

**Heard County Comprehensive High School**

**Athletic Authorization and Insurance Form**

**2011-2012 School Year**

I/ We, desiring that \_\_\_\_\_ may participate

In various interscholastic and extracurricular activities available through the Heard County School System, hereby authorize and grant my/our permission for him/her to participate in the extracurricular or sporting events. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We realize that injuries can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/ We have read and understood this warning and I / We hereby give my/our permission for \_\_\_\_\_

to participate in any interscholastic and extracurricular activity provided by Heard County Comprehensive High School. And verify that he/she is covered by a current accident and / or health insurance policy. I/We further grant the school personnel my/our permission to act on my/our half in securing medical attention for \_\_\_\_\_ in case of any medical emergency. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We verify that \_\_\_\_\_ is covered under the following insurance policy:

Name of insuring Company \_\_\_\_\_

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

Name of Insured \_\_\_\_\_

I/We hereby acknowledge that I/We have read, understood, and completed this document with a full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our child to travel on any Heard County School System Vehicle as a member of an extracurricular on any of its local or out of town trips.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Parent(s) or Guardian(s) Signature \_\_\_\_\_

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

Emergency Contact Phone numbers: \_\_\_\_\_

Parent E-mail Information \_\_\_\_\_