



DAWSON COUNTY SCHOOL DISTRICT ATHLETIC REGISTRATION

PLEASE PRINT ALL INFORMATION:

NAME OF SCHOOL: _____

Name of Student: _____ **Grade:** _____

Name(s) of Parent or Guardian: _____

Home Phone Number: _____ **Emergency Phone Number:** _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION WARNING: Although participation in supervised interscholastic athletics may be one of the least hazardous in which students will engage in or out of school, by its nature participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, the risk.

Participants have the responsibility to help reduce the risk of injury. **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 permission form, you acknowledge that you have read and understand this warning. **Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.**

I (we) hereby give consent for _____ to:

- (1) Compete in interscholastic athletics at _____ School of the Dawson County School District in Georgia High School Association (GHSA) sports.
- (2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;
- (3) And, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

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

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____

DATE: _____

INSURANCE INFORMATION:

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

_____ My student-athlete is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics, including, but not limited to varsity and junior varsity football.

Company providing insurance: _____

Name of Insured: _____

Policy Number: _____

_____ I wish to purchase the Benefit Plan provided by the Dawson County School System.
(A signed copy of this Benefit Plan should be stapled to this form.)

As a parent (guardian) of the above-named student-athlete, I understand that unless I have insurance, or have purchased school insurance, there is no school district insurance which may cover any injuries, loses, or damages arising out of my child's participation in the activities previously indicated.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

DRUG-TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT FORM:

The Dawson County Board of Education has authorized mandatory random drug tests for all student-athletes who participate in Georgia High School Association (GHSA) inter-scholastic athletics. Any sports activity that requires an annual physical as a condition of participation is subject to this procedure.

1. The student-athlete must present to the head coach this signed consent form, which authorizes the school to administer drug testing and that allows the results of the test to be released to parents or guardians, administrative officials, and the head coach. (Note: A signed consent form is a requirement for participation in any GHSA governed inter-scholastic activity that requires an annual physical examination for participation. Parents and students do not have the option of not participating in the drug-screen program.)

2. Random testing will take place at any time during the season with student-athletes chosen through lottery/random selection. Testing consists of providing a urine sample to those representatives of the firm administering the test. School personnel will supervise but will not administer the test. Privacy will be protected. Specimens will be processed for identity and secured to ensure against tampering. Test results will be reported to the school through the proper chain of command. In case of a positive result, the parent or guardian will be notified.

Testing will be done by the Northeast Georgia Forensic/Toxicology Lab under the supervision of the Toxicology Program Manager.

This acknowledgement of administration and consent to allow participation in the random drug-testing program remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____

DATE: _____