



Pasco County Schools

Providing a world-class education for all students.

Dr. John Legg, Superintendent of Schools

Revised: 4/2024

ATHLETIC PARTICIPATION FORM

PLEASE CLEARLY PRINT OR TYPE:

GRADE LEVEL/SCHOOL YEAR: _____ STUDENT I. D #: _____

Name of Student (As it appears on the student's birth certificate):

LAST _____ **FIRST** _____ **MIDDLE** _____

STUDENT ADDRESS: _____ CITY/STATE/ZIP _____

HOME PHONE (WITH AREA CODE): _____ D.O.B: ____/____/____

EMERGENCY CONTACT: _____ PHONE: (____) _____

NAME OF LAST SCHOOL ATTENDED/YEAR: _____

FATHER/GUARDIAN: _____

STREET/P.O. BOX _____ CITY/STATE/ZIP _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

MOTHER/GUARDIAN: _____

STREET/P.O. BOX _____ CITY/STATE/ZIP _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO)? YES: _____ NO: _____

Participation in competitive athletics may result in severe injury, including paralysis or 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.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above-named adult student, do hereby consent to the release of confidential educational records/data including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider Home Campus, Inc. and MaxPreps. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or Home Campus to colleges/universities or their representatives for recruiting purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of the records/date provided under this consent is authorized.

INSURANCE: As a service, Pasco County Schools provides a group insurance plan through Bollinger that is underwritten by Mutual of Omaha Insurance Company to assist families with some of the medical expenses that may result from a school sponsored and supervised activity. This coverage is available for all students/athletes and is subject to policy conditions, exclusions and maximums. This plan pays in excess of any in force insurance plan for the student and does not cover students if injured outside of school. If you have questions about the group plan, please contact RiskManagement@pasco.k12.fl.us

BIRTH CERTIFICATE: Each athlete MUST upload a certified copy of a valid birth certificate. The copy will be returned.

IN THE EVENT OF AN INJURY AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER COACH OR CERTIFIED ATHLETIC TRAINER PERMISSION TO HAVE YOUR CHILD TREATED MEDICALLY? YES: _____ NO: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

COPIES OF ALL PASCO COUNTY/FHSAA ATHLETIC FORMS MUST BE UPLOADED INTO YOUR ATHLETICCLEARANCE.COM ACCOUNT BEFORE YOUR TRYOUTS AT YOUR SCHOOL. PASOC COUNTY SCHOOLS WILL NOT ACCEPT HARDCOPY PAPERWORK HANDED IN TO THE COACH, ATHLETIC DIRECTOR, OR FRONT OFFICE STAFF.