

“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL SPONSORED FIELD TRIPS

Sport: _____ School Year: _____ School: _____

I hereby request that _____ (Student's Name-PLEASE PRINT): be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Forsyth County School District (District). In the event transportation is not provided by the District, transportation will be the parent's responsibility.

All team members will ride to an event in school provided transportation with the team. Any athlete who arranges independent transportation to an event, without permission from the coach and the Athletic Director in advance, will be ineligible to compete in that event. All team members will return to their High School in the Forsyth County provided transportation unless a Travel Release form is completed by a parent/guardian (see the head coach). Athletes will only be released to their own parent/guardian from a contest. A parent/guardian must sign out the athlete from the coach at the contest site. If a student and his/her parent makes arrangements for private transportation, they shall not hold the local school, officers, employees or agents responsible for any injury or loss.

Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, will be given to the parents/guardians prior to each trip in the series. (Exceptions must be approved by the School Director of Athletics and Principal).

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

In consideration of FCSS allowing the student-athlete to participate in athletics, we agree to release and hold FCSS, its athletics coaches and other employees free, harmless, and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student (PLEASE PRINT)

Signature of Student (if 18)

Date

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

TRANSPORTATION WAIVER

THIS SECTION MUST BE COMPLETED BY THE PARENT

NAME OF STUDENT LISTED ABOVE

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TRAVEL RELEASE FORM – I give my son/daughter permission to ride with an adult chaperone to/from an activity of Forsyth Central High School during the school year. I further understand that I am releasing the school & its staff from my responsibility for any accident that might occur. I also give permission for medical treatment should it be needed.

PARENT / GUARDIAN SIGNATURE

DATE