

**THE SCHOOL DISTRICT OF LEE COUNTY****STUDENT PARTICIPATION & PARENTAL APPROVAL FORM
FOR EXTRACURRICULAR SCHOOL ACTIVITIES**

Student Name _____ Student Date of Birth _____

School Year _____ School Name _____

Club _____

I hereby give consent for the above-named student to participate in the above-identified club. I understand that my child must adhere to all School and Board Policies for the School District of Lee County, Florida.

I understand that if my child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under the student's family automobile policy, and I agree to submit any medical bills incurred to our insurance company for payment.

I further agree to indemnify and hold harmless the School Board of Lee County, Florida, its agents or employees for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages which occur will be solely the responsibility of the involved child and their parent or legal guardian.

I assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to our property resulting from participation in this activity. I attest and affirm that my child has no limitation that should prevent participation in the activity and I have not been advised or informed by anyone to the contrary. I further agree to inform the appropriate school personnel, should my child's condition change in any way and any time so as to affect his/her participation in the activity herein named.

I understand that if a student falsifies any signature(s) or other information on this form, the student will be disciplined per the Student Code of Conduct. I hereby affirm that I have read all sections of this form and the information given is true and correct to the best of my knowledge and belief.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

EMERGENCY INFORMATION

Parent/Guardian _____ Home # _____ Cell # _____

Address _____

Emergency Contact _____ Relationship _____

Home# _____ Cell # _____

Emergency Contact _____ Relationship _____

Home# _____ Cell # _____

List any medical conditions and medication student needs to take _____

List any allergies to food, medication, insect stings, etc. _____