## PATRIOT OAKS 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 pamade with the understanding that I m	rticipate in after or before school activities is entirely voluntary on my part; and is ust adhere to all regulations therein.
Student athletes should seek to set are foundation of all we do here at Patrio	being on an athletic team is a privilege. With this privilege comes responsibility, a example of maturity, respect, and dedication. Setting a higher standard is the of Oaks Academy. The athlete should set an example for the whole school. The elines and behave in a manner that would reflect positively on Patriot Oaks and
In order to be eligible to play on a sp requirements:	orts team at Patriot Oaks Academy, student athletes must meet the following
June 1st and must be on the FHSAA linstead of the original. The original s	ed prior to the first scheduled game. The physical must be dated no earlier than Physical Form. It is recommended that students turn in a copy of their physical hould be retained in case the student wishes to play in another sport later in the the end of the season to ensure students' privacy is maintained.
play in any games. The student become	inimum GPA of 2.0. If a student is failing a class, the student is not eligible to mes eligible again when his/her GPA is brought up to a 2.0 or higher and he/she ponsible to contact the sports director to confirm eligibility.
<del>-</del>	a School Suspension, he/she is automatically suspended for two games. For an no longer eligible to participate for the remainder of the season.
<b>Attendance:</b> On game days, every at game.	hlete must attend at least a half day of school to be eligible to play in the
SIGNATURE OF STUDENT:	Date:
SIGNATURE OF PARENT/GUARDIAN:	Date:
in an intramural activity. I understand not be held liable. I authorize the scho	e named student to tryout or participate in an interscholastic team or participate that if there is a preexisting health condition, the school, county or coaches will ol to obtain, through a physician of its own choice, any medical attention that may hold the school or anyone acting on its behalf responsible for any injury occurring
SIGNATURE OF PARENT/GUARDIAN:	Date:
activity bus will not be provided. Any their student in the Blue Lot. Studen	bove named student is the responsibility of the parent/guardian and that an a student participating needs transportation after practice. Parents can pick up ts are not allowed to cross Longleaf Pine Parkway to walk home after the 5. Please sign below acknowledging this.
SIGNATURE OF PARENT/GUARDIAN:	Date: