

Furtah Preparatory School

"Inspiring Hope; Changing Lives"

5496 Highway 92 Acworth, GA 30102

Tel: 678-574-6488 E-Fax: 678-324-3911

2009-2010 Athletic Participation Consent Form

Student Name: _____ male female
Last First Middle

Grade in 2009-2010 _____

1. Complete Medical Information

I understand that I must provide complete and accurate medical information on the GISA Participation Physical Evaluation form before my child may compete in high school/middle school athletics at Furtah Preparatory School. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations.

2. Athletic Participation Fee

I understand that the yearly athletic participation fee of _____ must be paid prior to my child's participation in any FPS athletic team activity (practice or competition), and that failure to do so will keep my child from participating.

3. Uniform Replacement Fee

I understand that I am responsible for school-owned uniforms, equipment, etc. used by my child during the season. Failure to return these items at the end of the season to the team coach will result in my being assessed replacement charges for missing items.

4. Permission to Treat Athlete

In case of an emergency or accident 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 physicians to treat said condition unless I am present to request otherwise.

5. Release of Liability and Acknowledgement of Risk

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, by its nature participation includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis, total disability, or death. I acknowledge that although serious injuries are not common in supervised school athletic programs, it is not possible to do away with the risk; therefore, I release Furtah Preparatory School of any and all liability for my child during participation in the athletic program or transportation to and from athletic events.

6. Responsibilities of Student Athlete

I agree that 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 consent form I acknowledge that I have read and understand the provisions contained within and give my consent for my child to participate in athletics at Furtah Preparatory School in GISA approved sports and school-sponsored activities, and to accompany any school team of which my child is a member on any of its local or out-of-town and overnight trips. This acknowledgement of release of liability as well as acknowledgement of risk and consent to allow participation in and transportation to and from school activities shall remain in effect for the 2008-2009 school year.

Signature(s) of Parent(s) /Guardian(s):

1. _____ Date ____/____/____
2. _____ Date ____/____/____

Signature of Student Athlete _____ Date ____/____/____