



Cypress Lake High School
6750 Panther Lane
Fort Myers, FL 33919
(239) 481-2233

Athletic Department

AngeIa Roles
Principal

Liam Farrell
Athletic Director

Kim Laine
Athletic Secretary

Congratulations- your child is participating in one of Cypress Lake athletic programs. By your child participating in a sport, this entitles you to enter an elite group of people which helps make Cypress Lake Athletics the best in Lee County. This club is the Cypress Lake Athletic Booster Club. The Booster Club helps support our sport teams in many ways such as helmets, equipment, warm ups, and awards presentations just to name a few. You can help support the Athletic programs, not just by donations but also by giving of your time. The concession stand, our annual Tim Jago Golf Tournament and The Shrimp Run are our main fundraisers. Help is greatly needed in the form of your time, a few hours here and there. 100% of the money raised in the concession stand and these two fundraisers directly benefit our student athletes. Please complete the information below and return it. Together, we can make your child, the team and Cypress Lake Athletics the best! If you have any questions contact the Cypress Lake Athletic Dept.

Thank You,

Cypress Lake Athletic Booster Club

The Sport(s) your child is planning to participate in _____

Child's name _____

Graduation Year _____

Parent's name _____

Phone number and best time to reach you _____

E-mail _____

Please circle the days are you available to help?

Monday

Tuesday

Wednesday

Thursday

Friday



Florida High School Athletic Association Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable.

Part 1: General Information. A change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____ Grade: _____

Student's Legal Name: _____ DOB: _____ Student ID#: _____

Address: _____ Race: _____ Date Entered Current School: _____

Date Completed 8th Grade: / / Date Entered 9th Grade: / / E-Mail address _____

Part 2: Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 3: Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign).

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s): _____

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests such actions shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. ALL STUDENTS MUST HAVE INSURANCE TO PARTICIPATE IN SPORTS. It is the parent's/guardian's responsibility to purchase and maintain insurance while student is participating in sports. The School District of Lee County and the FHSAA does not provide health insurance and is not responsible for medical bills. Please check appropriate boxes.

- My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.
Company: _____ Policy Number: _____
- My child/ward is covered by his/her school's activities medical base insurance plan (school time coverage _____ 24 hrs. _____).
- I have purchased supplemental football insurance through my child's/ward's school.

4. Residency Statement

PLEASE READ CAREFULLY. The above-named student has resided with me, and I do hereby certify that I have read this and understand the rules contained herein and that the information supplied is true and correct to the best of my knowledge. I understand that this student must continue to reside with me to maintain athletic eligibility. I accept responsibility to inform the school of any change in this information.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Student's Signature (acknowledging parts 2 and 4) _____ Date _____ School Attended Last Year _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (only one parent/guardian signature is required)

Signature of Parent/Guardian (acknowledging parts 3 and 4) _____ Date _____ Relationship to Student _____

Signature of person making Affidavit (Parent/Guardian): _____

Produced Identification: _____

Affidavit: State of Florida, County of Lee. Before me this day personally appeared, _____ who, being duly sworn,

deposes and states that all of the above information is true and correct. Sworn and subscribed before me this _____ day of _____ A.D. 20 _____

My Commission expires _____

Notary

THE SCHOOL DISTRICT OF LEE COUNTY

Cypress Lake High School

Athletic/Activities Dept. Transportation Permission Form

Memorandum

To: Parent/Guardian of Cypress Lake High School Student

From: Liam Farrell, Athletic/Activities Director

Subject: Transportation for Athletic/Activity Events and Practices

From time to time when school/charter transportation is unavailable, it is necessary to transport students to activities via private vehicles. We need to have on file, permission for each student to travel in a private vehicle. Please initial the appropriate choice(s) of travel for your child. Student and parent/guardian must sign and date the bottom of the form.

1. _____ Student may ride with the coach/teacher.
2. _____ Student will drive his/her own car and may transport siblings (student driver information on file).
3. _____ Student may be transported by another parent (with the parent's driver information on file).

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

Driver Information

Necessary information for parent/guardian and student drivers will need to be on file in the Cypress Lake High School Athletic/Activities Dept. for the duration of the school year and includes the following:

1. Driver Name _____
2. Driver license # _____
3. Car registration # _____
4. Make and model of car _____
5. Insurance Co Name _____ Policy # _____
6. License Plate # of Car _____ State _____