



Athletic Activity Participation

Part I: Student Information

Student Name: _____ Grade: _____ Age: _____
Home address: _____ Home Phone: _____
Name of Parent or Guardian: _____ Phone/Cell: _____
Emergency Contact Person: _____ Phone/Cell: _____

Part II: Student Acknowledgement and Release

I have been informed and know of the risks involved in athletic participation, understand that serious injury, even death, is possible in such participation, and choose to accept those risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in middle school athletics, with full understanding of the risks involved. I release and hold harmless the School Board of Osceola County, Charter Schools USA, PM Wells Charter Academy, the schools against which it competes, the coaches, and the contest officials of all and all responsibility and liability for any activities and agree to take no legal action against any of the above referenced entities because of accident or mishap involving my athletic participation. The release applies to all middle school activities for 2010-2011. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Student name (Printed)

Student Signature

Date

Part III: Parental/Guardian Consent, Acknowledgement and Release from Liability Certificate

TO BE SIGNED BY ALL PARENTS/GUARDIANS; where divorced or separated, parent/guardian with legal custody must sign.

A. I/We hereby give consent for my/our child/ward to participate in Middle School Athletic Activities.

B. I/We accept any and all responsibility for his/her safety and welfare while in transit to the athletic event, with full understanding of the risks involved. I/We release and hold harmless the School Board of Osceola County, Charter Schools USA, PM Wells Charter Academy, the schools with which it competes. The coaches and the contest officials of any and all responsibility and liability for any injury or claim resulting from any accident that may occur in transit to or from the athletic event.



C. I/We know of, and acknowledge that my child/ward know of, the risks involved in middle school athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any all responsibility for his/her safety and welfare while participating in middle school athletics. With full understanding the risks involved, I/We release and hold harmless the School Board of Osceola County, Charter Schools USA, PM Wells Charter Academy, the schools against which it competes, the coaches, and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in middle school athletic activities and agree to take no legal action against any of the above referenced entities because of any accident or mishap involving the athletic participation of my/our child/ward. This release applies to all participation in middle school athletic activities for 2011-2012. I/We authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

D. Please check the appropriate line.

____ My child/ward is covered under our family health plan which has limits of not less than \$25,000.

Company: _____ Policy #: _____

____ I/We have no health insurance for my child/ward and understand that we have elected to purchase the 24 hour student basic accident insurance plan or the school time basic accident insurance plan from Florida School Insurance.
www.floridaschoolsinsurance.com.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (Printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (Printed) Signature of Parent/Guardian Date