

# Athletic Waiver

I do hereby give my permission for \_\_\_\_\_ to participate in Rockdale County School athletics and thereby knowingly and voluntarily assume the risk of injury inherent in all athletic activities. I understand that my child must have a complete physical examination signed by a licensed physician before he/she will be permitted to try out for or participate in an athletic team at a Rockdale County School.

I, \_\_\_\_\_ hereby acknowledge that I have been properly cautioned and warned by the proper administrative and coaching personnel of Rockdale County School System that by participating in athletic activities I am exposing myself to the risk of injury.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I understand that one requirement of eligibility is adequate coverage against injury while in practice or in play. My son/daughter is adequately covered with appropriate policies which I already carry or must purchase coverage under the standard Rockdale County Insurance plan.

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I, the parent/guardian of \_\_\_\_\_, authorize Salem staff or designated persons to obtain any first aid or hospital emergency medical care that may become reasonably necessary for the student while involved in athletic activities and/or travel. I hereby grant permission to obtain the services of a physician to treat my child unless I am present and request otherwise. I also agree not to hold the school or anyone acting on its behalf responsible for an injury occurring to the student in the course of activities and/or travel.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

PLEASE NOTE BELOW ANY PARTICULAR HEALTH PROBLEMS OR ALLERGIES: