

BULLOCH ACADEMY SCHOOL
2020-2021 ATHLETIC PERMISSION FORM

Name: _____ Home Phone Number: _____

Cell Phone Number: _____

Address: _____ City: _____

Date of Birth: _____

Contact Information:

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Person to Call in Case of an Emergency / Number: _____

I am the legal guardian of the above named student. By signing this statement, I am granting permission for my child to participate in the athletic program at Bulloch Academy School from the June, 2020 through May, 2021. I understand and acknowledge the following:

1. **School Function:** I understand that while involved in sports related school programs, my child is to obey the rules and regulations of Bulloch Academy.
2. **Assumption of Risk:** Although participation in supervised inter-scholastic athletics and school activities may be one of the least hazardous in which students will engage in or out of school, by its nature, participation in athletics and school activities include a risk of injury which may range in severity from minor to severe which could result in total disability, paralysis or even death. Although such serious injuries are not common in supervised school athletic programs or the school setting, it is possible only to minimize, not eliminate the risk. Students have the responsibility to help reduce the chance of injury by obeying safety rules, reporting unsafe conditions, following a proper conditioning program and inspecting their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents and/or students who do not want to assume these risks should NOT sign this form.
3. **Bulloch Academy Athletic Physicals Policy:** All students must have a current, up to date physical on file with the front office in order to participate in athletics. The physical must be valid within the previous 12 months. No student may participate in athletics with a physical dated earlier than 12 months before the date of participation. If your child is not cleared for sport participation during physicals, your child must have a complete evaluation by your family physician with the proper paperwork signed and on file with the school for clearance.
4. **Bulloch Academy Insurance Policy:** Bulloch Academy has a student accident policy which is included in tuition. This is a supplemental policy which pays 80% of the balance not paid by your family policy a \$100 policy deductible. If your child is not covered under your policy please inform the front office. I also acknowledge as a guardian, I am responsible for all payments of medical coverage for an injury. I also agree not to hold the school or any of its employees, representatives, or other agents acting on its behalf liable for any costs related to medical treatment, care or transportation as a result of any injury my child may incur while participating in Bulloch Academy's athletic teams.
5. **Consent to Treat:** I give permission for the school official and/or chaperone involved in the activity with my child to seek medical aid and/or chiropractic care and/or attention for my child if such aid and attention are necessary in the sole discretion of the school official or chaperon involved. In case of medical emergency and when I cannot be immediately reached by telephone or otherwise, I give permission to the physician selected by the school official to hospitalize, secure proper treatment and order injections, anesthesia, or surgery for my child named above.
6. **Travel:** I understand and agree that my child shall be permitted to ride in an approved Bulloch Academy bus and/or vehicle while he/she is involved in the activity.
7. **Medical Information:** I authorize and consent to having Optim Sports Medicine Program Athletic Trainers and/or their consulting physician(s) provide any requested medical information to physicians, other health care providers, and my high school coaches or school administration which directly pertains to my participation at Bulloch Academy. I understand that I may revoke this authorization by providing written notice to the Optim Sports Medicine program. I also understand that I am waiving my right to privacy with regard to the medical records and patient identifiable information by authorizing the release of my information. This authorization shall be valid for one (1) year commencing on the effective date to be executed below. I understand that the release of my medical information is being carried out with my consent and so assume full responsibility.

(Signature of Parent / Legal Guardian)

(Date)