Parent’s Permission & Acknowledgement of Risk for Son/Daughter to Participate in Athletics at Greenville Tech Charter High School

NAME OF ATHLETE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletics events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission from treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainer and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

**WE (PARENTS AND STUDENT) HAVE READ THE GTCHS ATHLETIC HANDBOOK, ELIGIBILITY GUIDELINES, HAZING, SOCIAL MEDEA AND DRUG POLICIES AND AGREE TO ABIDE BY THESE POLICIES OR RESPECT THE SUSPENSION CONSEQUENCES.**

Signature of Athlete Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the information below for our records.

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| ADDRESS:  ATHLETES PHONE:  ATHLETES EMAIL: | FATHERS NAME:  PHONE:  EMAIL: | MOTHERS NAME:  PHONE:  EMAIL: |