FORSYTH COUNTY SCHOOL SYSTEM
ATHLETIC PARTICIPATION FORM

FORSYTH COUNTY ATHLETICS			PERMISSION FORM	
Student - Athlete:(Please Print)			Name of Parent/Guardian:(Please Print)	
Street Address:			School:	Grade: CIRCLE ONE 7 8 9 10 11 12
City:	State:	Zip:	Date of Birth:	Phone: Home - Work -

In the event of emergency, please give the best person and method to contact in the box provided.

Name: **Relationship:** **Phone #** **Alt #:**

Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sport(s):

[ ] Baseball / Softball	[ ] Cross Country	[ ] Lacrosse	[ ] Tennis	[ ] Gymnastics
[ ] Basketball	[ ] Football	[ ] Soccer	[ ] Track & Field	[ ] Other:_____
[ ] Cheerleading	[ ] Golf	[ ] Swimming	[ ] Wrestling	

General Requirements- We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, athletic director or principal. We understand that the FC Athletic Guidelines are available through the county website for review.

Risk of Injury- We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a FCSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor FCSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Release- In consideration of FCSS allowing the student-athlete to participate in athletics, we agree to release and hold FCSS, its athletic coaches and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics.

Insurance- FCSS requires parents to provide information pertaining to medical insurance coverage for all student athletes. Parents have the option to purchase school insurance (please see school athletic director) or to maintain coverage under parental insurance provider.

Check One: [ ] School Accident Insurance [ ] Name of Other Insurance Company:	Policy No:
Address:	Group No:

CERTIFICATION AND MEDICAL AUTHORIZATION. We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and FCSS is unable to contact the parent, we grant FCSS permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.

Student:	Date:
Parent/Guardian:	Date:

"BLANKET" PERMISSION TO PARTICIPATE
IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS

Sport: _____ School Year: _____ School: _____

I hereby request that _____ (Student's Name-PLEASE PRINT): be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Forsyth County School District (District). In the event transportation is not provided by the District, transportation will be the parent's responsibility.

All team members will ride to an event in school provided transportation with the team. Any athlete who arranges independent transportation to an event, without permission from the coach and the Athletic Director in advance, will be ineligible to compete in that event. All team members will return to their High School in the Forsyth County provided transportation unless a Travel Release form is completed by a parent/guardian (see the head coach). Athletes will only be released to their own parent/guardian from a contest. A parent/guardian must sign out the athlete from the coach at the contest site. If a student and his/her parent makes arrangements for private transportation, they shall not hold the local school, officers, employees or agents responsible for any injury or loss.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, will be given to the parents/guardians prior to each trip in the series (Exceptions must be approved by the School Director of Athletics and Principal).

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

In consideration of FCSS allowing the student-athlete to participate in athletics, we agree to release and hold FCSS, its athletic coaches and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics.

NOTE: This form must be signed by student if the student is 18 years of age or older.

_____	_____	_____
Name of Student (PLEASE PRINT)	**Signature of Student**	**Date**
_____	_____	_____
Name of Parent/Guardian (PLEASE PRINT)	**Signature of Parent/Guardian**	**Date**