

**CLAYTON COUNTY PUBLIC SCHOOLS AND
RIVERDALE HIGH SCHOOL
Medical Release and Waiver Form**

STATEMENT

My son/daughter,** _____, has my permission to participate in the Riverdale High School Athletic Program, which is sponsored by the Clayton County Public Schools System and is subject to the rules and regulations of the Georgia High School Association. As the parent(s)/legal guardian(s) of the above mentioned student-athlete, I hereby authorize any emergency medical treatment by a physical, athletic trainer, emergency medical technician, including hospitalization if deemed appropriate by the school officials or an appropriate healthcare provider. **I understand that MEDICAL INSURANCE COVERAGE on my child IS REQUIRED FOR PARTICIPATION (a copy of the medical insurance coverage must accompany this form).** I further assume all medical responsibilities in the event that child receives an injury. My signature at the close of this statement relieves Riverdale High School and Clayton County Public Schools of all responsibilities.

PROOF OF INSURANCE VERIFICATION

- ❖ ___ I desire my child to purchase the student insurance, which is offered through the school and I am aware that I must cover the cost for this insurance.
- ❖ ___ I have adequate medical insurance to cover my child, in case of an athletic injury or emergency. **** Proof of medical insurance is REQUIRED (a copy of the medical insurance card and/or a print out indicating medical insurance coverage). ****

- ❖ **Name of Insurance Company** _____
- ❖ **Policy Number** _____
- ❖ **Insurance Company Contact Number** _____

WARNING

- ❖ I give my permission for _____ to participate in organized high school athletics at Riverdale High School, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, the use of the most advanced protective equipment, and strict observance of rules may result in injuries. On rare occasions some injuries can result in total disability, paralysis or even death. I acknowledge that I have read and understand this form.

❖ **Parent(s)/Guardian(s)'s Signature**

Date

Mother's /Guardian's Name (Print)

Mother's Contact Numbers Cell/Home/Work

❖

Father's/Guardian's Name (Print)

Father's Contact Numbers Cell/Home/Work

❖ **REQUIRED/MANDATORY INFORMATION AND SIGNATURES**