



PINELLAS COUNTY SCHOOLS
MIDDLE SCHOOL ACTIVITIES PARTICIPATION FORM
 HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH A FEIC, AND SHOW PROOF OF IMMUNIZATION

*****NOTICE*****

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death! Improvements 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.

Parents or Guardians Must Complete This Section

Student Information: _____ / _____ / _____
Special Programs NAME AS IT APPEARS ON BIRTH CERTIFICATE GENDER GRADE DATE OF BIRTH
 Are you an Administrative Transfer (Check One) Yes No Do you have a Special Attendance Permit (Check One) Yes No

Residence of Parents or Legal Guardian: _____ since _____ / _____ / _____
Street Address City Month Day Year

Residence (if Different from Parent(s) or Legal Guardian _____ / _____
Street Address City

Lived at this address since: _____ / _____ / _____
Month Day Year

Name(s) and Relationship of Person(s) you Live with if other than parent(s) or legal guardian: _____

Insurance Students participating in voluntary extracurricular athletics and activities, as defined by Pinellas County School Board Policy 8760, must purchase the Mandatory Student Accident Insurance made available by the School District. Purchase of a student accident insurance policy for football covers football and all other sports and activities requiring mandatory student accident insurance. Purchase of a (non-football) student accident insurance policy covers all (non-football) school related sports and activities requiring mandatory student accident insurance. Insurance may be purchased on-line at www.pcsb.org under the quick link for student accident insurance. Note: This is excess Insurance. It is provided to cover some of the out-of-pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.

_____ Date Purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

1) Allergies and/or special medical problems (list medications carried by student): _____

 2) Date of last Tetanus shot _____ 3) Family Physician _____ Phone _____

Please attach Physical Evaluation Form and any pertinent medical conditions.

Student Participation Permission

*****PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY EVEN DEATH. *****

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. I hereby agree to waive, release and discharge the School and the Pinellas County School Board from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary school sponsored extracurricular athletics. I agree to indemnify and hold harmless the School and the Pinellas County School Board from claims of any nature including costs, expenses and fees arising out of or as a result of the participant's actions during this activity. This permission includes team travel for local or out-of-town trips.

STATEMENT: I do hereby certify that I have read both sides of this form and understand the rules contained herein, and that the information supplied is true and accurate to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future change of this information.

_____ School Attended last year: _____
Student's Signature
 _____ / _____ / _____ / _____
Signature of Parent/ Guardian Home/work phone Date Relationship to the Student
 _____ / _____ / _____ / _____
Signature of Parent/ Guardian Home/work phone Date Relationship to the Student

If only one Parent/Guardian signature above, explain reason: _____

Physical Examination (to be completed by physician).
 Physical evaluation must be documented on a form provided by the physician or the FHSAA.

Please read both pages of this form before returning it to your school or coach.

Please read both pages of this form before returning it to your school or coach.

******* NOTICE*******

Participation in competitive athletics, including cheerleading may result in severe injury, including paralysis, or even death! Improvements 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.

Failure to purchase the appropriate student accident insurance policy, or, failure by the Pinellas County School Board to verify that this requirement has been met, does not transfer responsibility for payment of any and all injury related claims and expenses from the student/parent/guardian to the Pinellas County School Board.

Parents and/or Guardians of Prospective Interscholastic Athletes:

Before trying out for an interscholastic sport a student must be certified as eligible, in accordance with the Florida High School Athletic Association rules and the policies of the School Board of Pinellas County.

Parents or Guardians must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Insurance. Your student will not be allowed to practice until this form is completed and is on file at the school.

The Pinellas County School Board requires students participating in extracurricular activities to purchase the Mandatory Student Accident Insurance (School Board Policy 8760) regardless of your existing insurance coverage.

The following are excerpts of the athletic eligibility rules required by the Florida High School Athletic Association and the School Board of Pinellas County. If further clarification of these rules is required, contact the Assistant Principal at your school. This form is no longer available in three (3) part carbonless sheets; therefore it must be duplicated when completed. The school must keep the original and the parent and coach must have a copy.

PINELLAS COUNTY SCHOOL BOARD POLICY IN BRIEF

- *Students must attend the school they are assigned.
- *Students whose residences are outside the zone may enroll in a school through the open enrollment process.
- *Students who change school assignment between the end of one school year and the beginning of the next school year, are eligible to participate at the newly assigned school provided they are enrolled and attending at the newly assigned school as of the first day of the school year.
- *Home educated students must be assigned to a school through the Student Reservation System at any school.
- *Students administratively transferred to another regular school for disciplinary reasons shall be ineligible for athletic participation for a period of the remaining of the school year.
- *Students returning to any regular school from a successful reassignment/expulsion shall be eligible upon return to any regular school. Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid to his/her school. The fine is \$50 or \$250 for gross unsportsmanlike conduct.

ELIGIBILITY REQUIREMENTS

Academic Eligibility

A middle/junior high student must have a 2.0 GPA, or the equivalent of a 2.0 GPA based on a 4.0 scale, at the conclusion of each semester. A student who is academically eligible at the beginning of the semester will continue to be academically eligible for that entire semester. Likewise, a student who is academically ineligible at the beginning of the semester will continue to be academically ineligible for that entire semester, except as provided in Bylaw 9.4.5.1.2 in regards to work not completed due to illness or excused absence.

PLEASE CONTACT YOUR SCHOOLS' ATHLETIC CONTACT IF YOU HAVE QUESTIONS.

- * A student may participate one (1) year as a 6th grader, one (1) year as a 7th grader, and one (1) year as an 8th grader.
- * A student will be eligible if they are under the age of 15 prior to September 1st .
- * Students have four (4) consecutive years of high school eligibility from the date they first enter the 9th grade.
- * Physicals are good for 365 days from the date they are given. Once the date has passed the student becomes ineligible.