



Intramural and Athletic Program

Consent and Release Form

Student Name _____ Sex _____ Student ID # _____ Grade _____

Parent/Guardian Name _____ Relationship _____

Emergency Phone Number _____

Please CIRCLE which sport you are participating in:
(a new form must be turned in for each sports season)

<u>August-October</u>	<u>November-January</u>	<u>February-May</u>
Volleyball	Basketball	Track and Field
Cross Country	Soccer	

Parent Information:

Please pick up your child promptly at 5:00.

If your child is chosen by coaches to advance to any athletic team they will need a physical from a doctor at that time.

Insurance Information:

Please choose from the following options:

_____ My child is covered under a major medical health insurance plan

Company _____ Policy # _____

_____ My child is not covered under a major medical health insurance plan and will need to utilize CCPS district provided insurance.

Medical Information:

Please choose from the following options:

_____ My child does NOT have a medical condition that I would like to make coaches and staff aware of.

_____ My child has a medical condition that I would like to make coaches and staff aware of.

Please describe _____

Please choose from the following options:

_____ My child does NOT take medications that I would like to make coaches and staff aware of.

_____ My child takes medications that I would like to make coaches and staff aware of.

Please describe _____



➡ (Check Box) I acknowledge, consent and release my/our child to participate in intramural athletic activities

PARENTAL/GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:
(This form must be completed and signed on the front and back by parent/guardian.)

I acknowledge that intramural athletics are voluntary activities. I acknowledge the risks involved in athletic participation and choose to accept responsibility for my child's safety and welfare while participating in intramural activities. I consider him/her physically capable of participating in intramural activities with full understanding of the risks involved and in consideration of the school allowing their participation. I release and hold Collier County Public Schools harmless for any injury or claim resulting from participation in intramural / athletic activities. I further authorize the school to obtain emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school during intramural / athletic activities.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Gulfview Middle School, ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Gulfview Middle School, ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND Gulfview Middle School HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

This release shall remain effective for whatever period of time my child participates in intramural/ athletic activities in Collier County Public Schools.

"I hereby give my consent for the above named student to represent his/her school in the above named athletic activity and to accompany the school team on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named student in the course of such athletic activities or such travel."

"In giving my consent to participate, I understand and agree that if my child is involved in any zero-tolerance activity in violation of the Code of Student Conduct, Gulfview Middle School (GVM) reserves the right to revoke my child's participation in intramural/interscholastic athletic activities. Since participation in GVM's athletic program is a privilege and not a right, any reinstatement shall be upon the review and discretion of the Principal."

Signature of Parent/Guardian: _____ **Date:** _____

STUDENT RESPONSIBILITY:

It is a privilege to participate in the Gulfview Middle School Intramural program. Respect for faculty, coaches, fellow athletes, school facilities and equipment is expected at all times. If actions of the student athlete are not consistent with the intent of the program, it may be deemed necessary to contact the parent or legal guardian and inform them of the student's dismissal from the program.

Student signature _____ **Date:** _____