



PALM VALLEY ACADEMY
SPORTS PHYSICAL LIABILITY WAIVER FORM
(for extracurricular sport tryouts only)

NAME OF STUDENT: _____ **GRADE:** _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____ **CONTACT PHONE:** _____

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: Being on an athletic team is a privilege. With this privilege comes responsibility. Student athletes should seek to set an example of maturity, respect, and dedication. Setting a higher standard is the foundation of all we do here at Palm Valley Academy. 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 PVA and on themselves.

In order to be eligible to play on a sports team at Palm Valley Academy, student athletes must meet the following requirements:

Physical: A sports physical is required prior to the first scheduled game. The physical must be dated no earlier than June 1st and must be on the FHSAA Physical Form. It is recommended that students turn in a copy of their physical instead of the original. The original should be retained in case the student wishes to play in another sport later in the year. Physical forms are shredded at the end of the season to ensure students' privacy is maintained.

Grades: Students must maintain a minimum GPA of 2.0. If a student is failing a class, the student is not eligible to play in any games. The student becomes eligible again when his/her GPA is brought up to a 2.0 or higher and he/she passing all classes. The student is responsible to contact the sports director to confirm eligibility.

Discipline: If a student receives an In-School Suspension, he/she is automatically suspended for two games. For an Out-of-School Suspension, he/she is no longer eligible to participate for the remainder of the season.

Attendance: On game days, every athlete must attend at least a half day of school to be eligible to play in the game.

SIGNATURE OF STUDENT: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

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: _____ **DATE:** _____

I understand transportation of the above named student is the responsibility of the parent/guardian and that an activity bus will not be provided. Any student participating needs transportation after practice. Please sign below acknowledging this.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____