

## Freedom Crossing Academy Interscholastic Application

Name of Student: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Home Address: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations established by the middle schools of St. Johns County. Any member of an athletic team who is suspended out of school will be ineligible to participate. Any child absent from school will not be allow to practice or play in a game on the same day of their absence.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, except those restricted by the examining physician on this form and (2) to accompany any school team of which he/she is a member on any of its local trips within St. Johns County. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand transportation of the above named student is the responsibility of the parent/guardian and that an activity bus will not be provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Insurance Information**

Name of Policyholder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_