

SCHOOL DISTRICT OF CLAY COUNTY  
FIELD TRIP REQUEST

1. School Requesting: Charles E. Bennett

2. Transportation (Check One):  
School Bus(s) \_\_\_\_\_ Private Vehicle(s)  Commercial Carrier \_\_\_\_\_ Other \_\_\_\_\_  
If Commercial Carrier or Other, please state type: \_\_\_\_\_

3. Trip(s) overnight: Yes  No \_\_\_\_\_ Trip(s) out-of-state: Yes \_\_\_\_\_ No

4. Dates of Field Trip\*: 6/25-6/28/15 Destination\*: Tallahassee, FL AAU Meet  
\* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: Track Team

6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. All students are being driven only by their own parent/guardian.

7. Educational Value of Field Trip: Teamwork and competition. Also, hard work and discipline, to be an athlete.

8. Supporting SSS Benchmark(s) with Narrative(s): PE.5.R.6.3 Explain ways to celebrate one's own physical accomplishments while displaying sportsmanship.

9. Number of Students\*: 15 Number of Chaperones\*: 15

10. Cost Per Student: \$40 Budget Code or Source to be charged: IA 3416  
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time\*: 3:00 pm Returning Time\*: 9:00 pm

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number(s):  
\_\_\_\_\_

[Signature]  
Teacher, Team Leader, Department Head, Etc.  
[Signature]  
Principal

District Office Approval

# 2015 AREA 9 AAU JUNIOR OLYMPICS TALLAHASSEE REGIONAL QUALIFIER

## INFORMATION PACKET



**WHERE:** Florida State University's Mike Long Track  
1104 Spirit Way  
Tallahassee, Florida 32306

**PACKET PICKUP:** Thursday June 25 – Sunday June 28, 2015 Mike Long Track (7am – 4pm)

<b>DATES:</b>	Thursday- June 25	Multi-Events/ Track and Field
	Friday- June 26	Multi-Events/ Track and Field
	Saturday- June 27	Track and Field
	Sunday- June 28	Track & Field

**COACHES MEETING:** Thursday June 25, 7PM-9PM @ Quality Inn & Suites  
(2020 Apalachee Pkwy, Tallahassee, FL 32301)

**SPECIAL EVENTS:** Athlete Social – Friday, June 26, 6:30 p.m. at Cascade Park. Bring athletes to enjoy music, ice cream, interactive water fountains for kids to play in and athlete give-a-ways.

**HOST HOTELS:**

<b>Quality Inn &amp; Suites</b>	<b>Wyndam Gardens</b>
<b>Room Rate : \$74.99</b>	<b>Room Rate : \$89.00</b>
<b>Includes Free Hot Breakfast &amp; WiFi</b>	<b>Includes Free Hot Breakfast &amp; WiFi</b>
<b>Contact: Josh Goldberg</b> <b>PH:(850) 477-4437</b> <b>EM: <a href="mailto:jgoldberg0592@gmail.com">jgoldberg0592@gmail.com</a></b> <b>Website:</b> <b><a href="http://www.qualityinn.com/hotel-tallahassee-florida-FL808?source=gglocalai">http://www.qualityinn.com/hotel-tallahassee-florida-FL808?source=gglocalai</a></b>	<b>Contact: Courtney Hinson</b> <b>PH (850)877-3171</b> <b>Group Code: "AAU T&amp;F Nationals"</b> <b>Website:</b> <b><a href="http://www.ramada.com/hotels/florida/tallahassee/ramada-plaza-tallahassee-capitol/hotel-overview?cld=local">http://www.ramada.com/hotels/florida/tallahassee/ramada-plaza-tallahassee-capitol/hotel-overview?cld=local</a></b>

<b>HOST ORGANIZATION:</b> Visit Tallahassee Tallahassee Sports Council Amanda Heidecker, 850-606-2317 <a href="mailto:Amanda.Heidecker@visittallahassee.com">Amanda.Heidecker@visittallahassee.com</a>	<b>MEET DIRECTOR:</b> Alice Sims Cell : 850-332-3929 Email: <a href="mailto:alicebsims@comcast.net">alicebsims@comcast.net</a>	<b>HOST CLUB:</b> Capital City Christian Cruisers Alice Sims, 850-332-3929 <a href="mailto:alicebsims@comcast.net">alicebsims@comcast.net</a>
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**Visit [www.VisitTallahassee.com/AAU](http://www.VisitTallahassee.com/AAU) for specific event information about hotels, registration and schedule of events!!**

**TIMING:** Gunlap Running Timing & Event Management Services

**RULES:** In accordance with AAU Youth Athletics Guidelines

**SANCTION:** This event is sanctioned by the Amateur Athletic Union of the U.S., Inc. All participants must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU website at [www.aausports.org](http://www.aausports.org) to obtain their membership.

