

STUDENT ATHLETE INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

PARENT(S) _____

PARENT PHONE _____

AT THE CONCLUSION OF ALL EVENTS, IT IS IMPORTANT THAT ALL STUDENT ATHLETES BE PICKED UP OR LEAVE CAMPUS ON TIME. SUPERVISION IS PROVIDED NO MORE THAN 30 MINUTES FROM THE END OF AN EVENT. WE WANT TO MAKE SURE YOUR CHILD IS SAFE AT ALL TIMES.

PLEASE INDICATE HOW YOUR CHILD WILL ***GET HOME*** FROM ATHLETIC EVENTS (CHECK ALL THAT APPLY)

_____ WALK

_____ BIKE

_____ PARENT PICKS UP

PLEASE SIGN AND RETURN THIS FORM TO YOUR COACH

PARENT SIGNATURE

DATE

Dear Parents,

We are glad that you and your child have chosen to be a part of athletics here at Apollo Middle School. In order for all student athletes to be successful, we ask that you follow a few guidelines.

- Please make sure that you adhere to the practice and game schedule provided by the coach.
- Student athletes need to be picked up promptly at the conclusion of all practices and games. Failure to follow this guideline, without previous arrangements made, will result in a dismissal from the team.
- A uniform will be provided for the use of the season. It is the *student athlete's* responsibility to maintain the uniform for the duration of the sport. If the uniform is damaged and/or not returned at the conclusion of the season, you will be responsible for replacing the uniform at a predetermined cost. (see below)

Soccer - \$50.00
Basketball - \$75.00 (without shooting shirt)
\$120 (with shooting shirt)
Track - \$50

The Athletic department looks forward to working with you and your child to have a successful season. Should you have any questions please feel free to contact me.

Sincerely,

Chad Bookman
Athletic Director, Apollo Middle

Please sign and return this portion acknowledging your receipt of this letter

Student Athlete

Parent Signature

**INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: _____, Principal
_____ School

PART I

I, _____ (Parent or Guardian), hereby grant permission for my son/daughter _____, (Birthdate: Mo. _____ Day _____ Year _____), to participate in interscholastic sports during the _____ school year.

(Please circle the sports in which your son/daughter **MAY NOT** participate.)

Baseball, Basketball, Cheerleading, Cross-Country, Decathlon, Drill Team, Flag Football, Golf, Gymnastics, Pentathlon, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Water Polo, Weightlifting, Wrestling

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also: I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with _____ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the Insurer's policy card is attached.

(Signed) _____
Parent or Guardian

NOTARIZATION

NOTE

**A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM**

STATE OF FLORIDA
COUNTY OF _____
Sworn to and subscribed before me

this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

PART II

INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have the document notarized.