



# Pasco County Schools

Kurt S. Browning, Superintendent of Schools  
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

## 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](mailto: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. PASCO COUNTY SCHOOLS WILL NOT ACCEPT HARDCOPY PAPERWORK HANDED IN TO THE COACH, ATHLETIC DIRECTOR, OR FRONT OFFICE STAFF.