



Extended Care Program



**Extended Care Program Participation Clearance and Waiver of Liability Form**

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physical active lifestyle. Physical Activity programs at both during-school curriculum and after-school extra-curricular sports program activities provide opportunities for students to experience the fitness feeling and help them make decisions regarding personal fitness and the value of physical activity in their daily life.

**ELEMENT OF RISK NOTICE**

It is understood and acknowledged that there is a risk of injury involved in any contact athletic activity (participation). Please note that due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity. The student (athlete) will be under supervision and direction of Plato Academy teachers. Following the rules of the game and the instructions of the staff can reduce the risk of injury to the student and to other students. However, it is understood that neither the teacher nor Plato Academy can eliminate the risk of injury in contact sports activities. Injuries may and do occur. Injuries do vary in degree from mild to severe. We (parent and/or legal guardian) freely, knowingly, and willingly accept and assume the risk of injury that might occur from participation in athletics.

It is important that your child participates safely and comfortably in the of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities.

In your child’s best interest we recommend the following:

- a) An annual medical examination.
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants, and running shoes). Jewelry which cannot be removed and which presents a safety concern must be taped.
- c) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
- d) The wearing of sun protection for all outdoor activities.
- e) Safety inspections of any home equipment brought to school for personal use (e.g., skis, skates, helmets).

If you require further information, please contact the Superior at: Phone: (727) 799-1200  
Please complete the necessary information and have your child return it to his/her teacher.

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Mother’s Name:** \_\_\_\_\_

**Best Contact Number:** \_\_\_\_\_

**Father’s Name:** \_\_\_\_\_

**Best Contact Number:** \_\_\_\_\_

**EMERGENCY CONTACT NAME/NUMBER** \_\_\_\_\_

(continued on back)

**WAIVER OF LIABILITY**

Plato Academy does not carry accident or medical insurance to cover students’ accidental injuries or illness. It is the responsibility of the parent and/or legal guardian to ensure adequate accidental, health, hospital, and/or medical insurance coverage is maintained throughout each year for their child. Please note that in the event of any insurance coverage lapse the parent and/or legal guardian will accept full responsibility of all accidental, health, hospital, and/or medical expenses and liabilities in the event of any injury.

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: \_\_\_\_\_

First aid procedures in case of incident: \_\_\_\_\_

\_\_\_\_\_

2. If your son/daughter/ward is allergic to any foods / medication / bee stings / other, please specify:

First aid procedures in case of incident: \_\_\_\_\_

\_\_\_\_\_

3. Specify any other medical conditions / physical limitations your son/daughter/ward has that may affect their full participation with physical education activities. Provide pertinent details or contact teacher: \_\_\_\_\_

\_\_\_\_\_

**Please note** that the emphasis of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities is maximum participation, fair play, teamwork, and sportsmanship (sport person-ship). The program is used to enhance and extend the physical education program in and beyond the classroom setting.

**Any Comments:** \_\_\_\_\_

\_\_\_\_\_

In signing this form, I give permission to my child to participate in the programs, and I acknowledge the element of risk notice information noted. In addition, I will be responsible in obtaining insurance coverage and payment of all fees and costs accrued in the event of injury. Furthermore, I hereby state that, to the best of my knowledge, my answers to the above questions are correct and agree with all that has been stated.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_