



2009-2010 Registration Information

Special Assignment: yes No

Child's Name: _____ Child's DOB: _____

Sex: M or F Age: _____

Child's Social Security #: _____ Grade: _____

Student ID#: _____ School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent / Guardian

Name: _____

Home Phone #: _____

Employer: _____

Work #: _____

Current Occupation: _____

#1 Emergency Contact Person _____ Phone # _____

#2 Emergency Contact Person _____ Phone # _____

Physician Name: _____ Phone #: _____

Does your child have any special medical needs? Yes No (If "Yes" please explain)

General Release of Liability:

I hereby certify that my daughter/son has my permission to participate in the TEAM UP Program for the Duval County Public Schools and will abide by the same rules as stated in the students' Code of Conduct Handbook.

To the best of my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Duval County School Board and its employees and agents will exercise reasonable care while my daughter/son is in their custody and care engaging in activities through the TEAM UP Program. I agree to hold the Duval County School Board and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the TEAM UP Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may arise against any school/program personnel relative to the administration of medication of my child.

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit my child, as a participant in the TEAM UP Program and events, to be photographed, videotaped, and/or interviewed for publicity activities.

(Application is not considered complete unless signed below to indicate agreement with all of the above.)

Child's Name

Parent or Guardian's Signature

Date