



# DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Athletic & Use of Facilities Department  
Phil Bell, Supervisor of Athletics  
813/ 794-7939 727/ 774-7939  
352/ 524-7939 Fax: 813/ 794-7993  
e-mail: pbell@pasco.k12.fl.us

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## 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: \_\_\_\_\_ MOTHER/GUARDIAN: \_\_\_\_\_

_____	_____
STREET/P.O. BOX	STREET/P.O. BOX

_____	_____
CITY/STATE/ZIP	CITY/STATE/ZIP

_____	_____
EMPLOYER'S NAME	EMPLOYER'S NAME

_____	_____
EMPLOYER'S PHONE	EMPLOYER'S PHONE

_____	_____
MEDICAL INSURANCE COMPANY	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. Improvement 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/data 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