



Superintendent
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GPS Governing Board

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Dear Parents/Guardian:

This Risk Management video must be viewed by all student athletes and parents/guardians once each year. This form must be completed the first season for the sport(s) that the student is interested in. The video explains that your student could be injured while playing this sport.

The Risk Management video is available for viewing by contacting your student's athletic office to schedule a time to view the video.

After you and your student/athlete have completed viewing this video (6 minutes) print and complete this form and return to the Head Coach.

Student / Athlete Name: _____

School: _____

Coach: _____

Sport(s): _____

Parent / Guardian Name: _____

Home Phone: _____ Cell Phone: _____

By signing below, I understand and am aware that my student could possibly be injured during participation of this sport.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Coach Signature: _____ Date: _____