

Intramural/Extramural Registration 2010-2011

Students may participate in the intramural/extramural programs at any time during the school year with parental/guardian consent. Please complete this for and sign at the bottom to give your child permission to participate at any intramural/extramural activity.

EMERGENCY INFORMATION

In order that we may provide for the safety of your child during the intramural/extramural program, please complete the following information. Please print legibly.

STUDENT NAME _____ GRADE _____ HOMEROOM _____ AGE _____

HOME PHONE OR CELL PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

FATHER'S NAME _____ WORK PHONE _____

FAMILY DOCTOR _____ PHONE _____

ALTERNATE EMERGENCY CONTACT _____ PHONE _____

In the event of an emergency or accident, and I cannot be reached, I give permission for a school representative or ambulance to transport this student to _____ Hospital, family doctor or other emergency facility and to authorize emergency medical treatment. In the event of an extreme emergency, the closest doctor or medical facility may be utilized. I will assume full responsibility for all charges related to the above and release the school, the hospital, Fulton County School System and its agents, employees, administrators, and assistants from any and all liability claims and causes of action arising in connection with the transportation or treatment of the student named hereon.

Please list any medical issues, medication needs, allergies, and special instructions pertaining to this student:

****OVER****

The school system offers group accident insurance for a nominal fee. This policy covers accidents that occur at any school sponsored activity, including intramurals/extramurals.

Please sign below indicating your preference of coverage for your child.

My child, _____, is enrolled in the group accident insurance program offered through the Fulton County Board of Education for the 2009-2010 school year.

Parent's signature _____ Date _____

-OR-

After reviewing the school group insurance program, I hereby elect not to participate in that insurance program. In making this decision, I certify that I have insurance coverage for my child (Company _____ Policy _____) and will assume the liability for any accident or injury which may occur to my child in connection with his/her intramural/extramural participation. I recognize that neither the Fulton County Board of Education nor any employees thereof can be responsible for medical expenses for any such accident or injury.

Parent's signature _____ Date _____

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CHECK THE FOLLOWING IF CORRECT

_____ **My child has permission to participate in the intramural and/or extramural program and the above information is complete and correct.**

Parent's signature _____ Date _____