

MONROE COUNTY SCHOOLS HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

Student Name _____ Grade _____ DOB _____

School _____ SS# _____

Residence _____ City _____ Zip _____

Insurance Company _____ Policy # _____

Important Medical Information (Please check any that apply) Heart Disease ___ Diabetes ___ Epilepsy ___

High Blood Pressure ___ Sickle Cell ___ Allergies _____

Medications _____

Other Medical Information _____

Parent/Guardian Contact Information

Father _____ (H) _____ (W) _____

Mother _____ (H) _____ (W) _____

Other _____ (H) _____ (W) _____

Student's Statement of Voluntary Participation:

I hereby state that this application to compete in interscholastic athletics for the above school 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. I further state that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association and agree to abide by FHSAA rules and Monroe County School Board and School guidelines and procedures.

I choose to participate in the following sports:

Baseball ___ Basketball ___ Cross Country ___ Football ___ Soccer ___ Softball ___ Swimming ___ Tennis ___

Lacrosse ___ Volleyball ___ Cheerleading ___ Dance ___ Golf ___ Weightlifting ___

Student Signature _____ **Date** _____

Parent/Guardian Statement of Permission:

"I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, those checked on this form after being examined by a physician, provided that such athletic activities are approved by the FHSAA: (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain through a physician of its own choice any medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel, understanding that such activities involve the potential for catastrophic injury, or even death which is inherent in all sports. I agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named students in the course of such athletic activities or such travel. I also agree to pay any transportation or medical expense not covered by insurance."

Parent Signature _____ **Date** _____