

Myrtle Beach Waiver

ATHLETE NAME _____

Transportation Waiver

_____ has my permission to ride to, from and around Myrtle Beach with Coach Carter or a designated parent driver/chaperone. At no time will a non-adult be allowed to drive. Parents agree not to hold Coach Carter, designated parent chaperones, Brookwood High School or the Gwinnett Board of Education liable for accident or injury incurred in the transportation of your child.

Parent signature _____ Date _____

Medical Release Form

Coach Carter or a parent chaperone has my permission to seek medical attention for _____ (athlete name) if necessary. Coaches or chaperones will make every attempt to reach parents if medical attention is necessary, but reserve the right to seek medical attention for the athlete if these attempts fail. Parents agree not to hold Coach Carter, the parent chaperones, Brookwood High School or the Gwinnett Board of Education liable.

Parent Signature _____ Date _____

Home phone _____ Emergency phone _____

Name of insurance company _____

Policy number _____

Insurance phone number (if necessary) _____