

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN FOR ALL STUDENTS ENTERING AN OCPS MIDDLE SCHOOL AND HIGH SCHOOL WHO PLAN TO PARTICIPATE IN SPORTS ACTIVITIES.



As a public service and member of the community, The School Board of Orange County, Florida allows “Student Athletes” to use school facilities, such as gymnasiums, weight lifting rooms, locker rooms, and sports tracks and fields. A Student Athlete participating in “Off-Season Sports Activities” at any Orange County Public School “OCPS” location is completely voluntary. **The School Board of Orange County, Florida shall not accept financial responsibility for payment of medical expenses in the event a student is injured during Off-Season Sports Activities or while on District Property.** You are encouraged to maintain insurance (health insurance or accident insurance) on your child/ward, covering any injuries or illnesses the student may incur on District Property.

The supplemental accident policy purchased by OCPS does NOT provide coverage for students participating in Off-Season Sports Activities.

Parent/Guardian Statement: I, the parent, named below, acknowledge receipt of this notice and give permission for my child/ward, named below, to participate in “Off-Season Sports Activities” held at OCPS District Property. I understand and agree that my child’s/ward’s participation is voluntary and any illness or injury incurred by my child/ward is not covered by any insurance maintained by The School Board of Orange County, Florida. I understand and agree to be financially responsible for any medical expenses incurred by my child/ward for any and all illness or injury incurred at Off-Season Sports Activities. This shall not preclude any gross negligence on the part of The School Board of Orange County, Florida or its employees.

I further confirm the following: (Please select one and complete this form)

My child/ward does not have insurance and I agree that I will be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs at an Off-Season Sports Activities.

I do carry insurance for my child/ward with insurance company _____; policy number: _____. If any insurance on my child/ward denies any medical expenses or cancels such insurance mid-term, then I further agree that I will replace such insurance or be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs.

Student’s Full Name: _____ School Year: _____
(one form per child)

Enrolled at School: _____

Parent/Guardian’s Full Name: _____

Signature and Acknowledgement by Parent or Guardian: _____

Date Signed: ____ / ____ / ____

RETURN THIS COMPLETED FORM TO THE ATHLETIC DIRECTOR’S OFFICE

Parent/Legal Guardian can purchase supplemental accident insurance on their child/children from School Insurance of Florida. Check out their website for reasonable priced insurance.

www.schoolinsuranceofflorida.com.