

Pepperell High School

3 Dragon Drive
Lindale, Georgia 30147
Phone: (706) 236-1844 Fax: (706) 236-1846
www.pepperellhigh.com

ATHLETIC PERMISSION FORM

I hereby give permission for my son/daughter, _____,
to participate in the interscholastic athletic program at Pepperell High School for the
school year of _____. Today's Date is _____.

I certify that I have insurance which provides adequate medical coverage for said student
with _____ and policy number _____
(Name of Insurance Company)

Students are responsible for updating insurance policies (numbers) if they change.

It is understood that neither Pepperell High School nor Floyd County Schools carries
liability or medical pay insurance which covers participation in the athletic program. Also,
school funds may not be used for medical treatment for personal injuries sustained while
participating or traveling to athletic events. Students are responsible for all medical
treatments for injuries resulting from participation in the athletic program.

I hereby agree and release Floyd County Schools and Pepperell High School, and its
employees, from all medical claims and expenses related to participation in the athletic
program of Pepperell High School.

(Parent Signature)

(Street Address)

(City, State, Zip)

(Telephone Number)