

Middle School Permission Slip

Check Appropriate Box

Basketball Tryout Volleyball Tryout Soccer Tryout

I know of, and acknowledge that my child/ward knows of, the risks involved in any athletic activity, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. I am aware of the potential danger of concussions and/or head and neck injuries in athletic activities. With full understanding of the risks involved, I release and hold harmless the School Board of Alachua County and its employees/agents from any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the SBAC or its employees/agents because of any accident or mishap involving the athletic participation of my child/ward. 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.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO WAIVE LEGAL RIGHTS ON BEHALF OF YOUR CHILD/WARD.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF ALACHUA COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent Signature

Date

Student Name