

CONSENT AND RELEASE FROM LIABILITY CERTIFICATE  
This completed form must be kept on file by the school.

**PART 1.            Student Acknowledgment and Release    (To be signed by student).**

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parents(s)/ guardian(s), I release and hold harmless my school, The School District of Clay County, Florida ("SDCC"), The School Board of Clay County, Florida ("SBCC") and their agents and employees, the schools against which it competes, the contest officials, and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against SDCC, SBCC and their agents and employees, or the FHSAA because of any accident or mishap involving my athletic participation. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school. Furthermore, 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 promotion materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_  
Name of Student (printed): \_\_\_\_\_

**PART 2.            Parental/Guardian Consent, Acknowledgment and Release (To be completed and signed by all parents/guardians. Where divorced or separated, parent/guardian with legal custody must sign).**

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I/we have not marked out:

Boys' sports:            Baseball    Basketball    Bowling    Cross Country    11-Man Tackle Football  
                                  Golf            Soccer            Swimming & Diving    Tennis            Track and Field  
                                  Volleyball    Water Polo            Weightlifting                            Wrestling  
Other sports added to this form by school: \_\_\_\_\_

Girls' sports:            Basketball    Bowling    Cross Country    Flag Football    Golf    Tennis  
                                  Soccer    Fast-Pitch Softball    Swimming & Diving    Track and Field  
                                  Volleyball    Water Polo            Weightlifting  
Other sports added to this form by school: \_\_\_\_\_

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my child's/ward's school to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic, and attendance records of such school concerning my child/ward. I/we further hereby authorize the use or disclosure of my child's ward's individually identifiable medical information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's ward's school.

D. I/we know of and acknowledge that my/our child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my/our child's/ward's school, SDCC, SBCC and their agents and employees, the schools against which it competes, the contest officials and the FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the SDCC, the SBCC and their agents and employees, or the FHSAA because of an accident or mishap involving the athletic participation of my child/ward. I/we further authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. Furthermore, I/we grant the released parties the right to photograph and/or videotape my/our child/ward and further to use said child's/ward's 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.

E. Please check the appropriate box(es):  
\_\_\_\_\_ My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.  
Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
\_\_\_\_\_ My/our child/ward is covered by his/her schools' activities medical base insurance plan.  
\_\_\_\_\_ I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Name of Parent/Guardian (printed): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Name of Parent/Guardian (printed): \_\_\_\_\_

## FHSAA ELIGIBILITY RULES IN BRIEF

This is a summary of FHSAA athletic eligibility guidelines. Students must understand that these guidelines are general statements only. Complete eligibility regulations are contained in Article 11 of the FHSAA Bylaws. See your principal, athletic director or coach if you have questions or need further explanation of details and exceptions. Policies of the School Board of Clay County, Florida, may be more restrictive. In the event of conflict, School Board policies will be controlling.

TO REPRESENT YOUR HIGH SCHOOL IN AN ATHLETIC CONTEST, YOU:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of each semester to be eligible during that semester. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Law. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport, you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club settings, etc.) which is affiliated with or coached by a coach from a school other than the one you attend or have attended and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4)
7. Must not have enrolled in the ninth grade for the first time more than four years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years, 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages -- regardless of when that day is -- you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics. The physical evaluation is valid for 365 calendar days from the date that it was administered, after which time you must successfully undergo another physical *evaluation* to continue your participation. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which you participate. If not, you may be barred from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.

**The School Board of Clay County, Florida**  
**Off Campus School Activity Parent/Guardian Consent and Release Form**

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity:

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Teacher/Sponsor: \_\_\_\_\_

Method of Transportation: School Bus \_\_\_\_\_ or Private Vehicle \_\_\_\_\_ or Charter Bus \_\_\_\_\_

**Motor Vehicle Insurance:**

I/We understand that under present “no fault” motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/child and ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child’s/ward’s school, the School Board of Clay County, Florida (“School Board”) and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child’s/ward’s participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**

I/We authorize and consent to emergency medical treatment for my/our child/ward

[Parent, Guardian, Student Initial acknowledgement of this page: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\*I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE\*\*\*\*

|  |                                      |
|--|--------------------------------------|
| _____<br>Signature of Student          | _____<br>Witness                     |
| _____<br>Print Name of Student         | _____<br>Print Name of Witness       |
| _____<br>Date Signed                   | _____<br>Date Signed                 |
| _____<br>Signature of Parent/Guardian  | _____<br>Witness                     |
| _____<br>Print Name of Parent/Guardian | _____<br>Print Name of Witness       |
| _____<br>Date Signed                   | _____<br>Date Signed                 |
| _____<br>Home Address                  | _____<br>Home and Emergency Phone #s |

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CLAY COUNTY DISTRICT SCHOOLS

FIELD TRIP PERMISSION FORM - ELEMENTARY

By signing this form below I agree to the following:

1. My child, \_\_\_\_\_ has my permission to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.
2. My child has permission to be transported by either school bus, charter bus or private vehicle.
3. In case of medical emergency the teacher has permission to seek medical care for my child and I consent to any treatment necessary. I will be responsible for the medical bills.
4. I will pay the cost for the trip which is \_\_\_\_\_. I will not be entitled to a refund for any reason.
5. All physical conditions that my child suffers from are listed on the bottom of this form.
6. My child is healthy enough to participate in this activity without limitation.
7. In the event of motor vehicle accident I will file medical bills with my own insurance.
8. I release the School Board of Clay County from any liability for injury to my child which occurs on this field trip.
9. My child will be under the supervision of school personnel or approved volunteers.

\_\_\_\_\_  
Parent's Signature/Date

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Parent's name printed

\_\_\_\_\_  
Child's name printed

**IMPORTANT: PAYMENT AND SIGNED PERMISSION SLIP MUST BE RETURNED TO THE TEACHER BY \_\_\_\_\_. YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IF THIS FORM IS NOT ON FILE WITH THE SCHOOL.**

**PHYSICAL CONDITIONS: (PLEASE LIST)**