

Student Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_



# ATHLETIC CONSENT FORM



Parent/Guardian Name: \_\_\_\_\_

Parent /Guardian E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_

Zip: \_\_\_\_\_

Emergency #1: \_\_\_\_\_ (Home, Cell, Work, other)  
Please circle

Emergency #2: \_\_\_\_\_ (Home, Cell, Work, other)  
Please circle

If unavailable, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency #: \_\_\_\_\_  
(Home, Cell, Work, other) Please circle

### Student Information:

Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female (circle) Year completed 8<sup>th</sup> Grade \_\_\_\_\_

For eligibility purpose, have you ever repeated a grade (between 6<sup>th</sup> and 12<sup>th</sup> grades)? . . . . .  Yes  No (Circle)

For Middle School students: will you turn 15 years 9 months prior to graduating from 8<sup>th</sup> grade? . . . . .  Yes  No (Circle)

For High School students: will you turn 19 years 9 months prior to graduating from high school?  Yes  No (Circle)

Are you residing with individuals other than your Parent(s) or legal guardian? . . . . .  Yes  No (Circle)

Are you a U.S. citizen? . . . . .  Yes  No (Circle)

Copy of Birth Certificate provided? . . . . .  Yes  No (Circle)

If transferring into WCS after spending one or more days in another high school, follow the guidelines on the form:

**Transferring Students and the Florida High School Athletic Association (FHSAA).**

### Transportation

Students will need to be picked up at the practice and game sites no later than twenty minutes after their practice time or game has ended. Our coaches spend hours in practice, preparation, and at competitions. However, they do have their own obligations and families for which to care. *Please* be sure to have a ride for your child when needed.

WCS utilizes the Village of Wellington, Palm Beach County, and other local facilities as *home* practices and contests sites for certain sports. Away contests naturally require transportation. Transportation to and from games will be provided by the school. After contests, students may be released to the care of their parent/guardian.

I am aware transportation for my child will be provided by the school via school vehicles and drivers and/or through rented or private vehicles by insurance company approved drivers. I absolve the school from liability of any injury to my child during trips.

Parent/Guardian Signature \_\_\_\_\_

### Consent to Participate and Athletic Handbook Acceptance

In addition to this form, FHSAA Forms EL2 – Pre-Participation Physical Evaluation and EL3 – Consent and Release from Liability Certificate must be correctly completed with appropriate signatures. You are encouraged to read these carefully.

Rights for use of photography and video of your child are granted to the FHSAA. WCS may also use these rights for school promotion and recognition. Written objections for use by WCS will be granted.

The Athletic Handbook can be obtained online at [www.wellingtonchristian.org](http://www.wellingtonchristian.org), under “Athletics,” or in the main office.

I have completely read the WCS Athletic Handbook and agree to support in word and action the Mission, Philosophy, and Policies. I give permission for my child to participate on the athletic teams of Wellington Christian School. Failure to adhere to policies may result in disciplinary action up to suspension or removal from athletic team and/or school.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Stamp and Signature

### Notary

Swore to and subscribed before me this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) in the year of our Lord \_\_\_\_\_.