



2019-2020 Athletic Participation Consent Form

Student Name: \_\_\_\_\_
Last First Middle

Grade in 2019-20: \_\_\_\_\_ Circle one: male female

1. Complete Medical Information

I understand that I must provide complete and accurate medical information on the GHSA Pre-Participation Physical Evaluation form before my child may compete in high school/middle school athletics at Mount Paran Christian School. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations.

2. Athletic Participation Fee

I understand that there is a yearly athletic participation fee for participation in any MPCS athletic team activity (practice or competition). This fee will be billed to me after my child makes the team.

3. Uniform Replacement Fee

I understand that I am responsible for school-owned uniforms, equipment, etc. used by my child during the season. Failure to return these items at the end of the season to the team coach will result in my being assessed replacement charges for missing items.

4. Permission to Treat Athlete

In case of an emergency or accident during any school activity involving my child, which, in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present to request otherwise.

5. Release of Liability and Acknowledgement of Risk

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, by its nature, participation includes a risk of injury, which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck or death. I acknowledge that, although serious injuries are not common in supervised school athletic programs, it is not possible to eliminate the risk; therefore, I release Mount Paran Christian School of any and all liability for my child during participation in the athletic program or transportation to and from athletic events.

6. Responsibilities of Student Athlete

I agree that players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily.

By signing this consent form I acknowledge that I have read and understand the provisions contained within and give my consent for my child to participate in athletics at Mount Paran Christian School in Georgia High School Association or NAML-approved sports and school-sponsored activities, and to accompany any school team of which my child is a member on any of its local or out-of-town and overnight trips. This acknowledgement of release of liability as well as acknowledgement of risk and consent to allow participation in and transportation to and from school activities shall remain in effect for the 2019-2020 school year.

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

1. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

2. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_