

# ANNUAL SPORTS ACTIVITY PARTICIPATION



STUDENT FULL NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_ GRADE: \_\_\_\_\_

## NOTICE TO PARENT/LEGAL GUARDIANS

The School Board of Orange County, Florida ("SBOC") offers a variety of athletic sports activities to registered students and endeavors to have each high school and middle school be an active member of Florida High School Athletics Association in order for student athletes to participate in sanctioned sport competitions. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named child participating in sports activities: including but not limited to pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, and hereby gives permission for his/her child to participate in sports activities as a student athlete.

## NOTICE OF RESPONSIBILITY OF STUDENT ATHLETE AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student athlete who will be participating in sports activities held by SBOC athletic programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

### Qualifications to Participate

- a) Sports Screening Physical Exam of student athlete is required and the results shall be provided to the school athletics department designee (usually the Athletic Trainer) annually in accordance with FHSAA rules and guidelines. Physicals must be performed by a medical provider licensed in the State of Florida with no family relation to the student athlete. Athletics shall prevent student from participating if all required paperwork is not received 48 hours prior to deadline/try-outs.
- b) Attendance to all practices and games, including timely arrival and coming prepared, is a commitment by the parent/legal guardian and student athlete to his/her team, school, and the sport. Student Athlete and Parent/Legal Guardian agree to follow school directives regarding the child's participation in the sports activities.
- c) Arrival and Departure from sports activities is the responsibility of the parent/legal guardian, unless specific SBOC designated transportation is provided. Parent/Legal Guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability arising from SBOC releasing the student athlete from the sports activity for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/herself, friend, relative, or other persons at the student athlete's discretion.
- d) Student's eligibility to participate in sports activities shall be determined by the school administration, in accordance with SBOC Student Code of Conduct, including but not limited to, the student athlete maintaining satisfactory grades, appropriate behavior, and compliance with team rules.
- e) Report immediately to SBOC Athletic Trainer or Athletic Director any and all injuries, changes in medical conditions, and/or medical treatments that occurred as a result of student athlete participating in sports activity or that may affect their ability to continue to participate in sports activity. Upon request, student athlete will seek medical treatment and provide SBOC with medical provider records on eligibility to participate in sports activity. Participation in any sport activity may be withheld by SBOC at any time deemed appropriate and the student shall not be allowed to resume sport activity without satisfactory medical provider note or records.
- f) If any sports document, physical exam form, or signature on such document has been falsified, misrepresented, or intentionally excluded, student athlete shall be immediately suspended from sports team and declared as ineligible status from all sports. Ineligible status and sport suspension shall be effective for one calendar year from the date of disclosure.

- g) The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner.

#### **ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

SBOC will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities, including pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the activity will be required to adhere to all safety protocols and are subject to immediate removal from the activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public school students.

SBOC, has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending activities where close contact may be inevitable will increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the activity until 14 days have elapsed since the time of contact and only then if my child(ren) are exhibiting no symptoms of COVID-19.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk

of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), SBOC staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Orange County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the activity.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with my child/ward; understand and agree to be bound by the terms on behalf of myself and my child/ward.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
School Name