

## ATHLETIC DISCLOSURE

For the 2023-2024 school year, Manatee Academy will offer the following activities to all middle school students (grades 6-8) who meet the criteria below: Volleyball (girls), Co-ed Soccer, Cheerleading, Basketball (boys/girls), (Co-ed/girls) Flag Football, and (co-ed) Track. In middle school sports, students play against each other, play against local middle schools and have an end of season tournament where the coach will place students into team(s) to compete against other schools in the district. Middle school sports are offered immediately after school. A calendar will be provided by the coach at the first practice. To participate in practice, you must have a sports packet completed and pay a one-time processing fee of \$20.00. The middle school athletic packet can be found on the St. Lucie County Schools website ([www.stlucieschools.org](http://www.stlucieschools.org)) under middle school sports or a paper copy can be provided by the middle school office. You will not be able to participate if the packet is not returned or the \$20.00 processing fee is unpaid. MySchool athletes will be able to participate at the school they attend. Athletic Packets must be turned in to Coach Farkas from 8:00-8:30 or 11:15-12:00 in room 8-123 (Shark Pod).

1. **Academics:** A student must have a CUMULATIVE GPA of 2.0. Grades will be checked after each nine weeks and overall GPAs will be checked after the first semester.
2. **Behavior:** The student must maintain proper conduct in accordance with the policy set by the St. Lucie County School Board. Any student who receives a referral that results in in-school suspension or out-of-school suspension from the beginning of the season to the end of the season will be removed from the team and risk their participation in other intramural sports at Manatee.
3. **Attendance:** Once eligible, a student will lose eligibility for 3 unexcused absences during the season in which they are participating.
4. **Athletic Packets:** All students who want to participate in intramurals must have a completed physical packet with a consent and release form signed and notarized BEFORE they can participate in practice or games. A one-time \$20.00 processing fee must be paid at the time you turn in your sports packet. A receipt and clearance card will be issued to each student when received by Coach Farkas.
5. **Sportsmanship:** It is extremely important to teach the value of sportsmanship to students. If a player needs to be removed from a game or a practice, the student will lose their privilege of participating in ANY intramural sport at Manatee Academy for the remainder of the year.
6. **ALL STUDENTS MUST HAVE THEIR RIDE PICK THEM UP PROMPTLY ON PRACTICE DAYS.** If a student is not picked up on time, they will receive a warning. If the student is not picked up promptly after the warning, they could lose their privilege of participating in intramurals.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA  
MIDDLE SCHOOL INTRAMURAL, PERMISSION, AND RELEASE**

Name of Student Participant (Please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Other Emergency /Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Sport(s) \_\_\_\_\_

I/We, the undersigned Parent(s)/Guardian(s) of the above named student, acknowledge that participating in middle school intramurals in the St. Lucie County Schools is entirely voluntary and subject to the rules and policies of the St. Lucie County School District. I understand that my child must abide by all the rules set down by the School Board of St. Lucie County and the school in which the Student Participant is enrolled (School). All infractions of the Code of Student Conduct shall be reported to school administration. All infractions are subject to the appropriate Discipline Response as defined in The School Board of St. Lucie County Code of Student Conduct.

Student participants and parents or guardians of Student participants should have a thorough understanding of the responsibilities and implications of participating in a voluntary extracurricular activity. For this reason, each Student Participant in the St. Lucie County Schools and his/her parent(s), or guardian(s), shall read, and sign this agreement, permission, and release prior to the Student Participant being allowed to participate in any form of intramural practice or contests.

