



**STUDENT'S APPLICATION FOR PARTICIPATION IN EXTRAMURAL ACTIVITIES  
AND VERIFICATION OF SUBSTITUTE INSURANCE**

This form is to be completed by the parent/guardian and student prior to the first practice session. It contains vital information in case of injury or an emergency situation. Extramural coaches are to ensure that this form accompany this athlete to all practices and contests. Please print all information. Prior to participation in any conditioning, tryout, practice session, or play in any extramural athletic activity, the student-athlete **MUST SUBMIT** this form to the **SCHOOL INTRAMURAL LEADER**. Failure to submit this form will delay the eligibility of the student to join the team. ***Warning!*** Although participation in supervised athletics and activities may be one of the least hazardous in which students will engage in and out of school, by its nature participation in interscholastic extramural athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down to death. Although serious injuries are not common in supervised athletic programs, it is possible only to minimize and not to eliminate the risk. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's intramural leader, 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 the permission form.

Date: \_\_\_\_\_ Sport / Activity: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_  
(Last Name) (First Name) (MI)

Address: \_\_\_\_\_  
(# and Street Name) (City) (State) (Zip Code)

Home Tel. #: \_\_\_\_\_ Emergency Tel. # \_\_\_\_\_ Cellular Tel. #: \_\_\_\_\_

Name(s) of parent(s) /guardian(s) you live with: \_\_\_\_\_

The student is domiciled at the above address located in the \_\_\_\_\_ School District.  
(Name of School)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years.  
(Month) (Day) (Year)

Your grade level for this school year: 7, 8

This application to represent my school in extramural activities is entirely voluntary on my part. I understand that not meeting citizenship standards set by the school or being ejected from an extramural contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

Student Signature: \_\_\_\_\_  
(Signature) (School) (Date)

I (We) hereby give our consent for \_\_\_\_\_ to represent his/her school in extramural activities. If I (we), the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I (we) do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities.

(1) I (We) give consent to participate the approved sports and activities except those that are **CROSSED OUT** below:

- Basketball
- Gymnastics
- Soccer
- Tennis
- Track and Field
- Volleyball

Continue to other side

- (2) I (We) give my consent to accompany any school team of which the student is a member on any of its trips.
- (3) I (We) 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) Parent(s) / guardian(s) should contact the Coach for information regarding injuries to their son / daughter.
- (5) That this acknowledgement of risk and consent to allow to participate shall remain in effect until revoked in writing.

**All parents and guardians must sign and date this form**

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Important:** All extramural athletes must have medical / health insurance in order to participate in the Fulton County Schools Extramural Athletics and Activities Programs. Students must be enrolled in the medical / health insurance coverage that has been approved by the Fulton County School System or enrolled in substitute medical / health insurance through a bona fide insurance provider. Parent(s)/Guardian(s) must verify substitute insurance coverage.

**VERIFICATION OF SUBSTITUTE INSURANCE COVERAGE**

I (We) have waived the medical / health insurance coverage that has been approved by the Fulton County School System and offered to my child, \_\_\_\_\_ . Date of Birth: \_\_\_\_\_  
 (Name of Child)

The medical/ health insurance that I am using for my child for the current school year at is provided by \_\_\_\_\_ and the insurance policy number is \_\_\_\_\_.  
 (Name of Insurance Company) (Insurance Policy Number)

This insurance policy is in effect from: \_\_\_\_\_ to \_\_\_\_\_.  
 (Date) (Date)

The above medical / health insurance coverage provides for the following extramural activities:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

I / We certify that the above information is accurate. I/We will submit notification to the school if there are any changes in the above policy.

**ALL PARENTS/GUARDIANS/STUDENTS MUST SIGN BELOW AND DATE**

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_