

## TROUT CREEK ACADEMY SPORTS PHYSICAL LIABILITY WAIVER FORM

(for extracurricular sport tryouts only)

NAME OF STUDENT:	GRADE:
PARENT/GUARDIAN NAME:	
EMAIL:	CONTACT PHONE:
ACTIVITY:	
This application to compete and/or participate in after or before understanding that I must adhere to all regulations therein.	e school activities is entirely voluntary on my part; and is made with the
to set an example of maturity, respect, and dedication. Setting	ge. With this privilege comes responsibility. Student athletes should seek a higher standard is the foundation of all we do here at Trout Creek bol. The student must follow the coach's guidelines and behave in a 5.
To be eligible to play on a sports team at Trout Creek Academy,	student athletes must meet the following requirements:
be on the FHSAA Physical Form. It is recommended that studen	d game. The physical must be dated no earlier than June 1 <sup>st</sup> and must its turn in a copy of their physical instead of the original. The original er sport later in the year. Physical forms are shredded at the end of the
	dent is failing a class, the student is not eligible to play in any games. It up to a 2.0 or higher and he/she passing all classes. The student is
<b>Discipline:</b> If a student receives an In-School Suspension, he/she Suspension, he/she is no longer eligible to participate for the re-	e is automatically suspended for two games. For an Out of-School emainder of the season.
Attendance: On game days, every athlete must attend at least a	half day of school to be eligible to play in the game.
SIGNATURE OF STUDENT:	DATE:
SIGNATURE OF PARENT/GUARDIAN:	DATE:
activity. I understand that if there is a preexisting health conditi	It or participate in an interscholastic team or participate in an intramural on, the school, county or coaches will not be held liable. I authorize the dical attention that may be reasonably necessary. I also do not hold the occurring to the above named student.
SIGNATURE OF PARENT/GUARDIAN:	DATE:
I understand transportation of the above named student is the provided. Any student participating needs transportation after	responsibility of the parent/guardian and that an activity bus will not be practice. Please sign below acknowledging this.
SIGNATURE OF DARENT/GUARDIAN:	DATE