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LAST NAME	FIRST	MI	SEX	BIRTHDATE
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Soc. Sec. # \_\_\_\_\_ Address \_\_\_\_\_

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**ATHENS CITY SCHOOLS ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE  
DURING: 2007-2008 SCHOOL YEAR**

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As an athlete/athletic parent in the Athens City School's Athletic program, I/we understand that participation in any sport can be a dangerous activity involving *MANY RISKS OF INJURY*. I/we further understand that there are serious risks including, and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well being. I/we understand that the dangers and risks of participating in sports also include the potentially high costs of medical care and generally to enjoy life. Recognizing these risks, I/we consent to the participation of my/our son/daughter in the sports program offered by Athens City Schools. I/We also agree to comply with all rules, regulations, and recommendations of any and all health care providers designated by Athens City Schools to provide my child any necessary medical care as a result of any injury or illness. I/We consent to participation in the following sports for the current school year listed above.

- |                                       |                                   |                                 |                                   |                                     |
|---------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Football | <input type="checkbox"/> Track  | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Golf     | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Wrestling  |
| <input type="checkbox"/> Cheerleading |                                   |                                 |                                   |                                     |

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Signature of Parent/Guardian	Date	Signature of Student	Date
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**EMERGENCY INFORMATION**

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*Please Print*

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION** *Note: This MUST be completed. You must have insurance to participate. If you do not have health insurance, you must take the accident policy offered through Athens Schools.*

Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Policyholder's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL HISTORY:** List any allergies or medical conditions: \_\_\_\_\_

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***In EMERGENCY, if parents cannot be contacted, notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ Phone: (Night) \_\_\_\_\_