

# Cartersville City School System Athletic Release Form

Date: \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Sport \_\_\_\_\_  
Gender (M) (F) Grade \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name Parent/Guardian (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Home Phone # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Work Phone # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Cell # (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Email (Mother) \_\_\_\_\_ Email (Father) \_\_\_\_\_

**Person other than Parent/Guardian to contact In Case of Emergency (I.C.E.)**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

**Family Physician Information:**

Physician's Name \_\_\_\_\_ Specialty \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

**Insurance Company Information:**

Primary \_\_\_\_\_ Policy # \_\_\_\_\_  
Secondary \_\_\_\_\_ Policy # \_\_\_\_\_

**\*List any medicine you take *or* medical conditions of which the coaches should be aware:**

\_\_\_\_\_

**PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND APPROVED.**

*Initial each*

- \_\_\_\_\_ I consent to have my son/daughter represent his/her school in approved activities except those excluded by the examining physician.
- \_\_\_\_\_ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all school events in school-approved vehicles. Parents wishing to have their son/daughter with them when returning from an event must make the arrangements with the coach.
- \_\_\_\_\_ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.
- \_\_\_\_\_ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.
- \_\_\_\_\_ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent t paralysis, mental disability, and death.

**\*All middle school athletes must pass five out of six subjects from the previous semester to be eligible for athletic participation.**

\_\_\_\_\_ (parent/legal guardian signature) \_\_\_\_\_ (athlete signature)