

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

MIDDLE SCHOOL STUDENT ATHLETIC PACKET CHECKLIST FOR 2021-2022

Instructions: The Sarasota County School District Athletic Program must comply with rules, policies, and procedures, set by The School Board of Sarasota County, Florida. Before participating in athletics, this entire packet must be completed and returned to the Head Coach of your athletic sport/Athletic Director's Office. No student is allowed to participate unless all of the necessary information is complete and required signatures are obtained. This packet will be filed in the Athletic Director's office. A new packet must be completed every year.

Student Legal Name (Print) _____ DOB _____
Last First Middle

2021-2022 School Name _____ Grade _____ Sex ☐ Male ☐ Female
(where student takes academic classes)

School student will be participating in sports _____ Are you a school choice student? ☐ Yes ☐ No

Are you a Home Education student? ☐ Yes ☐ No

Home Educations students must contact the middle school Athletic Director 3 weeks prior to the start of season.

Check the season that you want to participate in: ☐ Fall ☐ Winter ☐ Spring

Initial box to indicate completion. All forms require both student and parent/guardian signatures. Specified forms require signatures be notarized.

☐ **Pre-Participation Physical Evaluation for Middle School Students (066-14-DIS)**
Page 1 must be signed and dated by the student and the parent/guardian. Page 2 is completed, signed, and dated by the physician. The physical is valid for 365 days from the date of the physician's evaluation. As an alternative, the Florida Department of Health School Entry Health Exam Form (DH3040-CHP-07/2013) may also be used.

☐ **Parent/Guardian Release and Hold Harmless Agreement for Middle School Student Athletic Participation (027-01-DIS)**
Signatures of student and parent/guardian must be notarized.

☐ **Current insurance carrier information** (name of insurance company and policy number) must be included on the above two forms. Insurance is required to try out and participate. If the student athlete is not covered under a family plan, insurance can be purchased online at www.schoolinsuranceofflorida.com. **A copy of the insurance card must be submitted with this packet.**

☐ **Acknowledgement of Standards for Participation in Middle School Athletic Activities (068-14-DIS)**

☐ **Authorization to Release Medical Information for Athletics (062-14-DIS)**

☐ **Emergency Medical/Treatment Consent For Field Trips and/or Other After School Activities (063-96-DIS).** Include doctor name and contact information on form.

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Physical Date _____ Insurance ☐ School ☐ Personal GPA _____

School ☐ Home ☐ Oak Park ☐ PV ☐ SMA Other _____

RET: Master, 7AY, Ind Sch 62
Dupl., OSA

065-14-DIS
Rev. 5-11-2021

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PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

Instructions: This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent).

Student Name (Print) _____ Sex _____ Age _____ Date of Birth _____
School _____ Grade _____ Sport(s) _____
Home Address _____ Home Phone _____
Parent/Guardian Name (Print) _____ E-mail _____
Person to Contact in Case of Emergency _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Personal/Family Physician Name _____ Office Phone _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

- | | Yes | No | | Yes | No |
|---|-----|-----|--|-----|-----|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ___ | ___ | 26. Have you ever become ill from exercising in the heat? | ___ | ___ |
| 2. Do you have an ongoing chronic illness? | ___ | ___ | 27. Do you cough, wheeze or have trouble breathing during or after activity? | ___ | ___ |
| 3. Have you ever been hospitalized overnight? | ___ | ___ | 28. Do you have asthma? | ___ | ___ |
| 4. Have you ever had surgery? | ___ | ___ | 29. Do you have seasonal allergies that require medical treatment? | ___ | ___ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | ___ | ___ | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | ___ | ___ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ___ | ___ | 31. Have you had any problems with your eyes or vision? | ___ | ___ |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? | ___ | ___ | 32. Do you wear glasses, contacts or protective eyewear? | ___ | ___ |
| 8. Have you ever had a rash or hives develop during or after exercise? | ___ | ___ | 33. Have you ever had a sprain, strain or swelling after injury? | ___ | ___ |
| 9. Have you ever passed out during or after exercise? | ___ | ___ | 34. Have you broken or fractured any bones or dislocated any joints? | ___ | ___ |
| 10. Have you ever been dizzy during or after exercise? | ___ | ___ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate blank and explain below: | ___ | ___ |
| 11. Have you ever had chest pain during or after exercise? | ___ | ___ | ___ Head ___ Elbow ___ Hip | | |
| 12. Do you get tired more quickly than your friends do during exercise? | ___ | ___ | ___ Neck ___ Forearm ___ Thigh | | |
| 13. Have you ever had racing of your heart or skipped heartbeats? | ___ | ___ | ___ Back ___ Wrist ___ Knee | | |
| 14. Have you had high blood pressure or high cholesterol? | ___ | ___ | ___ Chest ___ Hand ___ Shin/Calf | | |
| 15. Have you ever been told you have a heart murmur? | ___ | ___ | ___ Shoulder ___ Finger ___ Ankle | | |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | ___ | ___ | ___ Upper Arm ___ Foot | | |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ___ | ___ | 36. Do you want to weigh more or less than you do now? | ___ | ___ |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | ___ | ___ | 37. Do you lose weight regularly to meet weight requirements for your sport? | ___ | ___ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? | ___ | ___ | 38. Do you feel stressed out? | ___ | ___ |
| 20. Have you ever had a head injury or concussion? | ___ | ___ | 39. Have you ever been diagnosed with sickle cell anemia? | ___ | ___ |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | ___ | ___ | 40. Have you ever been diagnosed with having the sickle cell trait? | ___ | ___ |
| 22. Have you ever had a seizure? | ___ | ___ | 41. Record the dates of your most recent immunizations (shots) for: | | |
| 23. Do you have frequent or severe headaches? | ___ | ___ | Tetanus _____ Measles _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? | ___ | ___ | Hepatitis B _____ Chickenpox _____ | | |
| 25. Have you ever had a stinger, burner or pinched nerve? | ___ | ___ | FEMALES ONLY (optional) | | |

