



**Pine Ridge Middle School – Collier County Public School**  
**Spring Intramural/Athletics Acknowledgement, Consent, & Release Form**  
(Please Read the entire document and fill out all requested information before signing)

**General Information: (Please Print)**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student ID: \_\_\_\_\_ School: Pine Ridge Middle School Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Cell Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**PARENTAL / GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:**

(This form must be completed and signed front and back by parent / guardian)

I acknowledge that intramural athletics are voluntary activities. I acknowledge the risks involved in athletic participation and choose to accept responsibility for my child's safety and welfare while participating in intramural activities. I consider him/her physically capable of participating in intramural activities with full understanding of the risks involved and in consideration of the school allowing their participation. I release and hold Collier County Public Schools harmless for any injury of claim resulting from participation in Intramural/ athletic activities. I further authorize the school to obtain emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school during intramural / athletic activities.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

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 **Pine Ridge Middle School**, ITS AGENTS AND EMPLOYEES USE 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 **Pine Ridge Middle School**, ITS AGENTS AND EMPLOYEES 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 **Pine Ridge Middle School** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Section 744.301, Florida Statutes

This release shall remain effective for whatever period of time my child participates in intramural / athletic activities in Collier County Public Schools.

"I hereby give my consent for the above named student to represent his/her school in the above named athletic activity and to accompany the school team on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named student in the course of such athletic activities or such travel."

"In giving my consent to participate, I understand and agree that if my child is involved in any zero-tolerance activity in violation of the Code of Student Conduct, Pine Ridge Middle School (PRMS) reserves the right to revoke my child's participation in intramural / interscholastic athletic activities. Since participation in PRMS's athletic program is a privilege and not a right, any reinstatement shall be upon the review and discretion of the Principal"

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

**Insurance Requirements:**

All Students must have insurance to participate in intramural/athletic activities. It is the Parent/Guardian’s responsibility to purchase and maintain insurance while the student is participating in intramural/athletic activities. Collier County Public Schools does not provide health insurance and is not responsible for student medical bills

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

**Parent Responsibility:**

I agree to make a commitment that my child will participate in the intramural program for the duration of the intramural season.

I will pick up my child no later than 5:20 pm (Coaches leave 10 minutes after the conclusion of practice) **If my child is selected to advance to the athletic team, I will provide a current sports physical from a doctor as well as a copy of insurance and a copy of the students’ birth certificate.**

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

**Student Responsibility:**

It is a privilege to participate in the Pine Ridge Middle School intramural program. Respect for faculty, coaches, fellow athletes, fellow students, school facilities, and equipment is expected at all times. If actions of the student athlete are not consistent with the intent of the program, it may be deemed necessary to contact the parent or legal guardian and inform them of the student’s dismissal from the program.

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

**Cost:**

Prior to a student’s participation in Intramurals, this form must be completed and turned in with a fee of \$20. It can be paid in cash or by check, checks should be made out to Pine Ridge Middle School with Intramurals in the Memo. This form and fee are required for each season of intramurals a student participates in.

**Payment Type:** Cash \_\_\_\_\_ or Check \_\_\_\_\_  
(Please Check one)

**Circle the Sport Below**

Track and Field

Boys

Girls

A consent form must be completed for **EACH** Season (Fall, Winter, Spring)

Athletic Director: Jack Henning – [hennij1@collierschools.com](mailto:hennij1@collierschools.com)