



ATLANTA AREA SCHOOL FOR THE DEAF

Athletic Department  
Athletic Registration and Liability Waiver  
2023-2024

**Student Information:**

Student-Athlete's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please be advised that my child (Named Above) has permission to participate in the athletic program at Atlanta Area School for the Deaf during the year of 2023-2024. Knowing that practices, home, and away games are a part of interscholastic sports, I \_\_\_\_\_, give full permission

(Please Print Full Name of Parent/Guardian)

for my child to ride to and from practices/games on AASD-provided transportation. I also authorize AASD personnel to exercise necessary authority in my stead to protect, seek and approve of any needed medical attention or discipline, and hereby release the school, its officer, and any employee(s) thereof from any liability for accident or injury, on-or-off campus, for which the school has taken reasonable precaution and care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_