



Saint Francis Catholic Academy



Student Athlete Participation Application

This application is effective from the date indicated on the form until the end of the current school year. This application must be on file in the office of the Athletic Director prior to participating in tryouts, conditioning, practices, or competition.

Student Athlete's Last Name First MI Social Security #
STUDENT ATHLETE'S COMMITMENT: This application to compete in interscholastic athletics for Saint Francis Catholic Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations.

X _____
Signature of Student Athlete Date

PERMISSION OF PARENT OR GUARDIAN: I hereby request that the above-named student athlete be allowed to engage in school-approved athletic activities as a representative of Saint Francis Catholic Academy. I hereby agree to release and discharge the Diocese of St. Augustine, Bishop Felipe de Jesus Estevez, Saint Francis Catholic Academy its agents and employees exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during athletic activities or in transit to and from athletic activities.

X _____
Signature of Parent/Guardian Date

Street Address City State Zip Phone

INSURANCE: (CHECK ONE)

- ____ I wish to purchase student accident insurance for my child. Please notify the school office for the needed insurance information and application.
 ____ I do NOT wish to purchase student accident insurance even though he/she is not covered by other insurance.
 ____ My child is covered by insurance with

Insurance Company Policy #

MEDICAL RELEASE: Sign this section **only in the presence of a notary public.**

The student athlete and parent guardian, whose signatures appear below, do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his/her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedure which may now or during the course of the student athlete's care be deemed advisable and necessary. This form will be used only in case of emergencies and after every reasonable effort is made to contact parent/guardian prior to admitting the student athlete for necessary treatment. Consent is also given for release of information for insurance purposes, and I submit authorization for responsible third party to pay directly to the treating hospital insurance benefits due me for services rendered.

HIPPA CONSENT/AUTHORIZATION: I hereby authorize the physicians, athletic trainers, sports medicine staff and other health-care personnel representing _____ to release information regarding my student athlete's protected health information and regarding any injury or illness during training for and participation in athletics at Saint Francis Catholic Academy. This information is only to be used for the betterment of the student athlete and can only be shared with a coach, athletic director, or school official in connection with participation in the interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical clinics and laboratories, chaplains and/or clergy members who are related to the student athlete's participation in Saint Francis Catholic Academy Athletics.

I, _____, parent or guardian of _____, understand that authorization/consent for the disclosure of the student athlete's protected health information is a condition for participation as an interscholastic athlete at Saint Francis Catholic Academy for the purpose of the undersigned student athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. **This authorization/consent expires on the last day of school 2017.**

BOTH SIGNATURES REQUIRED IN THE PRESENCE OF NOTARY PUBLIC

X _____
Signature of Student Athlete

X _____
Signature of Parent/Guardian

STATE OF FLORIDA, COUNTY OF ALACHUA
 Before me personally appeared _____
 and _____ known to be the
 persons described and who executed the foregoing
 information and who acknowledged to and before
 me that said information is for the purposes
 described.

Street Address (if different from above)

Emergency phone

Notary Public, State of Florida at Large

Family Physician

Emergency phone

Date

SEAL

CONTINUED ON REVERSE SIDE

Saint Francis Catholic Academy

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ACKNOWLEDGEMENT OF WARNING BY STUDENT ATHLETE

I, _____, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Saint Francis Catholic Academy that by participating in the sport(s) of _____, I may suffer serious injury, including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport(s). I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport(s).

X _____
Signature of Student Athlete Date

X _____
Signature of Parent/Guardian Date

ACKNOWLEDGEMENT OF WARNING BY PARENT/GUARDIAN

I, the parent/guardian of _____, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Saint Francis Catholic Academy that my child named above may suffer serious injury including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my child's limbs; brain damage; paralysis; or even death by participating in the sport(s) of _____. Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above, I hereby request that _____ be allowed to participate in the above sport(s).

X _____
Signature of Parent/Guardian Date

X _____
Signature of **Witness** Date

*"All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with the school athletic trainer, coach and appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."*