



Doctor Led, Patient Focused

STATESBORO HIGH SCHOOL / OPTIM ATHLETIC PARTICIPATION FORM 2018-2019

Student's Name (Legal) _____

Parental Consent and Information Form

Warning: Although participation in supervised inter-scholastic athletics and school activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS and SCHOOL ACTIVITIES INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs or the school setting, it is possible only to minimize, not eliminate the risk.

Students can and have the responsibility to help reduce the chance of injury. **STUDENTS AND PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR TEACHERS/COACHES/ATHLETIC TRAINER(S), 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 my child to:

1. Compete in athletics in the Georgia High School Association.
2. Accompany any school team/activity on any of its local or out-of-town trips.
3. I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
4. And, I consent to Internet storage and delivery of this information to medical providers as appropriate by DCATS, LLC.

I (We) acknowledge the following Statesboro High School/Bulloch County BOE/GHSA policies/information:

1. My child may only be picked up from an event by the parent or guardian unless in writing to the coach.
2. There is a one time (per school year) participation fee of \$40.
3. The athletic department is not providing insurance for my son/daughter in case of injury. It is my responsibility to purchase school day insurance if I desire to have insurance coverage on my child other than what I already have.
4. My child is expected to obey all rules and regulations set forth by the Bulloch County School System and Statesboro High School.

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

Authorization to Release Medical Information

I, being of lawful age hereby authorize and consent to having Optim Sports Medicine Program Athletic Trainers and/or their consulting physician(s) provide any requested medical information to other physicians, other healthcare providers, my high school coaches or school administration, intercollegiate teams, professional teams, their scouts, recruiters, or athletic trainers which directly pertains to my participation at Statesboro High School. Said authorization to release medical information will include, but is not necessarily limited to information concerning illnesses, injuries, treatments, hospitalizations, examinations, X-rays, or other forms of diagnostic testing occurring while participating in activities at said school or athletic organization.

I understand that I may revoke this authorization by providing written notice to Optim Sports Medicine Program. I also understand that I am waiving my right to privacy with regard to the medical records and patient identifiable information by authorizing the release of my information.

This authorization shall be valid for one (1) school year commencing on the effective date executed below. I understand that the release of my medical information is being carried out with my consent and so assume full responsibility.

Parent/Guardian Signature

Date

Please complete/sign/date every line (if applicable) in order for your student athlete to be eligible to participate.