

**Taylor County School System
Butler, Georgia**

REGISTRATION FORM:

Student Name: _____ Birth Date: _____ Age: _____

Parent/Guardian Name: _____ Telephone # _____

Address: _____

School: TAYLOR COUNTY HIGH SCHOOL

Grade: (*circle one*) 9 10 11 12



**Taylor County School System
Athletic Permission Form**

I hereby give permission for my child, _____, to participate in **BASEBALL** at **Taylor County High School** for the **2003-04** season.

(PLAYER'S NAME)

I will assume the responsibility for any medical treatment that my child might need if any injury occurs while practicing or participating in a **BASEBALL** game, or on trips.

Furthermore, I herewith release the **Taylor County School System**, its servants and agents, and **Taylor County High School** from all responsibility or negligence for any injury resulting from such activities.

My family has medical coverage with _____.
(NAME OF COMPANY)

Policy Number: _____

Parent?Guardian Signature _____

Date _____

Address _____

Telephone Number _____