

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the _____ - _____ school year, then sign below.

____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to Varsity or Junior Varsity Football).

Company Providing Insurance

Name of Insured

Policy Number

____ I have purchased the Benefit Plan provided by the Cherokee County School District, I understand this is a supplemental policy. My signed copy of this Benefit Plan is on file at _____ school

Signature(s) of Parent(s) or Guardian(s)

Date

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child may compete in middle/high school athletics within the Cherokee County Schools. I also understand this medical evaluation is only to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I request otherwise.

I also hereby grant permission for qualified athletic trainers retained by the Cherokee County School District to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student.

I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for Cherokee County Schools, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

THIS ACKNOWLEDGEMENT OF AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

Signature(s) of Parent(s) or Guardian(s)

Relation to Student

Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Cherokee County School District provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. The Cherokee County School District strongly discourages students from riding with other students to and from extracurricular events.

I, _____, parent or guardian of _____ (student) hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent, including coach/sponsor to/from extracurricular events.

CONSENT AND RELEASE

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Cherokee County School District. In the event transportation is not provided by the Cherokee County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Cherokee County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

Signature(s) of Parent(s) or Guardian(s)

Date

RELEASE OF INFORMATION

I hereby authorize the release of any and all information relating to the athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

Signature of Student

Signature of Parent/Guardian

Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I hereby verify that I have received and reviewed the Cherokee County School District Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

Signature of Student

Signature of Parent/Guardian

Date