

**Banks County High School**  
**Acknowledgement of Risk and Insurance Statement**

(to be completed by parent/guardian)

I give permission for \_\_\_\_\_ (player) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, football, golf, soccer, softball, tennis, track & field, wrestling, other (identify sport) \_\_\_\_\_

I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of risk vary significantly from one sport to another, with contact sports carry the higher risk. He/she has student accident insurance available through the school (yes \_\_\_\_\_ no \_\_\_\_\_); has athletic participation insurance coverage through the school ( yes \_\_\_\_\_ no \_\_\_\_\_); is insured by our family policy with:

Name of company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team via Banks County School Bus.

I also consent and approve for my child/ward to receive a physical examination, as required by a medical doctor. Additionally, I give my consent and approval for the named student's picture and name to be printed in any high school or GHSA athletic program, publication or video.

**Emergency Permission for (to be completed by parent/ guardian)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_ City \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of emergency  
\_\_\_\_\_

Please list allergies to medications, etc. \_\_\_\_\_

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot. \_\_\_\_\_

Emergency authorization: in the event I cannot be reached in an emergency, I hereby give permission for a physician selected by the coaches and staff at \_\_\_\_\_ High School to hospitalize, seek proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

Emergency permission form may be reproduced to travel with perspective teams and is acceptable for emergency treatment if needed.

I certify all the information above is correct. \_\_\_\_\_

# PLAYER INFORMATION AND INSURANCE FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Shirt Size \_\_\_\_\_ Pant Size \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Indicate numerically the procedures that should be taken in case of an emergency or accident or injury involving your child.

\_\_\_\_\_ Take child to nearest hospital

\_\_\_\_\_ Take child to \_\_\_\_\_ hospital

\_\_\_\_\_ Call the responsible parent or guardian.

This form must be signed and returned before your child can actively participate in any interscholastic practice or games at Banks County High School.

Signed \_\_\_\_\_ Date \_\_\_\_\_