

Intramural Athletics Paperwork Checklist

The paperwork inside this packet must ALL be filled out completely by parent/guardian before being eligible to try-out for any sports at Fort Myers Middle Academy. Below is a checklist to make sure every section of this packet is filled out completely. If all circles are checked off below- please have your child drop off at student services or have your child turn into Coach Webber.

Student is NOT allowed to try-out until paperwork is cleared by Coach Webber

Intramural Athletics Acknowledgement, Consent, & Release Form:

- **Front Page-** General Information filled out
- **Front Page-** Intramural Athletics Activities box is checked
- **Back Page-** First Box- Signature of Parent/Guardian & Student is signed
- **Back Page-** Second Box- Insurance Requirements section is filled out
 - Insurance Company Name & Policy # **MUST** be filled out completely
 - Signature of Parent/Guardian- this line **MUST** be signed to participate
- **Back Page-** Student Attendance, Behavior, & GPA Expectations
 - Parent/Guardian Signature

Student Participation & Parental Approval Form for Extracurricular Activities Form:

- Student Name and Information
- Club- This line is where you will list what sport your child is participating in. This document will need to be **filled out for each specific sports season.**
- Parent/Guardian Name & Student Name & Signature
- Parent/Guardian Emergency Information filled out
- Preparticipation Physical Evaluation packet is filled out by Healthcare Provider/Physician & Parent Guardian (**separate forms from this packet**).



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

School: _____ Grade: _____ Student ID#: _____

Home Address: _____

Parent/Guardian Name: _____

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

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

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(1), 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.

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 Fort Myers Middle Academy (school name), 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. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Fort Myers Middle Academy (school name) 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 (Fort Myers Middle Academy(school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

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: _____

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: _____

Prior to your child being eligible to make a specific sports team, below will be reviewed by the school. All criteria below must be met to make an FMMA Athletic Team:

Attendance: Student must be present 90% of quarter prior and any time prior to the selection of the athletic team.

Behavior: Student must not have any Level 3 or higher referrals quarter prior and any time prior to the selection of the specific sports team. Any OSS will be at the Principal's discretion of adding a student to an athletic team. Repeated Level 4 and Level 5 referrals will be at the Principal's discretion.

Grade Point Average: Student must have 2.0 or higher quarter prior to be eligible to make an athletic team.

****Signing below you acknowledge and are aware of the requirements your child is accountable for to be eligible to make a specific athletic team at Fort Myers Middle Academy****

Signature of Parent/Guardian: _____



THE SCHOOL DISTRICT OF LEE COUNTY

STUDENT PARTICIPATION & PARENTAL APPROVAL FORM
FOR EXTRACURRICULAR SCHOOL ACTIVITIES

Student Name _____ Student Date of Birth _____

School Year _____ School Name _____

Club _____

I hereby give consent for the above-named student to participate in the above-identified club. I understand that my child must adhere to all School and Board Policies for the School District of Lee County, Florida.

I understand that if my child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under the student's family automobile policy, and I agree to submit any medical bills incurred to our insurance company for payment.

I further agree to indemnify and hold harmless the School Board of Lee County, Florida, its agents or employees for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages which occur will be solely the responsibility of the involved child and their parent or legal guardian.

I assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to our property resulting from participation in this activity. I attest and affirm that my child has no limitation that should prevent participation in the activity and I have not been advised or informed by anyone to the contrary. I further agree to inform the appropriate school personnel, should my child's condition change in any way and any time so as to affect his/her participation in the activity herein named.

I understand that if a student falsifies any signature(s) or other information on this form, the student will be disciplined per the Student Code of Conduct. I hereby affirm that I have read all sections of this form and the information given is true and correct to the best of my knowledge and belief.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

EMERGENCY INFORMATION

Parent/Guardian _____ Home # _____ Cell # _____

Address _____

Emergency Contact _____ Relationship _____

Home# _____ Cell # _____

Emergency Contact _____ Relationship _____

Home# _____ Cell # _____

List any medical conditions and medication student needs to take _____

List any allergies to food, medication, insect stings, etc. _____