



Ash Tree Learning Center Academy

A Christian Preparatory Academy _____

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www.atlcapanthers.com

Parental Consent Form for Athletic Participation

WARNING: PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY, RANGING IN SEVERITY FROM MINOR TO CATASTROPHIC, INCLUDING: PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.

Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, the risk. Participants have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, 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.

With full understanding of the risk involved I/we release and hold harmless my child's school, the school against which it competes, and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the Ash Tree Learning Center Academy (ATLCA) because of any accident or mishap involving the athletic participation of my child. PARENTS ARE STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING, SHOULD NOT SIGN THIS PERMISSION FORM.

I give consent for _____ to:

- (1.) Compete in athletics at the Ash Tree Learning Center Academy
- (2.) Accompany any school team of which the student is a member of, on any of its local or out of town trips, using transportation designated by the school/coaches.
- (3.) Have first aid and emergency medical treatment, while under the supervision of the Ash Tree Learning Center Academy. In case of serious illness or injury, school personnel may call 911 for transport to the nearest hospital and treatment by hospital emergency staff.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE OF PARENT/GUARDIAN _____ DATE ____ / ____ / ____

SIGNATURE OF STUDENT _____ DATE ____ / ____ / ____

AUTHORIZATION FOR PRE-PARTICIPATION PHYSICAL EVALUATION

I certify that the medical history supplied is complete and accurate. I understand that this evaluation will serve as the basis for determining that my child may compete in school athletics at the Ash Tree Learning Center Academy. I also understand that this medical screening is only to determine fitness for athletics and is not to take the place of regular physical examinations. I release and hold harmless the screening physician, screening staff, and the Ash Tree Learning Center Academy as it pertains to this athletic screening.

SIGNATURE OF PARENT/GUARDIAN _____ DATE ____ / ____ / ____