

Section I**APPLICATION FOR ACTIVITY PARTICIPATION****25/26**

A. Name _____ Grade _____ DOB _____ School _____
 Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____,
 who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been
 residing with me since (date) _____ at the following address: _____
 _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district
 to _____ school.

Date _____ Signature of Parent or Legal Guardian _____

B. **PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS**

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

Part I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. **MEDICAL RELEASE**

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. **INSURANCE**

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature _____ of _____ Parent _____ or _____ Legal _____ Guardian _____

The following options shall be the only acceptable ones: (Please check your selected option.)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
 Company _____ Policy Number _____
2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.

ATHLETICS ONLY

Section II

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE
ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS
(Middle School and High School Athletics Only)

25/26

SPORT	(Check applicable sport)				
	M.S. H.S.		M.S. H.S.		M.S. H.S.
	<input type="checkbox"/> Football		<input type="checkbox"/> Basketball		<input type="checkbox"/> Track
	<input type="checkbox"/> Volleyball		<input type="checkbox"/> Wrestling		<input type="checkbox"/> Baseball
	<input type="checkbox"/> Cross Country		<input type="checkbox"/> Golf		<input type="checkbox"/> Softball
	<input type="checkbox"/> Soccer		<input type="checkbox"/> Swimming		<input type="checkbox"/> Tennis
	<input type="checkbox"/> Cheerleading		<input type="checkbox"/> Weightlifting		<input type="checkbox"/> Other(Specify)
	<input type="checkbox"/> Flag Football		<input type="checkbox"/> Dance		

(Both the applicant student and a parent or guardian must read carefully and sign.)

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Leon County School Board permitting me to try out for the _____ School (indicate sport) _____ activity and to engage in all activities related to the sport including, but not limited to trying out, practicing or play/practicing in that sport, I hereby assume all the risks associated with participating and agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ School (indicate sport) _____ activity. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined above.

In consideration of the Leon County School Board permitting my child/ward to participate at _____ School (indicate sport) _____ activity and to engage in all activities related to the team, including, but not limited to trying out, practicing, or playing/participating in (indicate sport) _____, I hereby agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, action, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any activities related to the _____ School (indicate sport) _____ activity.

The following to be completed only if sport is football, wrestling, soccer, baseball, or softball. I specifically acknowledge that _____ (indicate sport) is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. _____ (initial)

_____ Date	_____ Signature of Student
_____ Date	_____ Signature of Parent or Legal Guardian

Section III

EXAMINING PHYSICIAN'S CERTIFICATE
(Athletics Only)

The student shall undergo a physical evaluation by a licensed physician one time per year. The physical is valid for one calendar year (365 days), from their previous evaluation. The physician shall certify that the student is physically fit for participation in interscholastic practice and competition. The physical evaluation form signed by the physician should be attached to this form or placed on file with this form in the principal's office of each respective school. The FHSAA Physical Form EL2 is acceptable (www.FHSAA.org)

LEON COUNTY SCHOOLS
Affirmative Action/Equal Opportunity Employer
Equity Officer
Wallace Knight (850) 487-7306