

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS  
STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS  
AND VERIFICATION OF INSURANCE

Sport: \_\_\_\_\_ Date of first practice: \_\_\_\_\_, 2011/2012

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_  
(Last name) (First name) (MI)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years old  
(Month) (Day) (Year)

Address: \_\_\_\_\_  
(# and Street Name) (City) (State) (Zip Code)

Home Telephone #: \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that meeting the citizenship standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: \_\_\_\_\_  
(Signature) (School) (Date)

We hereby give our consent for the above student to represent his/her school in interscholastic activities. We have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities. We understand that we are responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 404-763-6892. If we, the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, we do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities. We give permission for our son/daughter to participate in school-sponsored trips, including overnight trips, associated with Fulton County School's interscholastic athletic competitions. In the event that transportation is not provided by the Fulton County School System, transportation will be the student's or the parent's /Guardian's responsibility. I / We release and waive, and further, hold harmless or reimburse the Fulton County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip-supervisors from and against, any claim which I, any other parent or guardian, the student, pr any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in conjunction with the student's participation in the activity, any trip, or transportation associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

All parents and guardians must sign and date this form

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.**

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS  
VERIFICATION OF INSURANCE COVERAGE

Effective for School Year 2011-2012

I have waived the medical/health insurance coverage that has been approved by the Fulton County School System and offered to my child, \_\_\_\_\_ . Date of Birth: \_\_\_\_\_  
(Name of Child)

The medical/ health insurance that I am using for my child for the current school year at \_\_\_\_\_ is provided by \_\_\_\_\_ and \_\_\_\_\_  
(School Name) (Name of Insurance Company)

the insurance policy number is \_\_\_\_\_. This insurance policy  
(Insurance Policy Number)

is in effect from: \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

**Attach a copy of Medical/Health Insurance Certificate to this form to verify information listed above. Thank you.**

The above medical/health insurance coverage provides for the following interscholastic athletics activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

We/I understand that per The Georgia High School Association a Pre-participation Physical evaluation must be performed by a physician to medically screen each student who participates in the interscholastic athletic programs of the Fulton County School District. We/I understand that a basic medical screening (the required physical exam) is general in nature and limited in scope and does not indicate or assure me/us that my/our child is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my/our child then it is my/our responsibility to arrange and to pay for such an exam. If this more detailed exam is performed, it is my/our responsibility to notify the Fulton County School District, and its appropriate employees , of any potential medical problems uncovered by any physical exam given to my/our child other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all member of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Fulton County School District, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Fulton County School District or indemnified party arising out of any injuries to my/our child or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the interscholastic athletic programs provided by the Fulton County School District.

My signature below attests that I have read, understood and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.

**ALL PARENTS/GUARDIANS/ MUST SIGN BELOW AND DATE**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian : \_\_\_\_\_ Date: \_\_\_\_\_

**PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM**