

WARE COUNTY ATHLETIC DEPARTMENT

PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, and, especially in contact sports. The head is not ever to be used as a "ram" and the head should not be used as an initial contact point. **(This sentence is to be added.) Proper hydration before, during, and after practices and events is stressed for all athletes. Coaches will require practices to include regularly scheduled water breaks and practice schedules will be modified based on temperature and heat index indicators.**



PLEASE SIGN IN THE SPACE INDICATED BELOW TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND APPROVED.

- **I consent to have my son/daughter represent WCHS in approved athletic activities except those activities excluded by the examining doctor.**
- **I grant permission for my son/daughter to accompany any school team of which he/she is a member on out-of-town trips. The athlete will be transported to and from all events in school-approved vehicles.**
- **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 WCHS 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 vary in severity.**

Date

Parent/Guardian Signature