Explain "Yes" answers here.

42. When was your first menstrual period?

43. When was your most recent menstrual period?

44. How much time do you usually have from the start of one period to the start of another?

45. How many periods have you had in the last year?

46. What was the longest time between periods in the last year?

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

RET: Master, ESY, GS7 37
Dupl., OSA

PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

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 Name (Print) _____ Date of Birth _____

Height _____ Weight _____ % of 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*
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/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 conclusions(s).

☐ Cleared without limitation

☐ Disability _____ Diagnosis _____

☐ Precautions _____

☐ Not Cleared For _____ Reason _____

☐ Cleared after completing evaluation/rehabilitation for _____

☐ Referred to _____ For _____

Recommendations _____

Physician/Assistant/Nurse Practitioner Name (Print) _____

Address _____

Physician/Assistant/Nurse Practitioner Signature _____

Date _____

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066-14-DIS
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**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR
MIDDLE SCHOOL STUDENT ATHLETIC PARTICIPATION**

Instructions: This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _____ DOB _____

School Name _____ School Year _____

Initial sport/activity this agreement governs (Grades 6-8) _____ Basketball _____ Track _____ Golf
_____ Tennis _____ Volleyball _____ Intramurals

Parent/Guardian Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

☐ Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District.

☐ No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Name of Insurance Company _____

Policy No. _____ Effective Dates _____

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

STATE OF FLORIDA, SARASOTA COUNTY

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____

day of _____, 20____, by _____ who is

_____ Personally known _____ Produced identification Type of Identification Produced _____

(Seal)

Typed or Printed Name of Notary Public

Signature of Notary Public

My Commission Expires _____ Commission No. _____

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ACKNOWLEDGEMENT OF STANDARDS FOR PARTICIPATION IN MIDDLE SCHOOL ATHLETIC ACTIVITIES

Instructions: This form must be signed and returned to the Head Coach/Athletic Director's Office. This form should be filed in the Athletic Director's office. If you have questions pertaining to this form, contact the Athletic Director of your child's school.

Student athletes and parent(s)/guardian(s) must comply with the following standards for athletes and cheerleaders representing The School Board of Sarasota County, Florida. These standards apply to all cheerleading and athletic activities. The School Board of Sarasota County, Florida, maintains high expectations for academic achievement and appropriate behavior. All students must comply with the Sarasota County School District Code of Student Conduct and all school-specific behavior expectations.

To be eligible to play or to participate in either a practice or an event/game, a student must

1. meet all eligibility requirements as set by The School Board of Sarasota County, Florida. Included in the rules is the expectation that student athletes maintain a minimum 2.0 cumulative GPA.
2. be present in school for at least one-half (1/2) of the academic day unless excused by an administrator and approved by the Athletic Director.
3. attend required practices prior to an event or game unless excused by a coach, trainer, teacher, or administrator.
4. not have left another sport during that season.

These are the minimum expectations set by the Athletic Department. A Coach/Principal may add additional rules to those listed above that he/she feels are in the best interest of the program.

The following violations will result in immediate suspension from a team:

- The confirmed use of tobacco or alcohol*
- The sale or use of any illegal drugs*
- Being charged with a felony*
- Failure to adhere to the attendance policy of The School Board of Sarasota County, Florida
- Failure to adhere to the discipline policy of The School Board of Sarasota County, Florida
- Any act of unsportsmanlike conduct at practice or game/event
- Any act that brings embarrassment to the school

*Automatic suspension for the remainder of the season

By signing below, you acknowledge the rules and responsibilities as specified above.

