

AMERICAN HERITAGE ACADEMY

2126 SIXES ROAD CANTON, GEORGIA 30114 770.926.7779 www.AHAcademy.com



AMERICAN HERITAGE ACADEMY

Athletic Participation, Liability, Travel Waiver, Emergency Permission, Insurance, and Media Release Form

Please Print:

Student/Athlete Name: _____

(Last) (First) (Middle)

Address: _____

(Street) (City) (Zip)

Home Phone: _____ Cell: _____ Cell: _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school, by its nature, participation in 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 school programs, it is possible only to minimize, not eliminate, this risk.

We understand that the student/athlete will be under the supervision and direction of a American Heritage Academy (AHA) athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor AHA can eliminate the risk of injury in sports. 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 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. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form and will not be eligible to participate in student athletics.

I (We) hereby give consent for _____ to:

1. Compete in athletics at American Heritage Academy in the sports listed below, **EXCEPT for those CROSSED OUT below:**

Baseball Basketball Cheerleading Cross Country Golf
Softball Weight Training Tennis Soccer Volleyball

2. Accompany any school team of which the student is a member on any of its local or out-of-town trips for the purpose of athletic competition:

3. And, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

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

Parent/Guardian Full Name: _____ Signature: _____ Date: _____

Student/Athlete Full Name: _____ Signature: _____ Date: _____

WAIVER OF LIABILITY

For the sole consideration of the American Heritage Academy (AHA) arranging for my student/athlete to participate in the interscholastic sports program, I hereby release and forever discharge AHA, the AHA board, its members individually, agents, and employees, coaches, trainers, and volunteers from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any personal injury, property damage, or other damages or the consequences thereof, resulting from or in any way connected with my child's participation in the AHA interscholastic sports program.

I agree that this Release, Waiver of Liability and Covenant Not to Sue is to be construed under the laws of the State of Georgia and that if any portion is held invalid or unenforceable, the remainder shall, notwithstanding, continue in full legal force and effect.

I further covenant and agree that for the consideration stated above, I will not sue AHA, AHA board, its members individually, agents, and employees, coaches, trainers, and volunteers for any claim for damages resulting from or in any way connected with my child's participation the AHA interscholastic sports program.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the American Heritage Academy and its board shall not constitute a waiver, in whole or in part, or sovereign immunity by said board, its members, office, agents, and employees, coaches, trainers, and volunteers.

By signing below, I hereby certify that I have read this entire document, that I understand its terms, that I am giving up legal rights that I might otherwise have and that I have signed it knowingly and voluntarily.

Parent/Guardian Full Name: _____ Signature: _____ Date: _____

Student/Athlete Full Name: _____ Signature: _____ Date: _____

TRAVEL LIABILITY

It is understood by the undersigned parent that their student athlete may travel by AHA bus, motor vehicle or other conveyances to various places for athletic events, recreations, professional appointments and/or other school activities. The undersigned agrees that AHA will not be held liable for any mishap or accident that may result from the use of such transportation whether that transportation is professional limousine, taxi, bus, watercraft, rail vehicle, air vehicle, or other vehicles. Furthermore, it is understood that AHA will not be held liable for any mishap or accident that may occur after or before debarkation by professional or private carriers of passengers licensed or unlicensed.

If student transportation is by an AHA owned vehicle, the AHA vehicle liability coverage is applicable to any vehicular accident. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the Georgia state required insurance minimum coverage standards.

All student athletes who travel with a team to an away athletic event must return to the school with the team. The only exception to this policy is when the coach agrees with the parent in writing that it is beneficial for the student athlete to ride home with the parent. Student athletes are not to ride home from athletic events with any other person.

Parent/Guardian Full Name: _____ Signature: _____ Date: _____

Student/Athlete Full Name: _____ Signature: _____ Date: _____

INSURANCE INFORMATION

Please initial one of the following statements regarding insurance coverage for your student athlete.

_____ My son/daughter **IS** covered by accident insurance.

Name of Insurance Company _____

Address & Phone Number of Insurance Company _____

Name of Policy Holder _____

Policy/ID # _____

_____ My son/daughter **IS NOT** covered by accident insurance.

The insurance coverage provided by AHA is for medical expenses which are the result of accidents incurred during regularly scheduled and supervised practices, games and approved activities. This coverage may act as primary or secondary coverage. See your coach/teacher immediately (regarding the coverage) should your son or daughter sustain injury as a result of involvement in a school sponsored sport or extra curricular activity or event.

STUDENT ATHLETE MEDICAL INFORMATION

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc.

Has student been prescribed an inhaler or epipen?

Is student presently taking medication?

If so, what type?

Does student wear contact lenses?

Please list date of last tetanus shot.

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and/or AHA Administration to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the student athlete named. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and coaches.

Daytime phone number where we may reach you in an emergency _____

Nighttime phone number where we may reach you in an emergency _____

Parent/Guardian Full Name: _____ **Signature:** _____ **Date:** _____

Student/Athlete Full Name: _____ **Signature:** _____ **Date:** _____

This medical information will be reproduced and in addition to the student sports physical and student medical history forms will travel with respective teams and will be used for emergency treatment if needed.

I certify all above medical information is correct.

Parent/Guardian Full Name: _____ **Signature:** _____ **Date:** _____

Student/Athlete Full Name: _____ **Signature:** _____ **Date:** _____

MEDIA RELEASE INFORMATION

Please initial one of the following statements.

_____ We have a media release on file with AHA and **DID** grant permission for my student to appear in any publication, film, broadcast, interview, web page or videotape, etc. on behalf of AMERICAN HERITAGE ACADEMY.

_____ We have a media release on file with AHA and **DID NOT** grant permission for my student to appear in any publication, film, broadcast, interview, web page or videotape, etc. on behalf of AMERICAN HERITAGE ACADEMY.

Parent/Guardian Full Name: _____ **Signature:** _____ **Date:** _____

Student/Athlete Full Name: _____ **Signature:** _____ **Date:** _____