

**Parent Consent Form for Participation**  
**In Middle School Interscholastic Athletics**  
***TO BE COMPLETED BY THE PARENT/GUARDIAN***

**Student Athlete's Name:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

I, \_\_\_\_\_ **am the custodial parent / legal guardian of** \_\_\_\_\_.

I, \_\_\_\_\_ **am the custodial parent / legal guardian of** \_\_\_\_\_.

I, (We) as parent(s)/guardian(s) provide permission for my child to participate in **any** or **all** interscholastic sports offered by \_\_\_\_\_ Middle School. If parent permission is **only** for a specific sport(s), please mark the sport(s) that you provide permission for your child to participate. (Please Circle All Which Apply)

Volleyball	Basketball	Wrestling	Cheerleading
Cross Country	Track	Softball	
Golf	Baseball	Football	

I/We, the undersigned parent(s) or guardian(s) and student, understand that participation in interscholastic athletics poses certain risks, including but not limited to the risk of injury, sickness, permanent paralysis, or death.

**Insurance Coverage: North Carolina Department of Public Instruction and Cherokee County Schools recommend that student athletes have proper/adequate insurance coverage.**

(A) I/We as parent(s)/guardian(s) have proper/adequate medical insurance coverage on our child by the following:  
Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_.

(B) I/We as parent(s)/guardian(s), understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional and limited to the coverage specified in the brochure.

(C) I/We as parent(s)/guardian(s), understand that if my child is not covered by some form of accident insurance or if coverage of my child is dropped, that it is my responsibility to provide adequate insurance coverage for my child.

I/We as parent(s)/guardian(s), further understand that the school district disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc. arising out of or by virtue of an injury, to my (Our) child while participating in such interscholastic competition or preparation therefore and I, (We) accept ultimate responsibility for all financial liability incurred as a result of my (our) child's accident or injury.

I/We as parent(s)/guardian(s), hereby waive, release and agree to hold harmless the Cherokee County Schools and the Cherokee County Board of Education (the "Board"), its agents, employees, and members, from any and all liability, loss, damages or claims, of whatever nature, resulting from injuries to person or property, illness or death occurring to me or my child associated with or arising from participation in interscholastic athletic activity, whatsoever. Further, I/we agree to never, individually or jointly, institute any suit, action or other proceeding at law against the Board, its agents or employees that arises directly or indirectly out of interscholastic athletic participation and the activities associated with interscholastic athletic participation.

**Photo Release:** I/We as parent(s)/guardian(s) and student understand that photographs may be taken during interscholastic athletic activities and consent to any and all photographs taken for publication.

I/We further acknowledge that before my child can participate in such school-sponsored sports(s) this consent must be executed by me (us) and filed at the school, together with the results of a physical examination indicating that my child is physically fit to participate in such school sponsored activities.

**Custodial Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Custodial Parent/ Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Consent / Release form for Medical Emergency Treatment**  
**In Middle School Interscholastic Athletics**  
**TO BE COMPLETED BY THE PARENT/GUARDIAN**

Student Athlete's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

I, \_\_\_\_\_ am the custodial parent / legal guardian of \_\_\_\_\_.

I, \_\_\_\_\_ am the custodial parent / legal guardian of \_\_\_\_\_.

I/We the undersigned being the parent(s)/guardian(s) hereby authorize the supervising staff to arrange or provide medical assistance or medical treatment for my child at any time in the event of accident, illness, or injury, including and without limitation, helicopter evacuation, ambulance service, medication, medical treatment, hospitalization, and surgery, and to execute such forms, consents, and releases as may be appropriate, necessary, or desirable under the circumstances and the undersigned assumes responsibility for all medical expenses, if any. Further I/We authorize supervising staff to refuse or release medical assistance, medical treatment, or transport for my child at which time it is deemed no longer needed by medical personnel treating my child.

I/We as parent(s)/guardian(s), further understand that the school district disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc. arising out of or by virtue of an injury, to my (Our) child while participating in such interscholastic competition or preparation therefore and I, (We) accept ultimate responsibility for all financial liability incurred as a result of my (our) child's accident or injury.

I/We as parent(s)/guardian(s), hereby waive, release and agree to hold harmless the Cherokee County Schools and the Cherokee County Board of Education (the "Board"), its agents, employees, and members, from any and all liability, loss, damages or claims, of whatever nature, resulting from injuries to person or property, illness or death occurring to me or my child associated with or arising from participation in interscholastic athletic activity, whatsoever. Further, I/we agree to never, individually or jointly, institute any suit, action or other proceeding at law against the Board, its agents or employees that arises directly or indirectly out of interscholastic athletic participation and the activities associated with interscholastic athletic participation.

Parent \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Details of Medications student athlete is currently taking, dosage, and directions:

Student Athlete's Known Health Conditions or Allergies:

Athlete's Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I/We the undersigned being the parent(s)/guardian(s) declare authority to execute this release.

Custodial Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Custodial Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_