



# PINELLAS PREPARATORY ACADEMY

## SPORTS TEAM APPLICATION

Student's Name	Date of Birth	Grade
Address	City	Zip code

Mother's Name	Father's Name
Mother's Phone	Father's Phone
Mother's Email Address	Father's Email Address
Emergency Contact #1 (Name and Relationship)	Phone Number
Emergency Contact #2 (Name and Relationship)	Phone Number

Medical Problems or Physical Limitations
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Insurance Provider:	Policy Number:
Primary Care Physician:	Phone Number:

<b><u>Abide by Rules and Release</u></b>  I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Pinellas Preparatory Academy sports team. Recognizing the possibility of physical injury associated with this team and in consideration for Pinellas Preparatory Academy accepting the registrant for its sports programs and activities. I hereby release, discharge and/or otherwise indemnify Pinellas Preparatory Academy, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.	<b><u>Medical Consent</u></b>  As Parent or Legal Guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.
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Student Signature	Date:
Parent/Guardian Signature	Date:
Coach Signature	Date: