



ACS ATHENS

PHYSICAL ACTIVITY PARTICIPATION FORM

This form must be completed before the named student may participate in any school sports or athletic activities (curriculum or after school).

A. Parent verification of physical well being

This is to verify that my son/daughter _____ has been deemed fit to participate in competitive/recreational athletic activities for the current school year, by having had a complete medical examination by a doctor within the last calendar year. **This medical examination must be submitted to the school within the first week of the beginning of the year.** Any restrictions have been listed below:

Parent or Guardian Signature

Date

B.

I, _____, allow my son/daughter _____
(Guardian/Parent's Name) (Student's name)

To:

- Use the weight room after school;
- Participate in swimming classes (during school or after school);
- Use the wall climbing;
- Participate in approved athletic activities sponsored by ACS Athens;
- Receive emergency medical care, if and when needed.

C. Parent Permission for Participation

By its nature, participation in athletic activities includes risk of injury which may range in severity from minor to severe. Although serious injuries are not common in supervised athletic activities, it is impossible to eliminate the risk. Participants have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coach follow proper conditioning programs and inspect their own equipment daily. By signing this permission form, I acknowledge that I have read the above information.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the named student during the participation in sports activities.

Parent or Guardian's signature: _____ Date: _____

Parent Name (Print) _____