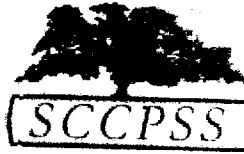


SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOL SYSTEM
ATHLETICS PROGRAM
FOOTBALL HELMET WARNING FORM



This form is required by all students in the football program and must be provided to the coach prior to any practice.

Football is a contact sport and injuries will occur.

The coaches working in our program will teach the proper techniques on and off the field in order to provide maximum safety.

Each player has read and been instructed as follows:

1. The helmet cannot prevent all head or neck injuries.
2. The helmet is protective equipment only.
3. The dangers of butt blocking, ramming, or spearing are serious, and players are not to use these illegal techniques at any time.
4. The techniques are illegal because of the serious injuries that can be sustained. Players are not to use the helmet in making initial contact.
5. Each player is to check his helmet constantly and report any deficiencies to the coaches immediately.
6. Each player will be fitted with proper equipment.

Date

Signature (Head Football Coach)

I, a football player, have read and understand the above information. I realize that in playing football I could sustain injuries. I will not use any of the above illegal techniques.

Date

Signature (Player)

I, the parent or guardian of _____ (Player's Name), have read and understand the above information and realize that football is a contact sport and injuries can occur while participating. I understand the coaches will not teach illegal techniques that could cause serious injuries.

I hereby appoint The Board of Education as my Agent for the purposes of obtaining medical treatment in the event of injury. I agree to be responsible for all medical expenses incurred in connection therewith. In the event The Board of Education incurs expenses for medical treatment, then and in that event, I agree to reimburse said Board of Education in full.

_____ (Player's Name) has permission to participate in football.

Date

Signature (Parent or Guardian)