



Peachtree Academy Panthers

### Athletic Participation Release Form and Policies

Please be advised that my child \_\_\_\_\_, has permission  
Please Print Full Name

to participate in the athletics programs sponsored by Peachtree Academy Private School during the 2016-2017 school year. Knowing that practices and home and away games are a part of

interscholastic sports, I \_\_\_\_\_, give full permission for  
Please Print Full Name of Parent/Guardian

my child to ride to and from tryouts/practices/games on PA provided transportation. I also authorize PA personnel to exercise necessary authority in my stead to protect, seek, and approve of any needed medical attention or discipline, and hereby release the school, its offices, and any employee(s) thereof from any liability for accident or injury, on or off-campus, for which the school has taken reasonable precaution and care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Peachtree Academy seeks to provide all students who want to participate in athletic-type events, the safest conditions of participation. Every child seeking to participate in these events will therefore be required to submit a physical examination by a licensed medical doctor. Such an exam will be at the expense of the student/parent/guardian. The exam is good for one school year.

Any student athlete who has sustained an injury or a health problem requiring a physician's care, must receive a medical release from a licensed doctor before returning to athletic participation.

Any athlete participating must also maintain academic requirements as set forth by PA.

I have read, understand and agree to the above policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

