



# DAWSON COUNTY MS/JH



5126 Hwy. 9 South  
Dawsonville, GA 30534  
Phone: (706) 216-4849 Fax: (706) 265-1426

## PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

Athlete's Name: \_\_\_\_\_

Dear Parent(s)/Guardian(s):

The school athletic program is an integral part of the curriculum. Coaches/staff have devoted much effort to ensure that student athletes are protected in every way possible. However participation in athletics includes the risk of injury, which may range in severity from minor to catastrophic, including paralysis or even death.

Parents have the responsibility to help reduce the chance of injury by obeying all safety rules and regulations, having all required physicals, reporting all physical ailments to the coach or athletic trainer, following the proper conditioning program and skill techniques for each sport, and inspecting personal protective equipment daily.

It is the policy of the Dawson County School system that all student athletes provide proof in insurance to participate in athletics. The school's athletic program is not authorized to extend public funds for injuries; therefore, it will be the responsibility of the parent or guardian to pay any and all cost for any injury that is not covered by insurance. Dawson County Middle School offers two insurance plans\* for student athletes:

1. 24 Hour School Insurance covers all varsity sports **EXCEPT FOOTBALL**
2. Special Football Insurance covers only **FOOTBALL**

**\*NOTE:** These are supplemental plans. This means that your personal insurance will be first liable for any expenses incurred and then the supplement policy will help cover excess charges. Neither of these plans cover 100% of all charges and are restricted according to the policy.

**PLEASE INITIAL EACH STATEMENT BELOW TO SIGNIFY THAT EACH HAS BEEN READ AND APPROVED**

I consent to have my child represent DCMS in approved athletic activities except those activities excluded by the examining doctor.

I grant permission for my child to accompany any school team of which he/she is a member on out of town trips and to be transported to and from all events in school approved vehicles. Parents/Guardians wishing to have their child return with them must make prior arrangements with the coach as well as signing out the athlete at the site.

In the event of an emergency requiring medical attention, I understand every attempt will be made to contact me. In the case that I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and/or transfer of my child to a qualified facility. This authorization does not cover major surgery unless deemed life saving by two physicians or a dentist prior to surgery.

I agree not to hold the staff, school, or anyone acting in its behalf responsible for any injury occurring to my child in the course of such athletic activities or travel.

I acknowledge and accept that there are risks of physical injury involved in athletic participation that may result in paralysis, disability and/or death.

**I have read, accept, and approve each of the above statements:**

\_\_\_\_\_  
parent/guardian name (please print)

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian name (please print)

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date



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## ATHLETE ROSTER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: (F) (M) Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

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

Phone number(s): Parent's name \_\_\_\_\_ Cell number \_\_\_\_\_

Parent's name \_\_\_\_\_ Cell number \_\_\_\_\_

Home number \_\_\_\_\_ Work number \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Physical address if different from above: \_\_\_\_\_

### PERSON OTHER THAN PARENT TO CONTACT IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home phone number: \_\_\_\_\_ Cell phone number(s): \_\_\_\_\_

### FAMILY PHYSICIAN INFORMATION:

Physician's name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address or location: \_\_\_\_\_

Phone number(s): Office \_\_\_\_\_ After hours/emergency \_\_\_\_\_

### INSURANCE COMPANY INFORMATION:

Primary: \_\_\_\_\_ Policy number: \_\_\_\_\_

Secondary: \_\_\_\_\_ Policy number: \_\_\_\_\_

Specific medications, allergies, and medical problems of the athlete: \_\_\_\_\_

I certify that the above information is accurate and that I will inform the coach immediately of any changes in this information.

\_\_\_\_\_  
parent's name (please print)

\_\_\_\_\_  
parent's signature

\_\_\_\_\_  
date