



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.

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

\_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_

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](http://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.*