

Powderpuff Permission Slip

PLEASE PRINT CLEARLY

Participant's Name _____
(last) (first) (middle)

Current Address _____
(street) (apt #) (city) (zip)

The student is domiciled at the above address located in the Wheeler High School district.
(School must be notified if the student moves from the above address)

Student's Date of Birth _____ Student's Current Grade Level _____ Shirt Size _____

Emergency Contact Name & Phone Number _____

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Parental Consent For Athletic Participation

WARNING! Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in at our school, BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES 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, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR ADULT SPONSORS, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY. By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for _____ to compete in Powderpuff at Wheeler High School of the Cobb County School District of Georgia.

As a parent or guardian of the above named student, I/we release Wheeler High School and it's employees from any responsibility for any accidents that might occur to the student named on this form. I/we have an insurance plan to cover any injuries that may need medical attention.

Insurance Provider _____ Policy Number _____

_____ Student's insurance information is on file with the school already (see athletic physical form)

_____ I do not have medical insurance but would like to purchase insurance through the school
(Forms in Admin I; complete and return school insurance form with this permission slip)

Signature of Parent(s) or guardian(s) _____ Date _____

I am applying to be a participant in the Powderpuff game. I understand that Wheeler High School does not take any responsibility for any accidents that might occur during the practices and or the game. I have read the rules and understand and will abide by them.

Signature of student athlete _____ Date _____

**Return this form completely filled out, along with \$15 cash,
to room 2010 by Friday, March 29.**

Spots on each team are limited; first come, first served.

Game Day is Friday, April 12 4:30-7:30pm.