



Athletic Participation Form

REVISED 2/18

STUDENT INFORMATION																		
Student's Name:	Sex:	Date of Birth: / /																
School:	Grade in School:	Age:																
Sport(s):																		
Home Address:		Home Phone: ()																
Parent/Guardian:																		
Person to Contact in Case of Emergency:																		
Relationship to Student:																		
Home Phone: ()		Work Phone: ()	Cell Phone: ()															
Personal Family Physician:																		
City/State:		Office Phone: ()																
HEALTH INFORMATION																		
Insurance Company Name:																		
Policy Number:																		
STUDENT'S STATEMENT OF VOLUNTARY PARTICIPATION																		
<p>Participation in competitive athletics may result in severe injury, including paralysis or death. Improvements 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.</p> <p>"I hereby state that this application to compete in interscholastic athletics for the Baker County Schools is entirely voluntary on my part and is made with the understanding that such activities involve the potential for catastrophic injury or even death, which is inherent in all sports."</p>																		
Signature of Student:		Date:																
PARENT / GUARDIAN STATEMENT OF PERMISSION																		
<p>As the parent/guardian, I hereby give my consent for the above named student to participate and compete in ALL athletic activities, including team travel for out-of-town trips, for the activities CIRCLED BELOW:</p>																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Band</td> <td style="width: 20%;">Cheerleading</td> <td style="width: 20%;">Softball</td> <td style="width: 20%;">Tennis</td> <td style="width: 20%;">Weightlifting</td> </tr> <tr> <td>Baseball</td> <td>Cross Country</td> <td>Soccer</td> <td>Track/Field</td> <td>Wrestling</td> </tr> <tr> <td>Basketball</td> <td>Football - Fall & Spring</td> <td>Swim</td> <td>Volleyball</td> <td>OTHER _____</td> </tr> </table>				Band	Cheerleading	Softball	Tennis	Weightlifting	Baseball	Cross Country	Soccer	Track/Field	Wrestling	Basketball	Football - Fall & Spring	Swim	Volleyball	OTHER _____
Band	Cheerleading	Softball	Tennis	Weightlifting														
Baseball	Cross Country	Soccer	Track/Field	Wrestling														
Basketball	Football - Fall & Spring	Swim	Volleyball	OTHER _____														
<ul style="list-style-type: none"> • The above named student has resided with me continuously for one (1) calendar year. <p>I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future change of the information.</p>																		

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EMERGENCY MEDICAL TREATMET

"In my absence or in the absence of any authorized parent or guardian of this student, I hereby authorize the School Board of Baker County, Florida, its agent, servant or employee to administer first-aid and to obtain and to consent to on behalf of the student and student's parents or guardians, and emergency first-aid or medical care by any physician, hospital or attendant which is deemed necessary by said physician, hospital or attendant as a result of involvement in the activity or travel. Execution of this document shall operate as an authorization for any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. I agree to abide and be bound by such decisions and consents as if made by me. Payment of all charges incurred for medial treatment is guaranteed by me or the insurance company providing coverage for the above named student."

"I do hereby certify that I understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge."

Signature of Parent/Guardian

Date

STATE OF FLORIDA, COUNTY OF BAKER

The foregoing instrument as acknowledged to and before me this _____ day of _____, 20_____,
by _____ who is personally known to me or who has produced
_____ as identification.

Type of ID

Notary Public
My Commission Expires