



**District School Board of Pasco County
Parent Release Form
Gulf High School
Homecoming 2025**

For Office Use Only

Referrals _____

Current Grades _____

No-Go List _____

On Grade Level _____

In consideration of _____
(print student name)

having been accepted by the principal, teacher(s), or other personnel of Gulf High School to participate in Homecoming events, and I, the undersigned, understand that my child will be participating in Homecoming events during the week of October 20, 2025 through October 24, 2025. These events include: day games, night games, powderpuff football, powderpuff cheerleading, and the homecoming parade.

One session will be in the evening on Thursday, October 23rd (Night Games and Powderpuff). The Powder Puff game is flag football; physical contact occurs. Each participant must have a release formed signed by their parent/guardian in order to participate in any event.

I hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or participating in Homecoming events or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person or persons in charge of said Homecoming events to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

Your signature authorizes your child to participate in any/all Homecoming Week events. If you have any questions or concerns, please contact Mrs. Krupyak at Gulf High School (dloconti@pasco.k12.fl.us).

Student Name (Please Print):

Student ID #: _____ Grade Level: _____

Powder Puff Football Yes _____ No _____

Your signature authorizes your child to participate in any/all Homecoming Week events as outlined this document.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Contact Phone Number

Alternative Phone Number

Name of Alternative # & Relation to Student