I/We, the undersigned Parent(s)/guardian(s) of the above named Student Participant:

1. Understand that I must have a current physical on file at the school and a completed permission and release form.
2. Understand that only a supplementary insurance premium for the Student Participant is to be paid from school board funds. This insurance will have a **\$500.00** deductible. This deductible will be applied concurrent with primary coverage which will be paid at 100% Reasonable and Customary. If there is no primary coverage, this insurance will pay 100% of Reasonable and Customary after the **\$500.00** deductible.
3. Understand that a **TWENTY DOLLAR (\$20.00) NON-REFUNDABLE PROCESSING FEE must be paid when this form is submitted.** This fee does guarantee participation in the Intramural program at the school your child attends; **however it does not guarantee selection to a tournament team.** I also understand that additional fees may be assessed to participate in a specific sport due to financial limitations and the uncertainty of financial times.
4. Understand that in the event of accident or injury, only School required accident forms will be completed by School officials, and that all claims under any applicable insurance policy for injuries received while participating in intramural activities or travel incidental to such activities shall be processed by the Parent(s)/guardian(s) or the student participant through the company agent handling the insurance policy, and **not** through School officials.
- 5.. Authorize the School to transport the Student Participant and to obtain, through a physician of the School's choice, any emergency medical care that may become reasonably necessary for the student in the course of intramural activities or travel incidental to such activities; and agree that the expenses for such transportation and treatment shall not be borne by the School Board or its employees.
6. **I understand that talking to a coach or someone from any high school about playing at his/her school before you begin attending that school is a violation and could result in: (FHSA Policy 36)**
  - a. **You being ineligible for a year;**
  - b. **The coach may be fined and suspended;**
  - c. **The school may face penalties including fines and not making the playoffs.**

**NOTICE TO PARENTS/GUARDIANS OF MINOR CHILD PARTICIPANTS**

**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 THE SCHOOL DISTRICT OF ST LUCIE COUNTY, ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS 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 THE ST LUCIE COUNTY SCHOOL DISTRICT IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH TO YOUR CHILD OR ANY 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 THE ST. LUCIE COUNTY SCHOOL DISTRICT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I/WE, THE UNDERSIGNED PARENT/GUARDIAN OF THE NAMED STUDENT ATHLETE ACKNOWLEDGE HAVING RECEIVED ADEQUATE OPPORTUNITY TO REVIEW THIS AGREEMENT, PERMISSION AND RELEASE AND TO ASK QUESTIONS OF SCHOOL OFFICIALS. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT; THAT I AGREE TO ITS TERMS; THAT I WILL COMPLY WITH ALL SCHOOL BOARD AND STATE ASSOCIATION RULES. IT IS UNDERSTOOD THAT THE STUDENT ATHLETE IS REQUIRED TO COMPLY WITH ALL SAFETY RULES AND INSTRUCTIONS PROVIDED WITH EACH SPORT, COMPETITION, AND PRACTICE WHILE ENGAGING IN SUCH ACTIVITIES. FURTHER I UNDERSTAND THAT A 2.0 CUMULATIVE MINIMUM GRADE POINT AVERAGE IS REQUIRED FOR PARTICIPATION.

I/WE UNDERSTAND THAT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS IS A PRIVILEGE. FURTHERMORE, I/WE UNDERSTAND THAT THE PRINCIPAL OR DESIGNEE HAS THE SOLE DISCRETION TO WITHDRAW MY ELIGIBILITY AT ANY TIME DUE TO AN ON-CAMPUS OR OFF-CAMPUS BEHAVIOR THAT IS DEEMED BY THE PRINCIPAL OR DESIGNEE TO BE UNBECOMING OF A STUDENT ATHLETE.

-----PARENT/GUARDIAN ACKNOWLEDGEMENT-----

State of Florida }  
County of \_\_\_\_\_ }

The Foregoing instrument was acknowledged before me by means of

\_\_\_\_\_ Physical Presence  
\_\_\_\_\_ Online Notarization

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(Signature of Parent/Guardian Acknowledging)

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Printed Name of Notary Public)

(Place Notary Seal Stamp Above)

\_\_\_ Personally Known  
\_\_\_ Produced Identification  
Type of Identification Produced:

\_\_\_\_\_



**PREPARTICIPATION PHYSICAL EVALUATION (Supplement)**

**SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL**

*This form is valid for 365 calendar days from the date signed below.*

**EL2**

**Revised 3/23**

*This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.*

**MEDICAL ELIGIBILITY FORM - Referred Provider Form**

**Student Information** (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
 Family Healthcare Provider: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Referred for: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

*I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:*

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

Provider Stamp *(if required by school)*