LEADING THE CHARGE OF LIFELONG LEARNING

Ken Goodwin, Principal Jacque Ottosen, Vice Principal Jill Loughran, Assistant Principal Lisa Sclafani, Assistant Principal Chasity Pitre, Assistant Principal

MILL CREEK ACADEMY SPORTS PHYSICAL LIABILITY WAIVER FORM (For extracurricular sport tryouts only)

Sport: Basketball

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THE STATE OF THE S	ST. AUGU	STINE, FL	%

NAME OF STUDENT:	GRADE:
PARENT/GUARDIAN NAME:	
EMAIL/CONTACT PHONE:	
EMAIL/CONTACT PHONE: This application to compete and/or participate in after voluntary on my part; and is made with the understantherein. ATHLETIC REQUIRMENTS: Being on an a privilege comes responsibility. Student athletes should respect, and dedication. Setting a higher standard is the Creek Academy. The athlete should set an example for follow the coach's guidelines and behave in a manner on themselves. To be eligible to play on a sports team following requirements: Physical: A sports physical is practice. The physical must be dated no earlier than Juphysical Form. It is recommended that students turn the original. The original should be retained in case to later in the year. Physical forms are shredded at the eris maintained. Grades: Students must maintain a mini	ding that I must adhere to all regulations athletic team is a privilege. With this d seek to set an example of maturity, he foundation of all we do here at Mill or the whole school. The student must that would reflect positively on MCA and at MCA, student athletes must meet the strequired prior to the first scheduled une 1st and must be on the FHSAA or in a copy of their physical instead of the student wishes to play in another sport and of the season to ensure students' privacy
class, the student is not eligible to play in any games.	•
his/her GPA is brought up to a 2.0 or higher and he/sh	
responsible to contact the coach to confirm eligibility	
School Suspension, he/she is automatically suspended	<u> </u>
Suspension, he/she is no longer eligible to participate	
Attendance: On game days, every athlete must attend	
to play in the game.	
SIGNATURE OF STUDENT:	Date:
SIGNATURE OF PARENT/GUARDIAN:	Date:
I hereby give my consent for the above-named studen	
interscholastic team or participate in an intramural act	tivity. I understand that if there is a
preexisting health condition, the school, county, or co	
school to obtain, through a physician of its own choic	e, 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 stude	- ·
parent/guardian and that an activity bus will not be pr	
transportation after practice. Parents can pick up their	
not allowed to walk home after the crossing guards ar	re dismissed at 3:15. Please sign below
acknowledging this.	
SIGNATURE OF PARENT/GUARDIAN:	Date: