



Student-Athlete Participation and Parental Approval Form

STUDENT'S NAME _____ DOB _____
ADDRESS _____ CITY _____ ZIP _____
PHONE # _____ (H) _____ (W) _____ (C) _____
SPORT(S) _____ GRADE _____ AGE _____ M/F _____
MEDICAL INSURANCE CARRIER _____
POLICY # _____ PHYSICIAN _____

Student's statement of voluntary participation:

"I hereby state that this application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that such activities involve potential for catastrophic injury, or even death, which is inherent in all sports. I further state that I have not violated any eligibility rules and regulation of the Florida High School Athletic Association."

Signature of student

Date

Parent/Guardian Statement of Permission:

"I hereby give my consent for the above names student (1) to represent his/her school in athletics, except those noted on the physical form by the examining physician, provided that such athletic activities are approved by either Westminster Christian School of the Florida High School Athletic Association; (2) to accompany any school team of which he/she is a member on any of it's local or out-of-town trips. I authorize the school to obtain, though a physician of its own choice, any emergency medical activities or such travel. Understanding that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports, I also agree not to hold the school or anyone acting in its behalf of the Florida High School Athletic Association responsible for any injury occurring to the above named student in the course of such athletic activities or such travel."

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this the ____ day of _____ 20____
Public Notary, State of Florida at Large _____
My commission expires: _____