Approved: FA 7/96

Leon County School Board

LCS-9384-0001 Expiration Date: As Needed

16/17

Section I

APPLICATION FOR ACTIVITY PARTICIPATION

A.	Name _ Address	S	(Home Phone	Grade	_ SchoolParent's Work Phone				
	who is a residing	a student and wh	nose name is as it late) state that we are i	appears on his	oply to my child. I certify that				
	Date		Signature of Pare	nt or Legal Guar	rdian				
B.	PERMIS	PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS							
	outside school I	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.							
	form on use of t such tri	file and avoid to buses, private pa	ne necessity of as assenger cars and	sking for such p those approve	articipate in any such trip during the entire school year so that we may keep this remission on each occasion. The Leon County School Board has authorized the d vans that meet all of the Federal Safety Standards to transport students to any the type of transportation to be used. School officials will provide trip itinerary for				
	Part I: 0	Part I: CONSENT							
					for the participant to use the Leon County School Board – approved means of School for the supervised field and/or activity trips.				
	Date		Signature of Pare	nt or Legal Guar	rdian				
	PART II	PART II: NON-CONSENT							
	of trans	portation as a rep	presentative of		ent for the participation to use the Leon County School Board – approved means School for the supervised field and/or activity trips.				
	Date		Signature of Pare	nt or Legal Guar	rdian				
C.	MEDIC	AL RELEASE							
	The und County necessa contact or the in	School Board ary for the stude me at the phone	to obtain, through the in the course e number(s) listed by providing covera	th a physician of such athletic below. Paymer age for above na	of do hereby authorize the agent or officials of the Leon of its choice, any emergency medical care that may become reasonably activities or such travel. No action shall be taken until an attempt is made to not of all charges incurred for medical treatment is guaranteed by parent/guardian armed student.				
	IN WITH	NESS of our cons	sent and agreemer	nt to the matters	stated above, we have subscribed our signature below.				
	Date		Signature of Pare	nt or Legal Guar	rdian				
		I: NON-CONSEN		, I do not (desire to sign the medical and surgical release form above.				
	Date		Signature of Pare	nt or Legal Guar	rdian				
D.	As pare participa	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	owing options sh	Signature of Pare	nt or Legal Guar	rdian				
		Date Signature of Parent or Legal Guardian The following options shall be the only acceptable ones: (Please check your selected option.)							
	1. =	your son or dat	ughter will be parti	cipating in the ci	personal medical or active/retired military insurance shall cover the activity(s) that urrent school year, and the insurance covers a minimum of \$25,000. Policy Number				

2. = <u>Student Activities Insurance Made Available through the School Board of Leon County.</u> 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

SPORT

(Check applicable sport)

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

1	6	/1	7
	D.	/ I	1

М	1.S. H.S.	•	M.S. H.S.	M.S. H.S		
_	l Football		l Basketball		Track	
_	I Volleyball I Cross Count	·n/	I Wrestling I Golf		_ Baseball Softball	
_	I Soccer	пу	I Goli I Swimming	'	Tennis	
_	l Cheerleading	q	I Weightlifting		Other(Specify)	
	l Flag Footbal		I Dance	'	- Strier(Opcony)	
(Be		udent and a parent or guardia		ıd sign.)		
			STUDENT			
dangers and which may re- ligaments, mu health and we	risks of playing or prosesult in complete or pauscles, tendons, and cell-being. I understard, but in a serious im	o play/participate in any sport of acticing to play/participate in the artial paralysis, brain damage, other aspects of the muscular and that the dangers and risks pairment of my future abilities	he above sport include, bu serious injury to virtually a skeletal system, and seriou of playing or practicing to	ut are not limited to, of all internal organs, ser us injury or impairmen o play/participate in th	leath, serious neck and spinious injury to virtually all boot to other aspects of my boot above sport may result r	nal injuries nes, joints, dy, general not only in
		pating in the above sport, I reco and agree to obey such instru		ollowing coaches' inst	ructions regarding playing to	echniques,
and to engage the risks ass volunteers ha by or in conne	e in all activities related to contain the contained with participum any and ection with my particities.	ty School Board permitting me ted to the sport including, but ating and agree to hold the all liability, actions, causes of ipation in any activities related ise and assumption of risk for r	not limited to trying out, pr Leon County School Boa action, debts, claims, or de to the	acticing or play/practi rd, its employees, a emands of any kind ar School (indicate spo	cing in that sport, I hereby a gents, representatives, coa nd nature whatsoever which rt)a	iches, and may arise ctivity. The
I,and release a outlined above	and understand its to	, am the parent/legal gua erms. I understand that all sp	ardian of orts can involve many RI	(st SKS OF INJURY, inc	udent). I have read the aboveluding, but not limited to, t	re warning hose risks
In considerati		ty School Board permitting my and to engage in all activi				
representative nature whatse	ipating in (indicate es, coaches, and vol	sport), , I unteers harmless from any ar se by or in connection with th	hereby agree to hold to held t	he Leon County So	hool Board, its employee laims, or demands of every	s, agents, y kind and
	specif	ollowing to be completed only it fically acknowledge that ing even greater risk of injury t	(indicate sport) is	a VIOLENT CONTAC		
_	Date		Signature of Student			
_	Date	Sig	gnature of Parent or Legal (Guardian		
Saction III		EVAMINING DU	VOICIANIO CEDTIFICATE			

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)