Student Name (Print) _____ DOB _____

Student Signature _____ Date _____

School Name _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

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AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR ATHLETICS

Instructions: This form is required to allow Athletic Trainers from Agility Physical Therapy & Sports Performance, LLC. to release protected medical information for student athletes to The School Board of Sarasota County, Florida, coaching staff. This form must be returned to the Head Coach or Athletic Secretary. The original will be given to the Athletic Trainer and a copy will be maintained in the Athletic Director's office. This authorization is not valid unless signed and dated by the athlete or legally authorized representative. If you have questions pertaining to this form, contact the Athletic Director of your child's school.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Agility Physical Therapy & Sports Performance, LLC., is required to provide the patient, the patient's parent, or legally authorized representative with the Notice of Privacy Practices describing how they use and disclose patient health information. If you have not received a copy of the Notice of Privacy Practices, it is available through the Athletic Trainer at your High School.

Authorization of Disclosure

Student Name (Print) _____ DOB _____
Last First Middle

I authorize Agility Physical Therapy & Sports Performance, LLC. to release/disclose the following protected health information from my student athlete records including information regarding my medical condition, injuries, prognosis, diagnosis, athletic participation status, treatment and care information, and related personal identifiable health information. I certify that this authorization has been made voluntarily. This information is to be released/disclosed to the Athletic Director, Team Physician, School Health Professional, or coaching staff for The School Board of Sarasota County, Florida, for the purposes of my care as a student athlete.

Possibility of Re-disclosure

I understand that any information provided under this release may be subject to re-disclosure by the recipient under circumstances no longer protected by state and federal regulations.

Expiration and Revocation

I understand that this authorization is valid for 14 months from the date I sign it. I understand that I have the right to revoke this authorization in writing at any time. The revocation will take effect on the day it is received except to the extent it has already been acted upon.

Conditions of Treatment

I understand that Agility Physical Therapy and Sports Performance cannot condition my treatment upon my signing this authorization.

Acknowledgement of receipt of Notice of Privacy Practices (initial) _____

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

*Legally Authorized Representative Name (Print) _____

Legally Authorized Representative Signature _____ Date _____

*If other than student athlete signing, state relationship _____

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EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS AND/OR OTHER AFTER SCHOOL ACTIVITIES

Instructions: Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date _____

Student Name _____ DOB _____
Last First Middle

Home Address _____
Street City Zip

Parent/Guardian Name (Print) _____ Relationship _____

Address of above (if different) _____
Street City Zip

Home Phone _____ Work Phone _____ Cell Phone _____

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) _____ Phone _____

Is above student allergic to foods, medications, or insects? ☐ Yes ☐ No

If Yes, list what they are and emergency medication/treatment, if any. _____

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)? ☐ Yes ☐ No

If Yes, list and describe medical requirements for field trip _____

Does the above student take any daily medication(s)? ☐ Yes ☐ No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered _____

Family Physician Name (Print) _____ Physician Phone _____

In case of non-life threatening emergency, list hospital preference _____

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.

Parent/Guardian Signature _____ Date _____

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ASSUMPTION OF RISK, WAIVER, RELEASE AND HOLD HARMLESS

COVID-19 and Voluntary Extracurricular Activities Summer 2021 and School Year 2021-22

Instructions: Complete and return to your child's school.

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Sarasota County, Florida, and the Sarasota County School District (collectively, "SCS"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

SCS will conduct certain extracurricular activities beginning in the Summer of 2021 and continuing into the 2021-22 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

1. Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.
2. Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
3. Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
4. Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), SCS staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Sarasota County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Student Name (Print) Student Signature Date

Sarasota Military Academy Prep
Consent to Ride Form

SMA Prep Athletics relies on parent volunteers to transport our student athletes to all away events. We appreciate that an early release to away events does not always mean each parent can provide transportation for their own athlete which makes carpooling necessary to get all members of a team to away events.

By signing below, you acknowledge that it is the responsibility of the listed athlete to inform you, the parent/guardian, how they are getting to and from an away event.

SMA Prep coaches are NOT allowed to transport athletes to/from away events.

Please read and sign the following statement:

I/We understand that it is the responsibility of the parent/guardian to ensure whomever is driving their athlete has proper insurance and cannot hold Sarasota Military Academy Prep liable for any injury that may occur during transportation to and from away events.

I/We acknowledge that I/We have read this agreement and fully understand its meaning.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Name (Print) _____

Student Signature _____ Date _____