

**Polk County Schools
Middle School Sports Participation Form**

STUDENT NAME: _____

SOCIAL SECURITY NO.: _____ GRADE _____ AGE _____ SEX _____

STUDENT I.D. NO.: _____ BIRTHDATE _____

RESIDENCE: _____, _____ since _____ / _____ / _____
Street Address City M D Y

INSURANCE: (Check appropriate categories)

- | | | |
|---|--------------------------|------------------------|
| _____ 1. Individual or Group Health/Accident Insurance _____ | _____ Company Name _____ | _____ Policy No. _____ |
| <input checked="" type="checkbox"/> 2. School Time or School Sponsored Activities (purchased by PCSB) | | |
| _____ 3. 24 Hour Coverage | | |

Options (2) and (3) do not pay 100% of the medical expenses and are secondary coverage if (1) is checked.

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. PAYMENT OF ALL CHARGES INCURRED FOR MEDICAL TREATMENT IS GUARANTEED BY ME OR THE INSURANCE COMPANY PROVIDING COVERAGE FOR ABOVE NAMED STUDENT.

1) Allergies and/or special medical problems (list medications carried by student) _____

2) Date of last Tetanus shot _____ 3) Family Physician _____ Phone _____

STUDENT PARTICIPATION PERMISSION

PARTICIPATION IN COMPETITIVE ATHLETICS MAY RESULT IN SEVERE INJURY, INCLUDING PARALYSIS, OR DEATH. IMPROVEMENT IN EQUIPMENT, MEDICAL TREATMENT AND PHYSICAL CONDITIONING, AS WELL AS RULE CHANGES, HAVE REDUCED THESE RISKS, BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS.

I hereby give my consent for the above named student to represent his/her school in middle school sports, including team travel for out-of-town trips.

NOTIFICATION OF RISK AND PARTICIPATION REQUIREMENTS FOR MIDDLE SCHOOL SPORTS

NOTE: The athlete and a parent or guardian must sign this document before any athlete may participate in any middle school sports or games. This document is required yearly.

I am aware that before any student can participate in middle school sports practices or competition the Polk County Schools Middle School Sports Participation Form must be completed. I understand fully the contents of the form which includes the following: (a) Residence Verification, (b) Insurance Requirements, (c) Permission for Athlete to Participate, (d) Permission to Use Medical Records and also receive medical attention.

In addition, I am aware that participating in any sport can be dangerous and risks include, but are not limited to, death, paralysis, neck and spinal damage, brain damage, and injury to any body part or systems. Also as a result of an injury it may cause serious impairment of future abilities to earn a living, engage in social and recreational activities, and generally enjoy life.

I recognize that to assist in providing a safe athletic program the importance of following the coaches' instructions, training regulations, team and school rules, etc., and agree to obey such instruction and regulations.

In consideration of the School Board of Polk County, Florida, permitting this athlete to take part in middle school sports, I assume all the risks associated with participation in that sport and agree to hold the School Board of Polk County, Florida, its employees, coaches, agents, volunteers harmless from any and all liability, actions, debts, claims, demands of any kind and nature whatsoever which may arise as a result of my participating in middle school sports sponsored by the School Board of Polk County. The terms hereof shall serve as a release and assumption of risk for my heirs, estates, executor, administrator, assignees, and all members of my family.

Student's Signature _____ Date _____

Legal Signature of Parent /Guardian _____ Home/Work Telephone _____ Date _____ Relationship to Student _____

Legal Signature of Parent /Guardian _____ Home/Work Telephone _____ Date _____ Relationship to Student _____