

CITY SCHOOLS OF DECATUR ATHLETIC DEPARTMENT

INSURANCE, TRANSPORTATION, AND CONSENT RELEASE FORM

**INSURANCE RELEASE**

I, the parent/guardian of \_\_\_\_\_ give my permission for him/her to participate in one or more of the athletic programs at Decatur High or Renfroe Middle School. My son/daughter is covered by a personal family insurance policy with \_\_\_\_\_ Insurance Company and my (name of company) policy number is \_\_\_\_\_, and this insurance will cover any injury that my son/daughter may sustain while participating in an athletic program, activity, or event.

**TRANSPORTATION RELEASE**

I also give permission for my son/daughter to use team transportation, which may be furnished by Laidlaw bus company or a third party furnishing transportation for the team. For the consideration of the City of Decatur or a third party furnishing transportation, in the event the student is injured during the transportation or the activity, I release the party furnishing the transportation, City of Decatur, the City Schools of Decatur system, and the members of the Board of Education.

In the event the above student, my spouse, or the student's other parent makes a claim of damages as a result of the transportation or event, I will indemnify, hold them harmless, and defend the party furnishing the transportation, City of Decatur, the school system, and the members of the Board of Education.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**PARTICIPATION CONSENT (ON BACK)**

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

**WARNING:** Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school. **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you (parent/guardian) acknowledge that you (parent/guardian) have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I/We hereby give consent for my child to compete in athletics at Decatur High School / Renfroe Middle School of the Decatur City School District in Georgia in Georgia High School Association approved sport/s **CIRCLED** below:

- |            |               |              |                   |
|------------|---------------|--------------|-------------------|
| Baseball   | Basketball    | Cheerleading | Cross Country     |
| Football   | Golf          | Gymnastics   | Lacrosse          |
| Rifle Team | Soccer        | Softball     | Swimming & Diving |
| Tennis     | Track & Field | Volleyball   | Weight Lifting    |
| Wrestling  |               |              |                   |
| (Other/s)  | _____         | _____        | _____             |

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)