

PINELLAS COUNTY SCHOOLS
HIGH SCHOOL ACTIVITIES PARTICIPATION FORM
HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH THE DISTRICT AND SHOW PROOF OF IMMUNIZATION

***** NOTICE *****

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even 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.

Student Information:

_____ / _____ / _____
NAME AS IT APPEARS ON BIRTH CERTIFICATE GENDER GRADE DATE OF BIRTH

Parent(s) or Guardian(s) Must Complete This Section

Residence of Parents or Legal Guardian _____ , _____ **since** _____ / _____ / _____
Street Address City Month Day Year

Residence (if Different from Parent(s) or Legal Guardian _____ , _____
Street Address City

Lived at this address since:
Name(s) and Relationship of Person(s) you live with if other than parent(s) or legal guardian _____ / _____ / _____
Name Month Day Year

Insurance Students participating in extracurricular activities, as defined by Pinellas County School Board Policy 4.10, must purchase the Mandatory School Accident Coverage for activities available by the School District. Football insurance is in force for football and all other activities. Mandatory School Accident Insurance provides coverage for all school related activities. Insurance may be purchased on-line.
Football Insurance _____ **Mandatory School Accident Insurance** _____
Date Purchased Date Purchased

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 listed on this form in the course of school sponsored athletics, activities and travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing primary coverage for the above named student.

Student Participation Permission

***** PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY, EVEN DEATH *****

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. This permission includes team travel for local or out-of-town trips. Circle the sport(s) the student intends to play:

- | | | | | | | | |
|------------|---------------|---------------|--------|-----------------|--------|------------|-----------|
| Baseball | Cross Country | Football | Soccer | Swimming/Diving | Track | Volleyball | Wrestling |
| Basketball | Cheerleading | Flag Football | Golf | Softball | Tennis | | |

School attended last year: _____

Student's Signature

Signature of Parent/Guardian

Signature of Parent/Guardian

Home/Work Phone

Home/Work Phone

Date

Date

Relationship to the Student

Relationship to the Student

If only one Parent/Guardian signature above, explain reason: _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____
 I (SWEAR) (AFFIRM) that the above information is true and correct to the best of my knowledge.

X _____
(Signature of parent making affidavit)
 Sworn to and subscribed before me this _____ day of _____ A.D., _____

(Signature of Notary Public, State of Florida)

(Print, type, or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification *
 * Type of identification produced: _____
 My commission expires: _____
 Notary Public Commission Number: _____

The FHSAA web site, www.fhsaa.org, and your school's Athletic Director can best explain student eligibility requirements. If you have any questions about eligibility, please make an appointment with your schools' Athletic Director **before completing this form or trying out**. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

List schools attended by above named student during:
 9th grade: _____
 10th grade: _____
 11th grade: _____
 12th grade: _____

If you have any questions regarding eligibility, meet with your school's Athletic Director **BEFORE** trying out.