt School District with the name	ain replacement accident of the insurance company	insurance coverage for the above, the name of the insured, and the
By signing this Form, each of the undersign this Form and agrees to all the terms set of provided to the Henry County School Distriction they 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 personaction, whether known or unknown, whether related to the above-named student's partici- incidental thereto, or in any way related to a treatment of any nature to the above-named	forth in this Form and that ct is true and correct. Each is Form on behalf of the ab release and agree to inder directors, and the Henry Coons and entities, harmless to r now, previously, or in the pation in any sport, extra-cuny rendering, attempt to renstudent.	all the information contour of the undersigned here ove-named student and confify and hold the Henry burty Board of Education from any and all claims, of future existing or arising rricular activity, or any of der, or failure to render a	ained in this Form or otherwise eby acknowledge and agree that on behalf of all of said student's and its members, and all of the damages, liability, and causes of in any way directly or indirectly ther activity in any way related or ny medical, health care, or other
This Form and all consents, acknowledgmenthis Form that a parent or guardian wishes t School District at least three (3) days prior to	o revoke is identified in writ	ing and such revocation	
		- · · · · · · · · · · · · · · · · · · ·	<u> </u>
Signature(s) of Parent(s) or Guardian(s)		Date	
Signature(s) of Parent(s) or Guardian(s)		Date	
Cianatana of Charlest	· 		
Signature of Student		Date	

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