

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS

VERIFICATION OF INSURANCE COVERAGE

Effective for School Year 2018-2019

I have waived the medical/health insurance coverage that has been approved by the Fulton County School System and offered to my child, \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Name of Child)

The medical/ health insurance that I am using for my child for the current school year at \_\_\_\_\_ is provided by \_\_\_\_\_ and (School Name) (Name of Insurance Company) the insurance policy number is \_\_\_\_\_. This insurance policy (Insurance Policy Number) is in effect from: \_\_\_\_\_ to \_\_\_\_\_ (Date) (Date)

Attach a copy of Medical/Health Insurance Certificate to this form to verify information listed above. Thank you.

The above medical/health insurance coverage provides for the following interscholastic athletics activities:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

We/I understand that per The Georgia High School Association a Pre-participation Physical evaluation must be performed by a physician to medically screen each student who participates in the interscholastic athletic programs of the Fulton County School District. We/I understand that a basic medical screening (the required physical exam) is general in nature and limited in scope and does not indicate or assure me/us that my/our child is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my/our child then it is my/our responsibility to arrange and to pay for such an exam. If this more detailed exam is performed, it is my/our responsibility to notify the Fulton County School District, and it's appropriate employees, of any potential medical problems uncovered by any physical exam given to my/our child other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees of the Fulton County Board of Education, their schools, their trustees, officers, Board of Education, agents, coaches, athletic trainers, physicians, volunteers, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Fulton County School District or indemnified party arising out of any injuries to my/our child or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the interscholastic athletic programs provided by the Fulton County School District.

My signature below attests that I have read, understood and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.

ALL PARENTS/GUARDIANS/ MUST SIGN BELOW AND DATE

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student : \_\_\_\_\_ Date: \_\_\_\_\_

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM

Receipt Acknowledgement for FCS Athlete / Parent  
**Handbook/Code of Conduct for GHSA Sanctioned  
Interscholastic Athletic Activities 2018-2019**

Student Name \_\_\_\_\_ School \_\_\_\_\_

I understand that I am responsible for reading and understanding the information in the *Athlete/Parent Handbook for GHSA Sanctioned Interscholastic Athletic Activities* (the "handbook"). Parents/guardians are responsible for ensuring their students understand this information.

I understand I am responsible for downloading or accessing a copy of the handbook from the school's website or from the District Athletic Office website, found at [www.fultonschools.org](http://www.fultonschools.org). If I cannot access the handbook, I will ask for a copy from the coach, or the front office of the school.

I understand that this handbook contains required forms, and rules and behavioral expectations for student participants that students are expected to follow at school as well as off campus and in the community. I understand that failure to follow these rules may result in suspension from a team or activity, reduction in participation, and removal from a team or activity, as well as other school sanctions. I understand that participation in extracurricular activities is a privilege, not a right, and student participants are expected to exhibit exemplary behavior and leadership skills at school and in the community, or that privilege will be removed.

I understand that the most up to date GHSA rules and information is available at [www.ghsa.net](http://www.ghsa.net).

I understand and agree that student directory information, as discussed in the Directory Information Statement in the Code of Conduct & Discipline Handbook which I received upon enrollment and each school year, may be released as discussed in the Directory Information Statement for purposes related to GHSA Interscholastic Athletic Activities.

If you disagree with this release, please contact \_\_\_\_\_ directly, but please note that activity participation may require public performances and public acknowledgement of student and his/her identity.

If I have any questions about information contained in this handbook, I will ask a school administrator or coach to discuss those questions with me. Failure to sign and return this form does not relieve me from complying with and understanding the information enclosed in the handbook.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AND**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fulton County School Transportation Release 2018-19**

Since your student will be transported between school sites, events, activities during and after the school day, please complete and sign the following form, and return it to your coach.

\_\_\_ I wish for my student to be transported by Fulton County bus transportation ONLY.

\_\_\_ I wish to designate additional person(s) who may transport my student (see below).

I agree to hold Fulton County Board of Education harmless in the event of injury to (student's name), including any property damage while the student is driving or being driven to or from a school site and/or to school-related events, activities, or sites after school hours in a vehicle other than that provided by Fulton County Board of Education.

In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any injuries sustained by the student while being so transported.

I have read the above agreement, and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated Driver (if applicable):** All designated drivers must be over 18 years of age or an immediate family relative.

(Student's Name) \_\_\_\_\_ has my permission to be transported to and from school sites during the school day and/or to school-related events, activities, or sites after school hours as a participant on the \_\_\_\_\_ School \_\_\_\_\_ Team. Either I or my designated driver, \_\_\_\_\_, will be transporting the student to and/or from the event or activity. Either I or my designated driver will present himself or herself to the head coach and/or assistant coach after the event or activity has been completed in order to verify the intent to transport the above mentioned student.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Designated Driver: \_\_\_\_\_ Date: \_\_\_\_\_

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(FOR SCHOOL USE ONLY)

Received by : \_\_\_\_\_ on \_\_\_\_\_  
(print full name) (print date)

Signature of receiving party: \_\_\_\_\_

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FULTON COUNTY ATHLETIC  
EMERGENCY CONTACT FORM  
2018-19

High School: \_\_\_\_\_

Athlete Information: Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

In case of an emergency, please contact in the following:

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Insurance Information: (Every athlete must have medical coverage through an individual policy or purchased through Fulton County School System).**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

OR: Indicate School Insurance Purchased \_\_\_\_\_

**Medical Information:**

Date of Last Physical: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Please list ongoing medical conditions and current medications: \_\_\_\_\_

\_\_\_\_\_ Please list previous injuries: \_\_\_\_\_

\_\_\_\_\_ Has the athlete ever had a concussion? \_\_\_\_\_

Please note any known medical issues which should be known by medical personnel upon treatment: \_\_\_\_\_

**Permission to Treat:**

- In the event of a minor injury or discomfort, I give permission for the athletic trainer to treat the athlete as needed.
- If the parent/guardian/other (listed above) cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the hospital of its choice and such medical care as is reasonably necessary for the welfare of the athlete if he/she is injured in the course of participation in interscholastic activities.

**Signature of Parent or Guardian:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS**  
**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS**  
**AND VERIFICATION OF INSURANCE**

Sport: \_\_\_\_\_ Date of first practice: \_\_\_\_\_, 2018/2019

Student Name: \_\_\_\_\_ Male \_\_\_ or Female \_\_\_  
 (Last name) (First name) (MI)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years old  
 (Month) (Day) (Year)

Address: \_\_\_\_\_  
 (# and Street Name) (City) (State) (Zip Code)

Home Telephone #: \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_  
 Cellular Telephone #: \_\_\_\_\_

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that not meeting the standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: \_\_\_\_\_  
 (Signature) (School) (Date)

I hereby consent for the above student to represent his/her school in interscholastic activities. I have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities 2018-2019. I understand that I am responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 470-254-6892. If I, the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities. I give permission for the above student to participate in school-sponsored trips, including overnight trips, associated with Fulton County School's interscholastic athletic competitions. In the event that transportation is not provided by the Fulton County School System, transportation will be the student's or the parent's /guardian's responsibility. In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, arising out of, during, or in conjunction with the student's participation in the activity, any trip, or transportation associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

**All parents and guardians must sign and date this form**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.**