FHSAA SPORTS PHYSICAL LIABILITY WAIVER FORM
(For extracurricular sport tryouts only)
FRUIT COVE MIDDLE SCHOOL

NAME OF STUDENT: _____

GRADE: HOMEROOM: CONTACT PHONE:

PARENT/GUARDIAN NAME: EMAIL:

ACTIVITY: _____

This application to compete and/or participate in after or before school activities is entirely Voluntary on my part; and is made with the understanding that I must adhere to all regulations therein.

ATHLETIC REQUIRMENTS:

A sports physical is required on or before the first scheduled practice. A student may not practice until the sports physical is turned in. The physical will expire one year from the date of the physical.

The player must maintain a minimum GPA OF 2.0 based on the quarter grade. The student becomes eligible once the report card or the interim the next quarter confirms a 2.0 average. All players must attend a ½ day of school in order to play in a meet or practice.

If a student receives in school detention he or she will be suspended one meet. If a student receives "in school suspension" (ISS) he or she is suspended from meet for the number of days that they have ISS. A full suspension from school means that the student is suspended from meet for twice the number of days they are suspended.

Being on an athletic team is a privilege. With that privilege comes responsibility. We seek to set an example of maturity, respect and dedication. Setting a higher standard is at the foundation of all we do here at Fruit Cove. The athlete should set an example for the whole school. The student must follow the coach's guidelines and behave in a manner that would reflect positively on Fruit Cove Middle School and on themselves. This includes bus rides and behavior at visiting schools. The Coach may remove a player from their roster if the player receives disciplinary actions while on the bus or at an event.

STUDENT SIGNATURE: _____

I hereby give my consent for the above named student to tryout or participate in an interscholastic team or participate in an intramural activity. I understand that if there is a preexisting health condition, the school, county or coaches will not be held liable. I authorize the school to obtain, through a physician of its own choice, any medical attention that may be reasonably necessary. I also do not hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student.

SIGNATURE OF PARENT/GUARDIAN: _____