

THE LOVETT SCHOOL

Athletic Participation Form

4075 Paces Ferry Road NW

Atlanta, GA 30327

(404) 262-3032 / FAX (404) 479-8451

FOR ATHLETIC PARTICIPATION IN GRADES 7 – 12 ONLY

Student's Last Name _____ First Name _____

Name Called _____ Grade _____
(As of August '05)

I/We hereby give permission for my/our child to participate in an interscholastic sport in The Lovett School program, fully realizing that such activity involves the potential for injury which is inherent in any type of sport. I/We hereby acknowledge that said injury, on rare occasions, can be so severe as to result in total disability, paralysis, or even death.

I/We also realize that participants have the responsibility to help reduce the chance of injury by obeying all safety rules, reporting all physical problems or injuries to his/her coach, following a proper conditioning program, and personally inspecting their equipment daily.

I/We also understand that my/our child must have the following forms on file prior to the first practice of the first sport in order to participate: (1) Policies and Expectations for The Lovett Athletic 2005-06 (2) a completed and signed physician's physical examination form (Student Health Form) sent by Lovett. *Per Georgia High School Association, physicals done before April 1st are only valid until one year from the date of the exam. Physicals done on or after April 1st are valid for the entire following school year.* Physical exam forms are due to the school on or before **July 15th** or prior to the first football practice if the student is a high school football participant.

I/We further agree that all loss arising from said injuries will be my/our financial responsibility and agree to release and hold harmless The Lovett School from any and all liability with respect to any such injuries.

I/We further consent to any emergency medical treatment deemed necessary by representatives of The Lovett School which includes the athletic trainers in conjunction with emergency room personnel and/or our team physician.

I/We also understand that by signing this form, permission is given for my/child to be transported to and from away games and practices in Lovett School vehicles and/or chartered transportation as deemed necessary by the Lovett athletic department.

I/We also understand that personal health/medical insurance is a requirement for our child to participate in interscholastic athletics at Lovett.

I/We understand that competing for money, signing a professional playing contract in any sport, or hiring an agent to manage my/our child's athletic career will result in forfeiture of his/her high school eligibility. (Mandated by GHSA/State Code 20-2-317 & 318.) Contact Lovett's athletic office for further information.

Student Accident Insurance, which can cover athletic participation, is available at nominal rates through T.W. Lord & Associates (770) 427-2461.

Parent(s) Name (Please Print) _____ Date _____

Parent(s) Signature _____ Date _____

Student's Signature _____ Date _____

*This form must be returned to **THE LOVETT ATHLETIC OFFICE** prior to any participation in interscholastic athletics.*

Return by July 15th