## SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

## PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

310	School Name		Date
Stude	ent's Name (please print)	14 Annual Appara	Name of Sport(s)
Activity / Event:	et the extra-curricular sport(s) antic	inated contest dates and off-campus practic	be locations or attach the schedule for both to this form)
(Li	st the extra-eurrounar sport(s), and	parce contest autos una orr cumpus praene	
S	school Athletic Director		Phone Number
TRANSPORTATION	BEING PROVIDED (chec	k all that apply)	
☐ - Walking	□ - School Bus	☐ - Commercial Carrier (bus)	☐ - Privately Owned Vehicle
☐ - Leased Vehicle	☐ - County Vehicle	☐ - None	Other (Describe)
DRIVERS OF PRIVA	TE OR LEASED VEHICL	ES (check all that apply)	
☐ - Listed Volunteer	☐ - Registered Volunteer	☐ - Teacher or Staff Member	Other (Describe)
TYPE OF ACTIVITY	(Check all that apply)		(Besone)
☐ - Interscholastic game or competition		☐ - Interscholastic practice(s)	☐ - Other
Parents should direct	questions concerning the at	thletic activity to the school Athl	etic Director or the following Coach:
Name Telephone: (			
from the off-ce  3. The parent or the student of transportation.  4. The parent or indemnify and injury or accid  5. Parent or guanotification to  6. I understand the County, or its  7. I certify that main charge of th  8. Some trips mandangers in was participate in the County harmle loss, and/or date.	ampus athletic activity. guardian and student understuring the time he/she is turing the time he/she is to guardian, and student will as I hold the Florida High Scholent or property loss involving the principal or by a change that my child will be involved employees and volunteers, where the potential is in good heath and e off-campus athletic activity and include or have the potenter may arise from foreseeables activities when supervises for any accident or injuring mage that may occur while your length of the potential the information above	and that the school district, its offi- raveling to or from the off-car- sume the liability for the student's of Athletic Association and the Sc g the student during the entire cou- udent to participate in the abov- in the student's schedule approved d in athletics' off school property ill have any responsibility for the may participate, but in the event of to seek emergency medical treatr- intial for participation in swimmi- ale or unforeseeable causes. Your seed by a sponsor(s) and that you we y, and hereby assume all risks ar	ing or other water based activities. Risks and signature signifies permission for your child to will indemnify/hold the School Board of Brevard and dangers and all responsibility for any injury, related activity (ies).  Insibilities. I hereby grant participation in all
m-bacin at time with 1/3			(Describe)
Students Sig	nature (Required for All) - Date	Parent	t/Guardian Signature (Required for all) - Date