

Consent and Release from Liability Certificate (Middle School)

This completed form must be kept on file by the school. (PLEASE PRINT)

Student's Name: Sex: Age: Date of Birth:

School: Grade in School:

Home Address: Home Phone:

Name of Parent/Guardian: Cell Phone:

Person to Contact in Case of Emergency: Phone:

Student and Parent/Legal Guardian

Student and Parental/Legal Guardian Consent, Acknowledgement and Release (to be completed and signed by student and parent/legal guardian; where divorced or separated, parent/legal guardian with custody must sign).

I am fully aware that practicing, playing, or trying out as a participant in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing, participating, or trying out includes, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and serious injury or impairment to any other aspects of my body, general health and well being. I understand that the dangers and risks of playing, practicing or participating may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. I specifically acknowledge that soccer is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. I expressly acknowledge and agree that the activity is very dangerous and involves the risk of serious injury and/or death and/or property damage.

Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and I agree to obey such instructions.

In consideration of the Polk County School District permitting my child to try out for middle school sports and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing, participating in that sport, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING AND AGREE TO HOLD THE POLK COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN ALL ACTIVITIES RELATED TO SPORTS IN THE MIDDLE SCHOOLS.

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE POLK COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, AND COACHES, (all for the purposes herein referred to as "Releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all claims, demands, damages, actions, causes of actions, or suits in equity, of whatsoever kind or nature on account of injury to the person or property or resulting in the death of the undersigns, WHETHER CAUSED BY THE NEGLIGENCE OF THE POLK COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS OR OTHERWISE which the undersigned is participating, competing and/or practicing for any and all activities related to the team. The terms hereof shall serve as a release and assumption of risks for my heirs, estate, executor, administrators, assignees, and for all members of my family.

We hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of the Polk County School District, its employees, agents, representatives, coaches, and volunteers or otherwise while participating, competing, trying out, and/or practicing for any and all of the activities related to the team.

We further expressly agree that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

We have read and voluntarily signed the release and waiver of liability and agreement, and further agree that no oral representation, statement, or inducement apart from the foregoing written agreement has been made.

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in extramurals and to accompany the team as a member on its trips.

I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

I understand the Polk County School District has purchased school insurance (secondary coverage) that will cover my child/ward in all approved and supervised athletic activities. I understand that should I have medical insurance; that my policy is primary for all medical expenses and the school insurance will be the secondary policy. I also understand that I will be responsible for any medical expenses not covered by school insurance or my/our insurance.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature of Student: Signature of Parent/Guardian:

Date: Date:

Polk County Public Schools

MIDDLE SCHOOL Preparticipation Physical Evaluation (Page 2 of 2)

(Athletic Physicals in Polk County Public Schools are valid from June 1 - May 31)

PART 1 & 2 MUST BE COMPLETED/SIGNED BEFORE PHYSICAL EVALUATION.

Revised 10/12

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* -- station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

____ Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____