

CONSENT FOR ATHLETIC PARTICIPATION, TRAVEL, AND MEDICAL CARE

***Entire page to be completed by parent/legal guardian*

Athlete Information

Last Name _____ First Name _____ MI _____
Gender: () Male () Female Grade _____ Age _____ DOB ____/____/____
Known Medical Problems _____
Allergies _____ Medications _____
Name of Athlete's Physician _____ Phone #(s) _____
Insurance _____ Policy # _____
Group # _____ Insurance Phone #(s) _____

Emergency Contact Information

Home Address (include city, state, zip) _____ Phone () _____
Mother's Name _____ Cell () _____ Work () _____
Father's Name _____ Cell () _____ Work () _____
Alternate Contact Name _____ Relationship _____ Phone () _____

Legal Parent (Guardian) Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics, including related travel, realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible., ***On rare occasions these injuries are severe and result in disability, paralysis, or even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics.*** By execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent(s) or legal guardian(s), ***I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature(s) of Parent(s)/Legal Guardian(s)

Date

Personal Affidavit In Lieu Of School Insurance

All students who participate in any school-sponsored athletic sport must take out school insurance or file with the principal an affidavit form that they or their insurance company will be responsible for payment in case of injury.

State Of Tennessee / Rutherford County School System

I/We _____, make oath in due form of law that I/We am/are the parents/ guardians of _____
Name of Parent(s)/Guardian(s)
_____ who is a student of _____ and that I/we hereby join in the application of said applicant:
Name of Student *Name of School*

(Check One*)

- ____ 1. To be personally
____ 2. To have my/our insurance company
Insurance Company _____

Policy Number _____

responsible for payment of any injury sustained at said school while participating in school-sponsored sports.

Date

Signature(s) of Parent/Guardian