



# PINELLAS PREPARATORY ACADEMY

## SPORTS TEAM APPLICATION

Student's Name		Date of Birth	Homeroom
Address		City	Zip Code
Mother's Name		Father's Name	
Best Phone Number for Mom		Best Phone Number for Dad	
Mom's Email Address		Dad's Email Address	
Emergency Contact #1 (Name, Relationship)			Phone Number:
Emergency Contact #2 (Name, Relationship)			Phone Number:
Medical Problems or Physical Limitations			
Insurance Provider:			Policy Number:
Primary Care Physician:			Phone Number:

### Abide by Rules and Release

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 soccer team. Recognizing the possibility of physical injury associated with soccer and in consideration for Pinellas Preparatory Academy accepting the registrant for its soccer 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.

### Medical Consent

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.

Student Signature	Date
Parent / Guardian Signature	Date