**AGE DIVISIONS:**

Division (Girls & Boys)	2015
8-Under	2007 & After
9 years	2006
10 years	2005
11 years	2004
12 years	2003
13 years	2002
14 years	2001
15-16 years	1999-2000
17-18 years	1997-1998

**\*\*The AAU Athletics program is comprised of nine (9) age divisions. The athlete's year of birth shall determine the appropriate age division for current year competition for all age division 8-under through 15-16. The DATE of birth shall be used to determine the appropriate age division for the 17-18 age division thus assuring that any athlete that does not turn 19 before the last of the National AAU Junior Olympic Games competition is still eligible to compete. Athletes MUST NOT turn 19 before the final day of the AAU Junior Olympic Games competition. \*\***

**ELIGIBILITY/AAU MEMBERSHIP:** Competition is open to all boys and girls who have a valid/current AAU registration card. AAU membership may be obtained online at [www.aausports.org](http://www.aausports.org). The AAU membership fee is not included in the AAU Area 9 National Qualifier entry fee and must be obtained prior to participation in this meet.

**REGIONAL QUALIFIER COMPETITION LIMITATIONS:** All athletes MUST compete in the same Regional Qualifier as they did for the District Qualifier. For example, if an athlete resides in Oklahoma, but qualifies to advance to the Regional Qualifier at the Southwestern District Qualifier, they must compete in the Southwestern Regional Qualifier as well. Please be advised that request for permission to compete in a Regional Qualifier outside of the original competition area will not be approved. ALL decisions shall be binding

**PROOF OF AGE:**

Proof of age may be required at District, National Qualifier, and National Championship events and whenever required and/or challenged.

**Acceptable forms of age verification include:**

1. Original birth certificate
2. A notarized original birth certificate from the appropriate issuing authority
3. A US Military Government Identification Card
4. A valid (not expired) passport
5. A valid US driver's license

**MEET ENTRY:**

Each athlete/team competing in this meet must complete the entry process on [www.CoachO.com](http://www.CoachO.com).

**ENTRY FEE:** Entry fee is \$25 per individual athlete competing in Track & Field and \$25 per Multi-Event athlete. All members of relay teams, including alternates, who have not entered an individual event, must pay a \$25.00 entry fee.

Payments will only be accepted online at [www.coacho.com](http://www.coacho.com). Entry Fee must be paid online at the time of registration.

**ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Visa and Master Card accepted online. [http://coachoregistration.com/meet/entry/nq\\_aau](http://coachoregistration.com/meet/entry/nq_aau)

**ENTRY DEADLINE:**

**REGISTRATION WILL OPEN ON APRIL 15- JUNE 17, 2015 AND CLOSE ON JUNE 17, 2015, 12:00 MIDNIGHT, EASTERN STANDARD TIME. ALL ENTRIES MUST BE RECEIVED BEFORE DEADLINE. NO EXCEPTIONS.**

**ADVANCEMENT:**

The top (6) six finishers in each Running Events advance, the top (5) five finishers in each Field Events advance and the top (4) four Relays & Multi events advance to the AAU Junior Olympic Games – Hampton Roads, Virginia – July 29 – August 8, 2015

(AAU JUNIOR OLYMPIC GAMES REGISTRATION DEADLINE – JULY 21, 2015)

**QUALIFYING:**

No District Qualifier, all AAU athletes advance directly to the AAU Regional Qualifier.

**CHALLENGE:**

All challenges to meet results must be initiated within 5 days after the last day of the meet. All challenges must be emailed to the Meet Directors and all challenges will be resolved within 5 days of the last day of the meet. **AFTER THE 5 DAYS, RESULTS WILL NOT BE CHANGED.** Any issues regarding competition rules will follow USATF rules guidelines.

**ADMISSION:**

There will be a \$5.00 gate fee charge per person per day. An All Event Pass can be purchased for \$18 for all 4 days of competition. All Children 4 and under will be admitted free.



**PARKING/DIRECTIONS:**

There is no charge for parking. Team buses will be directed to a designated area to park. Directions to the facility and parking can be located at [www.VisitTallahassee.com/AAU](http://www.VisitTallahassee.com/AAU).

**COACHES PASS:**

4-10 Athletes One (1) complimentary Coaches Credential issued  
11-20 Athletes Two (2) complimentary Coaches Credential per club  
21-30 Athletes Three (3) complimentary Coaches Credentials per club  
Over 30 Athletes\* Four (4) complimentary Coaches Credentials per club

All Registered athletes with a 2015 AAU Card and Competition Number will also be admitted free.

