**THE SCHOOL DISTRICT OF LEE COUNTY**
**INTRAMURAL ATHLETICS ACKNOWLEDGEMENT, CONSENT & RELEASE FORM**

**GENERAL INFORMATION: (PLEASE PRINT)**

Student's Name: _____ (LAST NAME) _____ (FIRST NAME) Sex: _____ Date of Birth: ____/____/____

School: MARINER MIDDLE SCHOOL Grade: _____ Student ID#: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone:(_____)_____ Cell Phone: (_____)_____

**INTRAMURAL ATHLETIC ACTIVITIES:**

☐ I acknowledge, consent and release my/our child to participate in intramural athletics activities.

**PARENTAL/GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:**
*(This form must be completed and signed on the **back** by all parents/guardians. If divorced or separated, parent/guardian with legal custody must sign.)*

I/We acknowledge that intramural athletics are voluntary activities. I/We acknowledge the risks involved in athletic participation and choose to accept responsibility for my/our child's safety and welfare while participating in intramural athletic activities. I/We consider him/her physically capable of participating in intramural activities. With full understanding of the risks involved, and in consideration of the school allowing my/our child to participate in intramural athletic activities, I/We release and hold the School District of Lee County harmless for any injury or claim resulting from participation in intramural athletic activities. I/We further authorize the school to obtain emergency medical treatment for my/our child should the need arise for such treatment while my/our child is under the supervision of the school intramural athletic activities. Furthermore, pursuant to Florida Statute §1014.06(I), I/We specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. §456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF **MARINER MIDDLE SCHOOL**, ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BYSIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM **MARINER MIDDLE SCHOOL** ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND **MARINER MIDDLE SCHOOL** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

INSURANCE REQUIREMENTS:

All students must have insurance to participate in intramural athletic activities. It is the parent/guardian's responsibility to purchase and maintain insurance while the student is participating in intramural athletic activities. The School District of Lee County does not provide health insurance and is not responsible for student medical bills.

Please check the appropriate space(s):

_____My/Our child is covered under a major medical health insurance plan.

Company:_____ Policy #:_____

_____My/Our child is covered by student accident insurance _____8 Hour Plan _____24 Hour Plan

Signature of Parent/Guardian:_____ Date:_____

This release shall remain effective for whatever period of time my/our child participates in intramural athletic activities in the School District of Lee County.

Signature of Parent/Guardian:_____ Date:_____

Signature of Parent/Guardian:_____ Date:_____

Signature of Student:_____ Date:_____

- I understand that academic eligibility of a 2.0 GPA or higher prior to season is required to participate on all MMS athletic teams.
- I understand that my conduct/behavior on and off the court/field will be held to the highest standard at all times. Behavior that violates the code of conduct may result in suspension or removal from the team.
- I understand the District-wide discipline policy for athletic eligibility: 1st level II referral = 1 game suspension, 2nd level II referral = suspended from team and 1st level III referral = removal from team.
- I understand that I am financially responsible for all lost and/or damaged equipment and uniforms.
- I understand that ALL practices and competitions are mandatory. Unexcused absences may lead to suspension or removal from the team. Players must speak to coaches if there is reason for an absence.
- I understand that if I quit a sport after the final roster has been posted I will be ineligible for any other sport in progress as well as the following sport season.
- I understand that during regular and post-season competitions all athletes may not receive the same amount of playing time.

_____ _____

Student Signature Parent Signature

# ALL SECTIONS ARE REQUIRED TO BE COMPLETED AND THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT.