

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 bird	th certificate):
LAST	FIRST MIDDLE
STUDENT ADDRESS:	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	MEMBER ID #
MOTHER/GUARDIAN:	
STREET/P.O. BOX	CITY/STATE/ZIP
EMPLOYER'S NAME	EMPLOYER'S PHONE ()
MEDICAL INSURANCE COMPANY	MEMBER ID #
Is the company or plan listed above considered a Health	Maintenance Organization (HMO)? YES: NO:
Participation in competitive athletics may result in severe injury, as rule changes, have reduced these risks, but it is impossible to the	including paralysis or death. Improvements in equipment, medical treatment, and physical conditioning, as well otally eliminate such occurrences from athletics.
undersigned parent(s)/guardian(s) of the above-named student or but not limited to: student's name, date of birth, attendance, grad activities regulated by FHSAA to FHSAA and its service provide reporting eligibility to participate in athletics. I/We further author	gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the above-named adult student, do hereby consent to the release of confidential educational records/data including, is and such other confidential student data as is necessary for the determination of eligibility for participation in r Home Campus, Inc. and MaxPreps. The information shall be used solely for the purpose of determining and ize the release of student transcripts by FHSAA and/or Home Campus to colleges/universities or their d or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of
INSURANCE: The District School Board of Pasco County proviservices. You may encounter certain out-of-pocket expenses whe	des only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical n your son or daughter is treated for accidental injuries.
BIRTH CERTIFICATE: Each athlete MUST present to the athlete	ic director or coach a certified copy of a valid birth certificate. The copy will be returned.
IN THE EVENT OF AN INJURY AND YOU CANN CHILD TREATED MEDICALLY? YES: NO:	OT BE REACHED, DO YOU GIVE HIS/HER COACH PERMISSION TO HAVE YOUR
PARENT SIGNATURE	DATE
STATE OF FLORIDA, COUNTY OF presence OR	
	Signature of Notary
NOTARY SEAL	Printed Name of Notary
	My Commission Expires