

ASSESSMENT

Cleared without limitation.

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____, MD or DO

PART 5: Parental/Guardian Consent, Acknowledgement and Release

- I/We do hereby approve of my child's participation in approved athletic activities (practice, games, competition and travel) as a representative of his/her middle school.
- I/We clearly understand that participation in athletic activities creates a risk of severe injury (including paralysis or death) normally associated with such activities and that the risk increases as the sport becomes more vigorous and involves more bodily contact.
- I/We acknowledge that the Seminole County Public Schools, Contest Officials Associations or the Athletic Trainers are not liable for medical expenses (i.e., hospital, physician, emergency transportation, etc.) or other charges incurred for such services, as may be rendered for or on behalf of my child as a result of injury or illness.
- I/We understand that if my child is injured or becomes ill, the Seminole County Public Schools will not be liable unless the injury or illness is the result of negligent conduct on the part of any employee of the Seminole County Public Schools.
- I/We do hereby approve emergency treatment, as deemed necessary by the hospital and/or medical personnel (Physician, Physical Therapist, Emergency Medical Services, Athletic Trainer, and Coaches) attending to my child on site.
- I/We do hereby give permission for the information contained in the Sports Screening/Physical form to be given to any medical personnel and emergency care facility administering treatment to my child.
- I/We understand that this health examination is entirely voluntary on my part and the part of the doctors; therefore, I agree to release doctors and personnel involved in the examination of any circumstances that might arise (directly or indirectly) from said examination.
- I/We understand a release (note) from my child's doctor must be submitted to the office each time my child is seen by a doctor to continue to participate in sports during the school year.
- I/We understand that participation may necessitate early dismissal from classes.
- Furthermore I grant the released parties the right to photograph and/or videotape my child's/wards face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- I give my consent for my child/ward to participate in the following interscholastic sport(s) not crossed out: volleyball, cross country, track and field, cheerleading other _____.
- I/We also state that all questions have been answered correctly and my eligibility will be forfeited for false answers or failure to follow the requirements.

PART 6: STUDENT CONSENT, ACKNOWLEDGE AND RELEASE

I have read the rules and know of no reason that I am not eligible to participate in my school's athletic competition. As a representative I agree to abide by my school's rules, regulations and decisions. I know that participating is a privilege and I understand that serious injury and even death is possible. I agree to accept this responsibility and fully understand all risks involved. I voluntarily accept all responsibility for my own safety and welfare. Should I be 18 or become emancipated from my parent(s) I release and hold harmless my school, schools I compete against, and contest officials of any and all responsibility and liability for any injury or claim resulting from my athletic participation and agree to take no legal action because of any accident or mishap. I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I / WE PARENT (S) AND STUDENT ATHLETE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

PRINT NAME (S) CLEARLY PLEASE

Student _____ Student Signature _____ Date _____

Parent/Guardian _____ Parent/Guardian Signature _____ Date _____

Parent/Guardian _____ Parent/Guardian Signature _____ Date _____