**\*A Maximum of four (4) complimentary Coaches Credentials will be given to any given club. All coaches must be a current registered member of the AAU and must produce current membership card to receive the complimentary pass. Coaches passes will be handed out the time of packet pick up. If AAU memberships are not presented at this time, Credentials will be forfeited. There are absolutely NO Replacements for Lost or Stolen Credentials.\***

**AAU MEMBERSHIPS WILL NOT BE SOLD AT THE MEET!!**

**RESULTS:**

Results will be posted on line at [www.aauathletics.org](http://www.aauathletics.org) and [www.coacho.com](http://www.coacho.com)

**AAU JUNIOR OLYMPIC GAMES DECLARATION & REGISTRATION INFORMATION:**

The top 4 finishers in each event will qualify for the 2015 National AAU Junior Olympic Games in Hampton Roads, Virginia. Those athletes that qualify must declare and register for the meet at [www.coacho.com](http://www.coacho.com) before July 23, 2015. No entries will be accepted after Midnight EST (9:00 p.m. on the West Coast) July 23, 2015. Do not jeopardize your athlete's chance of competing by not completing this step before the AAU Junior Olympic Games.

**FINAL AAU JUNIOR OLYMPIC GAMES SCHEDULE OF EVENTS:**

The FINAL AAU Junior Olympic Games Schedule will be posted on July 30, 2015 at [www.aauathletics.org](http://www.aauathletics.org)

**PROTESTS:**

Protests concerning the status or eligibility of any competitor must be made to the AAU Youth Athletics Committee prior to the commencement of the meet, or the Referee during the meet. Protests relating to matters, which develop during the conduct of the meet, must be made to the Referee and be filed at once, but in any case not more than 30 minutes after the result has been announced. Protests MUST be filed on official protest forms and presented to the Protest Table accompanied by a cash deposit of \$75.00. The Referee shall consider all available official evidence. When the Referee renders his/her decision, there is still the right of appeal to the Jury of Appeals. The jury's decision is final. If the protest is denied, the cash deposit will be forfeited.

**THE JURY OF APPEALS WILL NOT ACCEPT PROTESTS CONCERNING JUDGMENT CALLS.**

# ATHLETES, COACHES AND VENUE INFORMATION

**TENTS:**

Tents will be allowed only in designated areas. Meet management reserves the right to change this policy if it presents a problem. Tents will be allowed in areas that do not interfere with meet management and only in designated areas. Tent tops must be removed at night or during inclement weather.

**SHOWER & LOCKER ROOMS:**

There are no shower or locker room facilities available at the track & field venue. All competitors must arrive at the track dressed and ready to compete.

**RESTROOM FACILITIES:**

Restroom facilities will be available at the track & field venue.

**BIB NUMBERS:**

Competitor bib numbers will be issued at athlete check-in. All athletes will be required to wear their bib numbers on the front of your competition singlet at all times of competition. There is a ten-dollar (\$10.00) replacement fee for lost bib numbers. Replacement bib numbers can be purchased at the Registration Table/Tent.

**HIP NUMBERS:**

Hip numbers will be issued at clerk of the course and will be required for all running event competitors during their event. The clerk of course will indicate which side and location to wear the hip numbers at check-in time.

**IMPLEMENTS:**

Athletes may bring their own implements to use during competition. However, personal implements must be checked in prior to competition. Implement check-in will occur near the field event area.

**ATHLETE WARM-UP:**

There will be a designated area for athlete warm up. The track will open one hour prior to the 1st running event of each day.

**ATHLETE CHECK-IN:**

It is the athletes' responsibility to hear the calls and report to their event venue on the first call for their division. It is recommended that athletes check in for their event at least 30 minutes before their scheduled event. Field event athletes should report directly to the field event venue. Track event athletes should report to the clerking area.

**RELAY EVENTS:**

There is no additional entry fee for relay events as long as the following criteria are met:

- 1) All competitors as well as alternates have paid the individual entry fee of \$25.00.
- 2) The relay team represents a current 2015 AAU registered club.
- 3) All competitors must have current AAU membership

Athletes listed as relay alternates (up to 4) will have that relay event count towards their event limitation.

**RUNNING EVENT RULES:**

100m, 200m, 400m, 80m hurdle, 100m hurdle, 110m hurdle and 4 x 100 relay events each have two rounds, Semi-Final and Final. The top eight (8) fastest times from the semi-final will advance to the final. If there are eight (8) or fewer entries in the semi-final, then that event will be ran as a final at the semi-final time. The 4x400m relays will run a three turn stagger with up to eight (8) teams per heat. The 4x800 relays will run a two-turn stagger with up to 16 teams per heat. Combining heats/divisions is at the discretion of the meet director.

**FIELD EVENT RULES:**

Each competitor will have four (4) attempts for throws and horizontal jumps. Athletes who must leave for another event must check out with the event official. These athletes may also request to take attempts in succession.

