

SCHOOL _____

STUDENT ID# _____

CHEROKEE COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name _____ Male ____ Female ____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone (home) _____ Date of Birth _____

Date entered 9th grade _____ Your 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).

Have you attended this Cherokee 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 Cherokee County School District finds to be an emergency situation involving the student

Name Relationship Home Phone Work Phone

Name Relationship Home Phone Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS 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.** Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

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.**

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

We hereby consent for _____ to:

- 1. Compete in athletics at _____ School of the Cherokee County School District in Georgia High School Association approved sports except those **CROSSED** out below:

Baseball Basketball Cheerleading Cross Country Football Golf Gymnastics Lacrosse
Soccer Softball Swimming Tennis Track Weight Training Wrestling Volleyball

- 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. I hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
- 4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
- 5. By execution hereof I hereby release and forever discharge the Cherokee County School District its agents and employees from any and all liability resulting from the intentional or negligent acts or conduct of the District its agents and/or employees.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

Signature(s) of Parent(s) or Guardians(s)

Date

Signature of Student – Athlete

Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Cherokee County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Cherokee County School District strongly discourages students from riding with other students to and from extracurricular events.

I, _____, parent or guardian of _____ (student) hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent, including coach/sponsor to/from extracurricular events.

CONSENT AND RELEASE

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Cherokee County School District. In the event transportation is not provided by the Cherokee County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Cherokee County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

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

Date

RELEASE OF INFORMATION

I hereby authorize the release of any and all information relating to the 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 athletic participation, including ability, attitude and conduct.

Signature of Student

Signature of Parent/Guardian

Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I hereby verify that I have received and reviewed the Cherokee County School District Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

Signature of Student

Signature of Parent/Guardian

Date

STUDENT ATHLETE CONCUSSION DIAGNOSIS AND MANAGEMENT PROGRAM

I have read the information concerning usage of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT™) and understand its contents. I have been given an opportunity to ask questions and all have been answered to my satisfaction. I understand that participation in the ImPACT™ concussion baseline testing is highly recommended but not required for athletes in Cherokee County schools. I also understand that the ImPACT™ testing is merely a tool to assist Medical Professionals in the diagnosis and subsequent treatment of potentially serious injuries, the ImPACT™ testing IS NOT a substitute for treatment by a medical professional. **I acknowledge that if my child is suspected of receiving a concussion causing injury, my child WILL NOT be allowed to participate in athletics until cleared by a medical doctor.**

Please INITIAL one of the choices below, sign and date:

_____ YES, I give permission for my child, _____, to participate in baseline testing with the ImPACT™ program.

_____ NO, I do not give permission for my child, _____, to participate in baseline testing.

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

Date