



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF SECONDARY CURRICULUM

## Athletic Eligibility for Middle School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign in front of a notary. We **cannot** notarize any papers if they come to us already signed.

Student Name (first, mi, last)				Student ID#	School Year	Date
Birth Date	Age	Gender	Current Grade	Name of Parent/Legal Guardian		
Student Address (street, apt. #, city, state, zip code)					Student Phone #	
First School Attended This Year			School(s) Attended Last Year			
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Phone #	
Emergency Work #	Name of Student's Physician				Physician Phone #	
List Sports						
<b>PROOF OF INSURANCE FOR STUDENT</b>						
Name of Medical Insurance Company (policy that covers student)					Insurance Policy #	
Name of Policy Holder (policy that covers student)			Policy Holder's Relationship to Student	Policy Holder's Place of Employment		
<b>ATHLETIC ELIGIBILITY REQUIREMENTS FOR MIDDLE SCHOOL STUDENTS</b>						

**TRANSFER STUDENTS AND NEW STUDENTS** must have transcripts\* on file before an athlete is eligible to participate.

**ALL STUDENT OBLIGATIONS** must be met before participation in athletics/activities is allowed.

**ALL SECTIONS OF THIS FORM** must be filled out, signed and **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.

**ALL STUDENTS MUST HAVE** a Birth Certificate\* on file in the Athletic Office.

**A STUDENT WHO HAS ATTAINED THE AGE OF 15** prior to September 1st of the current school year may submit a hardship waiver to the school's Athletic Director to be considered for participation.

**ALL STUDENTS MUST SHOW** proof of insurance coverage or purchase student accident insurance which will provide minimal medical reimbursement. The School District is NOT responsible for accidental interscholastic athletic injuries.

**A STUDENT MAY** participate for three consecutive years from the time he/she first successfully completes the fifth grade.

**FAILURE IN MORE THAN ONE (1) SUBJECT** during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine eligibility. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

*\* If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
--------	-------------------	-------------

**INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT**

I live with (check one)    Both Parents    Mother Only    Father Only    Guardian   Other \_\_\_\_\_

Relationship to other \_\_\_\_\_ I have lived with the person(s) stated above since \_\_\_\_\_

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school.                       I have been accepted into a Choice Program.
  
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist).
  
- I have been assigned to this school by the Department of Exceptional Student Education.

**CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING**

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and 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 (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the National Federation of State High School Associations, (NFHS) 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. **In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons.** I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

Other sports added to form by school:

---

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our 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/our child/ward.

**ADDENDUM TO CONSENT AND RELEASE**

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE**  
Where appropriate both parent(s)/legal guardian(s) should sign.

_____ <i>Signature of Student</i>	_____ <i>Date</i>	_____ <i>Signature of Parent/Legal Guardian</i>	_____ <i>Date</i>
		_____ <i>Signature of Parent/Legal Guardian</i>	_____ <i>Date</i>

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ *Signature of Notary Public - State of Florida*  
Type of Identification Produced \_\_\_\_\_