

Elementary Schools in the Diocese of St. Petersburg

Nativity Catholic School -- Brandon, Florida

ATHLETIC PARTICIPATION FORM

Date _____

Student Name: _____ Grade _____ DOB: _____
 (Name as it Appears on Birth Certificate)

Residence _____ City _____ Zip _____

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 in the course of daily school activities, 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 taken by student)
- 2) Date of last Tetanus shot
- 3) Family Physician _____ Phone _____

INSURANCE: (School) _____ provides insurance coverage for all students while participating in interscholastic athletic teams sponsored by the school. The cost of this coverage is included in the student activity fee.
(Insurance Company) _____ acts as a secondary co-insurer and will only pay after they receive proof that your insurance company has settled with you.

*In the case of an injury, the student/athlete is to report that injury, no matter how slight, to his/her teacher/coach immediately. The teacher/coach will then notify the main office through the use of the proper form. If a claim form is needed, the student/athlete or his/her parents are to request a claim form from the main office or the Athletic Office. The claim form is to be completed by the parents and mailed directly to _____ Insurance Company for processing.

STUDENT PARTICIPATION PERMISSION

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

I hereby give my consent for the above named student to represent his/her school in athletic activities, including team travel for local or out-of-town trips, except for those activities crossed out below:

- | | | | | |
|------------|------------|----------|-----------------|----------|
| Baseball | Basketball | Track | Cheerleading | Football |
| Golf | Soccer | Softball | Swimming/Diving | Tennis |
| Volleyball | | | | |

(School) _____ follows

The Diocese of St. Petersburg Guidelines for Elementary Interscholastic Athletics, and any policies or procedures as outlined in the school's handbook

STATEMENT:

I have read this form and understand the rules contained herein. The information supplied is true and correct to the best of my knowledge. I accept the responsibility to inform the school of any change of this information.

Student Signature _____

Parent/Guardian Signature _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Emergency Contact (Name) _____

Phone _____

NOTARIZATION OF PARENT SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ year by _____, who is personally known to me or who has produced as identification.

NOTARY SIGNATURE

Printed Name of Notary: _____

My Commission Expires: _____

Serial Number: _____

raised seal