



CHEROKEE COUNTY SCHOOL DISTRICT  
Athletic Parental Consent, Insurance, Authorization and Waiver and Release Form



School \_\_\_\_\_ Student ID# \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date entered 9<sup>th</sup> grade \_\_\_\_\_ Grade Level 2025-26: \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
Student resides with (names of Parent(s)/Guardian(s)) \_\_\_\_\_  
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the \_\_\_\_\_ High School District (school must be notified if student moves from the above address).

Have you attended this Cherokee County School for at least one full school year? \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

In the event of an emergency and the parent(s)/guardian(s) cannot be reached, please contact the following Emergency Contacts.

Name	Relationship	Home/Work#	Cell#
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGEMENT OF RISK AND PARENTAL CONSENT FOR PARTICIPATION

**WARNING:** Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students engage, BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.

By signing this Consent, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THESE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS CONSENT FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

I/We hereby consent for \_\_\_\_\_ to:

1. Compete in athletics at \_\_\_\_\_ School in the Cherokee County School District hereinafter (CCSD) as governed by the Georgia High School Association hereinafter (GHSA) approved sports.
2. To accompany any school team or sports club of which he/she is a member on any of its local or out of town trips.
3. I/We hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
4. If my student is found illegally enrolled out of their school attendance zone he/she could be ruled ineligible for GHSA competition for one (1) full year.
5. By execution hereof, I/We hereby release and forever discharge CCSD, its agents and employees from any and all liability resulting from the intentional or negligent acts or conduct by the District, its agents and/or employees.

This Acknowledgement of Risk and Consent to allow participation shall remain in effect until revoked in writing.

Signature(s) Parent(s)/Guardian(s)	_____	Date	_____
Signature of Student	_____	Date	_____



CHEROKEE COUNTY SCHOOL DISTRICT  
Athletic Parental Consent, Insurance, Authorization and Waiver and Release Form



**MEDICAL COVERAGE INFORMATION**

Please INITIAL one of the following statements regarding medical coverage for your student for the current school year, then sign below.

\_\_\_\_ My student is adequately and currently covered by accident insurance/medical coverage that will cover injuries sustained while participating in any school authorized activity (including, but not limited to Varsity or JV Football).

Insurance Company/Medical Coverage Provider	Name of Insured	Policy Number
--	-----------------	---------------

\_\_\_\_ I have purchased the Benefit Plan provided by CCSD. I understand this is a supplemental policy. (A copy of this Benefit Plan should be attached)

Signature(s) Parent(s)/Guardian(s)	Date
------------------------------------	------

**AUTHORIZATION AND WAIVER**

I/We certify that the medical history on this form is complete and accurate. I/We understand that this will serve as the basis for determining that my student may compete in middle/high school athletics within CCSD. I/We also understand this medical evaluation is general in nature and only performed to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on/off school grounds during any school activity or athletic event, which in the opinion of school authorities present requires immediate medical or surgical attention, I/we hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed necessary) unless I am present and request otherwise or until I later request otherwise.

I/We understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for CCSD, including tryouts, practice, conditioning, meetings, games, and/or travel. I/We also understand that reasonable efforts will be made to contact parent(s) or legal guardian(s) before any serious or involved medical treatment.

I/We understand that per GHSA, a Pre-Participation Physical Evaluation must be performed by a physician to medically screen each student who participates in the athletic program(s) of CCSD. I/We further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my student is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my student, then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify CCSD and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my student other than the general physical required by the school system for athletic participation.

I/We assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from Student's participation in inter-scholastic athletics, sports teams/clubs and events. I/We represent and warrant that I/we know of no mental or physical condition that would make it unsafe for Student to participate in inter-scholastic athletics, sports teams/clubs and events. I/We understand, acknowledge and agree that CCSD shall not be liable for any injury/illness suffered by the Student which arises out of and/or is associated with preparing for and/or participating in inter-scholastic athletics, sports teams/clubs and events.

I/We understand that certain athletic events and practices may be video recorded and that the video recording may contain (my)(your student's) image and voice. I/We understand and authorize the use of the video recordings by coaches, athletic directors, public information officials and third parties to improve individual and team performance, to promote (my)(my Student's) school or the District's athletic program, to share information about (me)(my student) or team with the public, and to promote and showcase (my)(my Student's) skills and athletic achievement with college recruiters and third parties that may assist in college recruitment. The School District currently utilizes HUDL® to analyze video, track stats, manage feedback, and create highlights in one easy-to-use online platform. HUDL® in conjunction with you/your parents/guardians and coaches shares its analytics and highlights with college recruiters around the Country. By signing below you/We agree to 1) allow the recording of my/you student's image and voice 2) allow the release of (my)(your student's) image, voice, and analytics as described above 3) allow the storage and unsecure transmission of (my)(my student's) image, voice and analytics by the School District and third parties such as HUDL® 4) allow HUDL® and its partners to utilize Personally Identifiable Information (PII) routinely collected in accordance with the HUDL® Terms of Use and Privacy Policy (<https://www.hudl.com/terms> and <https://www.hudl.com/privacy>). I/We understand that the Children's Online Privacy Protection Act (COPPA) in some instances requires Verifiable Parental Consent to allow the collection and use of PII as is contemplated by HUDL®. By signing below, I/We represent and warrant that I/We are the legal parents/guardians of the student whose name appears above and presently possesses the legal authority to consent to the uses of my/our PII as contemplated by HUDL®. I/We further release the School District and its employees, agents, and School Board from any and all liability or responsibility regarding the release of the information described in this paragraph.

I/We hereby release, discharge, indemnify, and agree to hold harmless CCSD, Members of the CCSD Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter "CCSD Releasees", from any and all liability arising out of or in connection with Student's participation in inter-scholastic athletics, sports team/clubs and events. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgements of any kind that Student or Student's parents, guardians, heirs, executors, administrators, and assigns have or may have against the CCSD Releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because



CHEROKEE COUNTY SCHOOL DISTRICT  
Athletic Parental Consent, Insurance, Authorization and Waiver and Release Form



of any loss of or damage to property that occurs to Student or his or her property including Student's participation in inter-scholastic athletics, sports teams/clubs and events due to acts of passive or active negligence by CCSD Releasees other than actions involving fraud or actual malice.

By signing below, I/we acknowledge that I/we have carefully read this voluntary Waiver and understand the potential dangers incident to engaging in inter-scholastic athletics, sports teams/clubs and events, and are fully aware of the legal consequences of this agreement.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

THIS ACKNOWLEDGEMENT OF AUTHORIZATION AND WAIVER SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While CCSD provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. CCSD discourages students from riding with other students to and from extracurricular events.

I/We, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ (student) hereby give my/our permission for my student to provide his/her own transportation to/from extracurricular events, and I/we, parent/guardian of the student listed above, hereby give my permission for my/our student to ride with another parent.

I/We hereby consent on behalf of the student named to participate in school-sponsored trips. I/We understand that transportation may or may not be provided by CCSD. In the event transportation is not provided by CCSD, transportation will be the student's and parent(s)/guardian(s) responsibility.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

RELEASE OF INFORMATION TO MEDIA AND COLLEGES

I/We hereby authorize the release of any and all information relating to the athletic participation of the above-named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I/We hereby verify that I/we have received and reviewed the CCSD Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

\_\_\_\_\_  
Signature(s) Parent(s)/Guardian(s)

\_\_\_\_\_  
Date