



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Office for Teaching and Learning
Matthew Wicks, Program Coordinator
Physical Education and Athletics
813/ 794-2755 727/ 774-2755
352/ 524-2755 Fax: 813/ 794-2112
e-mail: mwicks@pasco.k12.fl.us

ATHLETIC PARTICIPATION FORM

PLEASE CLEARLY PRINT OR TYPE:

GRADE LEVEL/SCHOOL YEAR: _____ STUDENT I. D. #: _____

Name of Student (As it appears on the student's birth certificate):

LAST FIRST MIDDLE

ADDRESS: _____

STREET or P.O. BOX

CITY/STATE/ZIP

HOME PHONE (WITH AREA CODE): _____ D.O. B: _____

EMERGENCY CONTACT: _____ PHONE: _____

NAME OF LAST SCHOOL ATTENDED/YEAR: _____

FATHER/GUARDIAN: _____

STREET/P.O. BOX CITY/STATE/ZIP

EMPLOYER'S NAME EMPLOYER'S PHONE

MEDICAL INSURANCE COMPANY

MOTHER/GUARDIAN: _____

STREET/P.O. BOX CITY/STATE/ZIP

EMPLOYER'S NAME EMPLOYER'S PHONE

MEDICAL INSURANCE COMPANY

Is the company or plan listed above considered a Health Maintenance Organization (HMO)?

YES: _____ NO: _____

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.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above named adult student, do hereby consent to the release of confidential educational records/data including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider C2C Schools, Inc. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or C2C to colleges/universities or their representatives for recruiting purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of the records/date provided under this consent is authorized.

INSURANCE: The District School Board of Pasco County provides only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical services. You may encounter certain out-of-pocket expenses when your son or daughter is treated for accidental injuries.

BIRTH CERTIFICATE: Each athlete MUST present to the athletic director or coach a certified copy of a valid birth certificate. The copy will be returned.

IN THE EVENT OF AN INJURY AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER COACH PERMISSION TO HAVE YOUR CHILD TREATED MEDICALLY? YES: _____ NO: _____

PARENT SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____.

Signature of Notary Public-State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____
Type of Identification Produced