

Student's Name: _____

Parent/Guardian Permission for Participation

I/We do hereby give permission for my son/daughter named above to participate in GCHS athletics, realizing that such participation involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observances of the rules, injuries are still a possibility. On rare occasions these injuries could result in total disability, paralysis or even death.

Such permission is extended to all school athletics except noted below. Furthermore, I submit that my child has no known physical limitations which would inhibit his or her participation in the sports in which they are involved.

I/We acknowledge that I/We have read and understand the warning presented herein.

Parent(s)/Guardian Signature(s)

Date

Student Signature

Date

Noted Exceptions: _____

Release for Medical Treatment

This form gives our coaching staff the authority to seek medical treatment for your child if he/she is injured and you cannot be reached. This assures your child immediate medical treatment in the event he/she is injured and you are unavailable to give permission to the doctor or hospital for emergency treatment.

“I am the parent/guardian of _____ (Student's Name) and I authorize the GCHS coaching staff to admit my child for medical treatment in the event that I cannot be reached.”

Parent/Guardian Signature

Date

Home Phone Number

Work Phone Number

Cell Phone

Emergency Contact Name/Phone (other than parent or guardian) _____

Personal Physician Name/Phone: _____

Insurance Information: All athletics are covered by a secondary accident coverage. Being secondary coverage, it is applied after your primary insurance is filed. This coverage is only in effect with accidents involved during a GCA/GCHS sports program.

PLEASE COMPLETE THE FOLLOWING PERSONAL INSURANCE INFORMATION

Parent/Guardian Insurance Company: _____ Insurance Policy/Group Number: _____

Policy Holder's place of Employment: _____