

Pepperell High School

3 Dragon Drive

Lindale, Georgia 30147

Phone: (706) 236-1844 Fax: (706) 236-1846

www.pepperellhigh.com

ATHLETIC PERMISSION FORM

I hereby give permission for my son/daughter, _____,
to participate in the interscholastic athletic program at Pepperell High School for the
school year of _____. Today's Date is _____.

I certify that I have insurance which provides adequate medical coverage for said student

with _____ and policy number _____

(Name of Insurance Company)

Students are responsible for updating insurance policies (numbers) if they change.

It is understood that neither Pepperell High School nor Floyd County Schools carries liability or medical pay insurance which covers participation in the athletic program. Also, school funds may not be used for medical treatment for personal injuries sustained while participating or traveling to athletic events. Students are responsible for all medical treatments for injuries resulting from participation in the athletic program.

I hereby agree and release Floyd County Schools and Pepperell High School, and its employees, from all medical claims and expenses related to participation in the athletic program of Pepperell High School.

(Parent Signature)

(Street Address)

(City, State, Zip)

(Telephone Number)