SCHOOL_____ STUDENT ID#_____

CHEROKEE COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name_____ _____ _____ Male ____ Female ____
LAST FIRST MIDDLE

Address_____ _____ _____ _____
STREET CITY STATE ZIP

Telephone (home)_____ Date of Birth_____

Date entered 9th grade_____ Your grade level for the current school year_____

Father's Name _____ Father's Work Number _____ Cell_____

Mother's Name_____ Mother's Work Number_____ Cell_____

Student resides with (Names of Parent(s)/Guardian) _____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address).

Have you attended this Cherokee County School for at least one full school year? Yes_____ No _____

EMERGENCY CONTACT INFORMATION
In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Cherokee County School District finds to be an emergency situation involving the student

Name	Relationship	Home Phone	Work Phone
Name	Relationship	Home Phone	Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE 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 athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

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

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

We hereby consent for _____ to:

1. Compete in athletics at _____School of the Cherokee County School District in Georgia High School Association approved sports except those CROSSED out below:

   Baseball Basketball Cheerleading Cross Country Football Golf Gymnastics
   Soccer Softball Swimming Tennis Track Weight Training Wrestling Volleyball

2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. I hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.
5. By execution hereof I hereby release and forever discharge the Cherokee County School District its agents and employees from any and all liability resulting from the intentional or negligent acts or conduct of the District its agents and/or employees.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

_____ _____
Signature(s) of Parent(s) or Guardians(s) Date

_____ _____
Signature of Student – Athlete Date

Revised 02.26.08