



WAYNE COUNTY HIGH SCHOOL
Athletic Department
Athletic Director – Ken Cribb
AD Secretary – Nicole Landon

ATHLETIC DEPARTMENT CONSENT FORM

Student's Name _____

Birth day: _____ Age: _____ Grade: _____

Student's Cell Phone: _____ Home Phone: _____

Parent/Guardian's Name: _____

Parent's Cell Phone: _____ Work/Other Phone: _____

Home Address: _____

Insurance Information:

Name on Policy: _____

Name of Company: _____

Policy Number: _____

Dates of Coverage if Applicable: _____

Allergies/Health Concerns: _____

Authorization and Consent:

I, the Parent/Guardian of the student indicated above, do by my signature contained herein grant full permission for him/her to participate in competitive sports for the Wayne County Public School System.

I understand that it is my responsibility to provide insurance for my child by a personal policy or by a special policy, if offered by the Wayne County Athletic Department for athletic injuries. I certify that I am financially responsible for all charges incurred by my child for the treatment of any injury received while participating in the athletic program of the Wayne County Public School System.

I authorize the approved medical personnel designated by the officials of the Wayne County Athletic Department to administer any emergency treatment as is deemed necessary for injuries or illness that my child may incur while participating in an approved event of the Wayne County Public School System. I certify that no guarantee or assurance has been made as to the results that may be obtained from the treatment.

I give my permission for the medical team authorized by the Wayne County Athletic Department to perform the necessary pre-participation physical evaluation and examination on my child. *Georgia's medical consent law as passed by the Georgia General Assembly requires the parent or guardian's consent for medical or surgical treatment of a minor.

Warning: I give my permission for the student indicated above to participate in organized high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that, even with the best equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to the result in total disability, paralysis, or even death. I will not hold the Wayne County Public School System, the coaching staff, the team medicals evaluation group, or the athletic department responsible should injury occur.

Parent Signature: _____ Date: _____