



Pinellas Preparatory Academy
SPORTS PERMISSION SLIP

I hereby grant permission for _____ to participate in the Pinellas Preparatory Academy sport(s) team. Check all that apply.

Volleyball	
Boy Soccer	
Girls Soccer	
Boys Basketball	
Girls Basketball	
Cheerleading	
Softball	
Baseball	
Track	

The team will be practicing at school or an approved practice facility. We will be utilizing parent volunteers to transport players to & from games.

Modes of transportation will be walking or private passenger vehicle.

- 1.) I authorize Pinellas Preparatory Academy representatives to obtain medical treatment for my child, which includes required emergency transportation. In case of serious illness or injury and agree to pay for such treatment.
- 2.) I understand that the trained school employee who usually dispenses medications may or may not be present during the trip. Responsible staff members will dispense medications.
- 3.) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.
- 4.) I understand if my child makes a team there is a **\$160.00 non-refundable fee (cheer has other costs)** to play due at the required parent meeting once the team has been selected. It **does not** include a trophy or uniform.
- 5.) I will return the uniform equipment as directed at the end of the season. If the uniform isn't returned, I will pay to have it replaced.

- Volunteer drivers are needed to transport children to and from practice s well as scheduled games. Please check the line if you are level II cleared and able to transport. ___ Volunteer Name _____
- All provisions of the student code of conduct and Pinellas Preparatory Academy Policies and Procedures apply to activities sponsored by the school. To ensure the safety and compliance with the student code, I agree that my belongings may be randomly searched for contraband.

Signature of Parent/Guardian Phone# Date

Emergency Contact Phone# Date