



ATHLETIC PARTICIPATION, WAIVER, INSURANCE, AND CONSENT FORM

\*Parent/Guardian(s) and Student signature required at bottom of form & initials required as indicated below

PLEASE PRINT

Student Name (Last) (First) (Middle) (Grade Level 2020-2021)

Address (Street) (City) (Zip)

(Parent Cell Phone #) (Parent Alternate Phone #) (Year Entered 9th Grade) (Date of Birth)

PARENT/GUARDIAN CONSENT FOR ATHLETIC PARTICIPATION

\*Parent/Guardian and Student must both initial in blanks before each bold section below

ACKNOWLEDGEMENT OF RISK: I understand and acknowledge that participation in inter-scholastic sports teams/clubs and events is voluntary and by its very nature possesses an actual or potential risk of emotional and physical injury/illness, which may range in severity from minor to long term catastrophic injury, up to permanent paralysis or death. While it is not possible to eliminate this risk, Students have the responsibility to help reduce the chance of injury. Students must obey all safety rules, report all physical problems to their coaches or supervisors follow a proper conditioning program and inspect equipment daily. Parents/Guardians or Students who do not wish to accept this risk should not sign this form.

INSURANCE COVERAGE: I am aware there is no District insurance coverage for medical treatment of personal injuries or property damage which may arise out of Student's participation in inter-scholastic athletics, sports clubs and events. I understand my Student must have insurance coverage in order to participate.

Please CHECK one of the following statements regarding insurance coverage for Student for the current school year:

Student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter-scholastic athletics, sports teams/clubs and events.

Insurance Company: Company Phone Number: Name of Insured: Policy Number:

I wish to purchase the Benefit Plan provided by the Cobb County School System. (A copy of this Benefit Plan should be attached)

PHYSICAL EVALUATION AND MEDICAL TREATMENT: Per Georgia High School Association (GHSA) a Pre-participation Physical Evaluation must be performed by a physician (MD/DO), nurse practitioner or physician assistant to medically screen each student who participates in District athletic programs. I understand that this medical evaluation is general in nature and only performed for purpose of determining fitness for athletics. In case of an emergency or accident on/off school grounds during any school activity or athletic event, which in the opinion of school authorities requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate) unless I am present and request otherwise or until I later request otherwise.

REVIEW OF ATHLETIC HANDBOOK (including Board Policy IDF-R Athletic Code of Conduct): I acknowledge that I have reviewed and consent to the guidelines of the Student/Parent Athletic Handbook, which can be found on the Athletics page of the Cobb County School District website (cobbk12.org), the local high school website, or by request of a hardcopy to the local high school. I understand that both Student and Parent/Guardian are subject to the rules outlined in this handbook and that violations may result in school discipline and consequences up to Student's loss of the privilege of athletic participation and/or loss of Parent(s)/Guardian(s)' privilege of attending athletic events. I have read and understand the consequences of certain behavior(s) as outlined in the Code of Conduct.

TRANSPORTATION AND TRAVEL: I acknowledge my understanding of the travel-related guidelines as outlined within the Student/Parent Athletic Handbook, including the responsibility of parent/guardian to arrange transportation when not District-provided. I consent for my Student to participate in school-sponsored athletic trips.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Student

**WAIVER:** I assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from Student's participation in inter-scholastic athletics, sports teams/clubs and events. I represent and warrant that I know of no mental or physical condition that would make it unsafe for Student to participate in inter-scholastic athletics, sports teams/clubs and events. I understand, acknowledge, and agree that the Cobb County School District (CCSD) shall not be liable for any injury/illness suffered by the Student which arises out of and/or is associated with preparing for and/or participating in inter-scholastic athletics, sports teams/clubs and events.

I hereby release, discharge, indemnify, and agree to hold harmless the CCSD District, Members of the CCSD Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter "CCSD releasees", from any and all liability arising out of or in connection with Student's participation in inter-scholastic athletics, sports teams/clubs and events. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student or Student's parents, guardians, heirs, executors, administrators, and assigns have or may have against the CCSD releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or his or her property during Student's participation in inter-scholastic athletics, sports teams/clubs and events due to acts of passive or active negligence by CCSD releasees other than actions involving fraud or actual malice.

By signing below, you acknowledge that you have carefully read this voluntary Waiver and understand the potential dangers incident to engaging in inter-scholastic athletics, sports teams/clubs and events, and are fully aware of the legal consequences of this agreement.

**SIGNATURE:**

**By signing below, Parent/Guardian and Student hereby agree to/give consent for participation in inter-scholastic athletics, sports teams/clubs and events for Cobb County School District of the below-indicated Student. You acknowledge that you have carefully reviewed and agree to all terms of athletic participation, including the voluntary waiver, verify that all information contained herein is accurate, and understand that any false information may result in Student's ineligibility for athletic participation.**

_____	_____	_____
Signature(s) of Parent(s)/Guardian(s)	Printed Name of Parent(s)/Guardian(s)	Date
_____	_____	_____
Signature of Student	Printed Name of Student	Date