

Gwinnett County Consent and Insurance Form

Parental Consent for Marching Band Participation

WARNING: Although participation in supervised interscholastic activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC.** Although serious injuries are not common in the supervised band programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **STUDENTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THE FIRST AID REPRESENTATIVE.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (we) hereby give consent for _____ to:

- (1) Participate in marching band at Duluth High School of the Gwinnett County School District.
- (2) To accompany the band of which the student is a member on any of its local or out-of-town trips;

The student is domiciled at _____ located in the Duluth High School District. (address)

Have you attended this Gwinnett County School for at least 1 full school year? Yes ____ No ____

You live with (name of parent/parents/guardian) _____

Date of birth _____ Telephone _____

Date entered 9th grade _____ Your grade level this year _____

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE OF PARENT(S) OR GUARDIAN(S) _____

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the 2007-08 school year, then sign below.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic activities.

Company providing insurance: _____

Name of insured: _____

Policy#: _____

_____ I wish to purchase the Benefit Plan provided by the Gwinnett County School System. (A copy of this Benefit Plan will be available at orientation and should be signed and attached to this form.)

SIGNATURE OF PARENT(S) OR GUARDIAN(S) _____

Date: _____