## ST. JOHNS COUNTY SCHOOL DISTRICT ELEMENTARY AND MIDDLE SCHOOL SPORTS PHYSICAL LIABILITY WAIVER FORM

(For Extracurricular Sport Tryouts Only)

Student Name:	School:	Grade:
Parent/Guardian Name:		
Contact Phone:	Activity:	
This application to compete and/or participate in after or be made with the understanding that I/my student must adher	· · · · · · · · · · · · · · · · · · ·	on my/my student's part; and is
Athletic Requirements		
Participation on an athletic team is a privilege that carries sign respect, and dedication, setting a high standard for the entire leadership by example both on and off the field. Athletes muthat reflects positively on both their school and themselves.	e school community. At St. Johns County So	chool District, we emphasize
To participate in sports at a St. Johns County School District s	school, student-athletes must meet the foll	owing requirements:
Physical Examination:     A current sports physical, dated no earlier than June scheduled game. It is recommended that students should be retained for use in other sports throughout the conclusion of each season.	submit a copy rather than the original phys	ical form. Original documents
Academic Eligibility:     Students must maintain a minimum GPA of 2.0. Any achieve a GPA of 2.0 or higher and are passing all cl director to confirm eligibility status.		•
Disciplinary Action:		
o In-School Suspension results in automatic	suspension from two games.	
Out-of-School Suspension results in ineligible	pility for the remainder of the season.	
• Attendance: On game days, athletes must attend at least half of	the school day to be eligible to participate	in that day's game.
Student Signature:		Date:
Parent/Guardian Signature:		Date:
I hereby give my consent for the above-named student to trintramural activity. I understand that if there are pre-existing authorize the school to obtain, through a physician of its ow do not hold the school or anyone acting on its behalf respon	g health conditions, the school, county or on the school, county or one of the school, county or control of the school, county or control of the school, county or cou	coaches will not be held liable. I be reasonably necessary. I also
Parent/Guardian Signature:		Date:
I understand that transportation for the above-named stude provided. Students participating in after-school practices mu understanding by signing below.		
Parent/Guardian Signature:		Date: