



Houston County High School

920 Ga. Highway 96
Warner Robins, Georgia 31088
Phone (478) 988-6340
Fax (478) 988-6341

Herbert Chambers
Karma Hayes
Jay Jones
Alyson Keenom
Melanie Moore
Assistant Principals

Ryan Crawford
Athletic Director

Dr. Douglas Rizer
Principal

2018/2019 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 or out of 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 school athletic programs, it is possible only to minimize, not eliminate, the 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 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.**

I (We) hereby give consent for my child, _____, to:

1. Compete in athletics at Houston County High School of the Houston County School District in the Georgia High School Association approved sports circled below:

Baseball	Basketball	Cheerleading	Cross Country
Football	Golf	Soccer	Softball
Swimming	Tennis	Track	Wrestling
Other:	_____		

2. Accompany any school team of which he/she is a member on any of its local or out-of-town trips;

Student Signature _____ Date _____

Parents/Guardian Signature _____ Date _____

E-Mail Address _____



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2018 / 2019 INSURANCE WAIVER AND VERIFICATION FORM

Student Name: _____

All students in the Houston County School System must show proof of insurance in order to participate in any athletic activity. If the student's parents do not have coverage, Houston County can provide various coverage at modest cost. These coverages will be made available to any interested persons.

It is important that you understand that this policy is an excess policy and that your own family or company policy must pay first.

I hereby relieve the Houston County Board of Education and Houston County High School Athletic Department and its employees of any financial responsibility or liability for injuries which may occur during the practice, competition, or travel to or from athletic events and/or contests.

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

GUARANTOR _____

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

E-MAIL _____