

Cook High School Athletic Department
9900 Hwy 37, Adel, GA 31620

Athletic Director: Paul Dobson

ATHLETIC AGREEMENT AND PARENT/GUARDIAN FORM 2023-2024

****PLEASE USE BLACK OR BLUE INK TO COMPLETE FORM!!! NO PENCIL!!**

This agreement to compete in athletics at Cook High School is entirely voluntary on my part. I am aware that playing or practicing to play/participate in any sport can be dangerous in nature MANY RISKS OF INJURY. Because of the dangers of participating in athletics, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and to agree to obey such instructions.

In consideration of the Cook County School System Athletic Department permitting me to try out for a sport in the Cook County School System and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in the sport, I hereby assume all the risks associated with participation and agree to hold the Cook County School System, its Athletic Department, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to participating in athletics at Cook High School. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, and for all members of my family.

I will adhere to the rules and regulations set forth by the Georgia High School Association, the Cook County Board of Education, the school and the Athletic Department. Furthermore, I understand that I will be held responsible for athletic equipment issued to me. I recognize that it is a privilege to compete in athletics and will strive to earn respect for the school, the community, and myself.

Your son/daughter is a candidate for an athletic team at Cook High School. Participation in all athletic activities is voluntary; therefore, we would like to have your approval before the first practice session your child participates in. In addition to your permission, it is necessary for your son/daughter to have a physical examination before participation. Realizing that participation in athletic involves the potential for injury which is inherent in all sports, I hereby give consent for my son/daughter (named below) to represent Cook High School in athletics and to accompany the athletic team on any of its local or out-of-town trips. I hereby assume all the risks of my son/daughter associated with participation and agree to hold the Cook County School System, its Athletic Department, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to Cook County Schools' Athletic programs.

The terms hereof shall serve as a release and assumption of risk for my son's/daughter's heirs, estate, executor, administrator, assignees, and for all members of his/her family. I acknowledge that I have read and understand the above presented herein and by signing below that I am giving permission for my son/daughter (named below) to participate in athletics in the Cook County School System.

All Cook High School students who participate on any athletic team, band, drill team, cheerleader, or manager/trainer for the above **MUST BE COVERED BY AT LEAST ONE OF THE FOLLOWING WAYS:** (1) Private Family Medical or Accidental Insurance (2) Football Insurance (Football Players Only) (3) Athletic Insurance (Does NOT cover Football)

*****NO STUDENT MAY PARTICIPATE WITHOUT BEING COVERED BY ONE OF THESE INSURANCE PLANS. COOK HIGH SCHOOL DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR TREATMENT OF ATHLETIC INJURIES.**

Please indicate below how your student/athlete will be covered:

____ (A) Private family medical or accidental insurance only:

Name of Insurance Company _____ Policy Number _____

____ (B) School football insurance: ____ Fall (High Option \$230.05+ Processing Fee, Low Option \$147.65 + Processing Fee)

____ (C) Athletic insurance: (Does not cover Football)

____ School Time Plan (High Option \$31.00 + Processing Fee, Low Option \$21.40 + Processing Fee)

____ 24 Hour Plan (High Option \$132.65 + Processing Fee, Low Option \$86.65 + Processing Fee)

NOTE: Please be aware that Football and Athletic Insurance (like most) does not cover 100% of expenses incurred and parent/guardian is responsible for the balance. (See Sonja Thomas to purchase Football or Athletic Insurance.)

***I am in agreement with ALL of the above and I hereby give my consent for emergency medical treatment and transportation of my minor child (named below). I understand that in the event of a serious injury or sudden illness occurring to my child every prudent effort will be made by the school and/or medical official to contact me. If I cannot be contacted this document (and/or photocopy) will serve as my parental/guardianship consent.

Student's Name (Please Print)

Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

Home Phone Number

Cell Phone Number

Work Phone Number

Other Emergency Phone Number(s)