

MUSCOGEE COUNTY SCHOOL DISTRICT ATHLETICS			PERMISSION TO PARTICIPATE/ PERMISSION TO TREAT/HOLD HARMLESS AGREEMENT FORM	
Student - Athlete: (Please Print)			Name of Parent/Guardian: (Please Print)	
Street Address:			School:	Grade:
City:	State:	Zip:	Date of Birth:	Phone: Home - Work -
<b>In the event of emergency, please give the best person and method to contact in the box provided.</b>				
<b>Name:</b>		<b>Relationship:</b>	<b>Phone #</b>	<b>Alt #:</b>
<b>Request for Permission:</b> We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:				
<input type="checkbox"/> Baseball / Softball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling	
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Other (please list)	
<input type="checkbox"/> Track & Field				
<b>General Requirement-</b> We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, school site athletic director or the Building Principal.				
<b>Risk of Injury-</b> We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a MCSD athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MCSD can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.				
<b>Hold Harmless Agreement-</b> As parent/guardian, I understand that all costs and treatments related to athletic injury rests with me as the parent or guardian. Therefore, I agree to release, indemnify, and hold harmless the MCSD (District), its Board of Education, and its employees, agents, or assignees, as well as its approved athletic coaches, faculty, staff and administration from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student's participation in an athletic activity or injuries sustained therein including but not limited to the rendering of emergency medical procedures or treatment.				
<b>Insurance-</b> The MCSD requires that all students who participate in athletics be adequately covered by medical or accident insurance (proof of health insurance or school health insurance). <i>Changes/updates to student insurance coverage must be communicated by a parent/guardian at the time of the change and copies of new insurance information provided to the Site-School Athletic Director.</i>				
Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Name of Other Insurance Company:			Policy No:	
Address:			Group No:	
<b>CERTIFICATION AND MEDICAL AUTHORIZATION.</b> We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and MCSD is unable to contact the parent, we grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.				
<b>We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.</b>				
Student:			Date:	
Parent/Guardian:			Date:	