

INTRAMURAL REGISTRATION

2018-2019

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

EMERGENCY INFORMATION

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

STUDENT NAME _____ GRADE _____ HOMEROOM _____

AGE _____

HOME PHONE _____

PARENT/LEGAL GUARDIAN _____ WORK PHONE _____

PARENT/LEGAL GUARDIAN _____ WORK PHONE _____

FAMILY DOCTOR _____ PHONE _____

WHO TO CONTACT IF YOU CANNOT BE
REACHED _____ 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 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, and the Fulton County School System, its agents, employees, administrators and assigns from any and all liability claims and causes of action arising in connection with the transportation or treatment of the student named hereon.

Please note any medical problems, medication requirements, allergies and special instructions pertaining to this student:

INTRAMURAL REGISTRATION CONT.

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

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 2018-2019 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 Number _____) 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 _____

CHECK THE APPROPRIATE SPACE(S)

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

_____ **My child has permission to ride the sweep bus (if available) after participating in intramurals.**

Parent's signature _____ Date _____