



Athletic Participation Permission Form

Instructions: This form must be completed by the parent (s) /guardian of the applicant if the applicant is less than 18 years of age. If the applicant becomes 18 years of age during the school year, the applicant must also sign the athletic participation waiver.

Applicant Information

Full Name: First _____ Middle _____
Last _____ Address: Street _____
City _____ State _____ Zip _____ Grade: _____ Age _____
Date of Birth: ____ / ____ / ____
Father/Guardian's _____ Home Phone:
(_____) Mother/Guardian's _____
Home Phone: (_____) Business Phone:
(_____) Business Phone: (_____)

Payment of Medical Costs for Injuries: It is understood that payment for treatment of health matters not arising from an injury is the responsibility of the parent (s) /guardian of the Applicant and his/her private health insurance carrier. It is also understood that payment for treatment of injuries resulting from participation in athletic games or practices, physical education classes, or from any other accidental injury while the Applicant is enrolled at **Gulf Coast Prep Sports Academy**, either while on campus or off campus during school hours or on a school sponsored activity, shall be the primary responsibility of the applicant's private health carrier. The applicant insurance, if offered and in effect, is secondary to private insurance and pays the balance thereafter.

Permission for Participation: The undersigned Parent (s) /guardian give permission for the Applicant to take part in all applicant sports and other activities and trips sponsored by **Gulf Coast Prep Sports Academy**. If/we do not want the Applicant to take part in any activity we will inform **Gulf Coast Prep Sports Academy** in writing at least 48 hours in writing of this decision.

Warning: We/I also understand that participation in athletic games/programs subjects the Applicant to risk of personal injuries, which on occasion could be severe and could result in total disability, paralysis, or even death. In as much as it is our desire that the Applicant engage in athletic games/programs, we/I absolve and hold **Gulf Coast Prep Sports Academy** harmless for any such injuries sustained. We/I further acknowledge that we have read and understand this warning.

Signature _____ Date _____

