

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA  
**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS  
EXTRA-CURRICULAR ATHLETICS**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Name of Sport(s)

Nature of activity/ field trip: \_\_\_\_\_  
(List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

Date of activity/field trip: \_\_\_\_\_ Time of activity/ field trip: \_\_\_\_\_

Specific location(s) and type(s) of establishment(s) to be visited: \_\_\_\_\_

Anticipated number of chaperones: \_\_\_\_\_

**OVERNIGHT ONLY:**

Anticipated number of chaperones: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

Will room assignments for overnight lodging be separated by biological sex at birth? YES \_\_\_\_\_ NO \_\_\_\_\_

*Overnight lodging must include accommodations or modifications in order to ensure that all eligible students can participate in the field trip.*

\_\_\_\_\_  
School Athletic Director

( ) \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

**MODE(S) OF TRANSPORTATION (check all that apply)**

- Walking                      - School Bus                      - Commercial Carrier (bus)                      - Privately Owned Vehicle

- Leased Vehicle                      - County Vehicle                      - None                      - Other \_\_\_\_\_  
(Describe)

**DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)**

- Listed Volunteer                      - Registered Volunteer                      - Teacher or Staff Member                      - Other \_\_\_\_\_  
(Describe)

**TYPE OF ACTIVITY (Check all that apply)**

- Interscholastic game or competition                      - Interscholastic practice(s)                      - Other \_\_\_\_\_

**Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:**

Name \_\_\_\_\_  
Coach or Sponsor in Charge

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(School Number) (Mobile Phone)

**ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL**

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**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:**

1. I understand that participation in athletics' is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus athletic activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability for the student's participation in the off-campus activity and will indemnify and hold the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extra-curricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in athletics off school property: therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.
7. I certify that my child is in good health and may participate, but in the event of medical emergency, I/We authorize the coach in charge of the off-campus athletic activity to seek emergency medical treatment for my child at my expense.
8. Some trips may include or have the potential for participation in swimming or other water-based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury, and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip -  Granted  Denied  Granted with the following exceptions: \_\_\_\_\_  
(Describe)

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Students Signature (Required for All) - Date

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Parent/Guardian Signature (Required for all) - Date