In the vertical jumps, within a division, once the bar moves up, it will not move down for any reason. If excused during a round the athlete must return prior to the conclusion of that round or forfeit remaining attempts.

**ADVANCED EVENTS:**

The 2000m Steeplechase, Pole Vault and all of the Multi-Events will be advanced to the National Qualifier. Athletes entering these events must complete the online entry process, indicate these events on the entry and must include an entry performance mark. Multi-Events do not count towards the track and field event limitation.

**AWARDS:**

AAU Championship Medals are awarded to the top three (3) finishers in each event and division. Awards can be picked up at the awards tent approximately 30 minutes after the conclusion of the event. **Medals will not be mailed to the athlete's home.** It is the responsibility of the athlete, coach or parent to pick up awards before leaving the meet.

**FOOD/DRINK/COOLERS:**

There will be concessions available. Team/Athlete coolers will be allowed, however, **NO GLASS CONTAINERS** are permitted. All coolers, bags, backpacks, and duffel bags are subject to inspection by security.

**EVENT SCHEDULES:**

The Final Meet Schedule will be posted after entries close. The event order will not change but start times may differ according to number of entries. Age groups of like sex may be combined in distance races/walks, which have minimal participation. Event Schedules will be available at registration.

**T-SHIRTS:** 2015 AAU National Qualifying Meet T-Shirts will be on sale and available by Fine Design.

**INCLEMENT WEATHER:**

The Meet Director has the option of delaying or temporarily halting the meet in the event of bad weather and resuming when weather permits. The format of the meet may be adjusted after weather delay, if deemed appropriate by the Meet Director and the Games Committee.

**MEDICAL:**

Emergency Medical personnel are on call. Ice and water will be provided for injuries only. Athletic trainers will not treat or tape any athletes prior to competition and are not on duty to prevent or give advice as related to injuries occurring before the meet. ***Athletic Trainers are on duty in case of injury.***

**FLUIDS:**

Meet management will do its best to try to provide water in certain competition areas. It is strongly encouraged that athletes, teams, coaches, and parents have water with them.

**WEATHER:**

The average high temperature in Tallahassee during the month of June is in the mid to high 90's so be prepared because it will be very hot.



April 6, 2015

Dear CEB Track Parents,

We are very excited about the opportunity to participate in the AAU Regional Qualifier Track Meet in Tallahassee, FL. The meet takes place at Florida State University on June 25-28<sup>th</sup>.

In order to plan for this event, we are asking for the commitment of you and your athlete(s). They have been working really hard and deserve the chance to participate. This meet will determine the participants of the AAU Junior Olympic Games! If you are interested in attending, please sign the attached form below, with a payment of \$40 for the first athlete, and an additional \$25 for each sibling that would be competing in the event.

The money we are collecting up front will be enough to register the athlete and ensure they have a spot. Our hope is that this will be the only cost for you, as we plan on fundraising the cost of the hotels, transportation, etc. If there are any additional costs, we will try and make it as minimum as possible. Fundraising events and dates will be determined at a later time.

Your commitment is needed and appreciated! Please send the attached form and payment by **Friday, May 1<sup>st</sup>**. Once our participants in this event are determined, we will provide more detailed information. If you have any questions, please don't hesitate to contact me at 529-2126. Thank you for your support of the CEB Track Team!

Sincerely,

Coach Tillman

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My athlete(s) \_\_\_\_\_ would love the opportunity to participate in the Regional Qualifier on June 25-28. I have enclosed \$ \_\_\_\_\_ to cover the initial cost. My athlete(s) and I will support fundraising associated with this track meet and commit to the CEB Track Team.

Parent Signature: \_\_\_\_\_

Off Campus School Activity Parent/Guardian Consent and Release Form  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: John B. Carney D.O.B. 8/23/10  
Activity: State Track Meet Date of Activity: 6/25/15  
Location: Tallahassee, FL Teacher/Sponsor: Coach Tillman  
Method of Transportation: School Bus  or Private Vehicle  or Charter Bus   
(mom & dad)

**Motor Vehicle Insurance:**  
I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching is of primary concern during all such off campus school activities. I/We understand that there is of safety activity sponsors, teachers, and school officials will act reasonable to protect my/our child/ward from injury, including the provision of appropriate safety equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward will be incidental steps en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/ve release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school, from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
I/We authorize and consent to emergency medical treatment for my/our child/ward  
[Parent, Guardian, Student Initial acknowledgement of this page: JBC JBC TK]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

John B. Carney Signature of Student  
John B. Carney Print Name of Student  
5/27/15 Date Signed  
Elizabeth B. Carney Signature of Parent/Guardian  
Elizabeth B. Carney Print Name of Parent/Guardian  
5/27/15 Date Signed  
109 Phibody Ct GCS FL Home Address  
88843 Home and Emergency Phone #

Tiffany B. Leary Witness  
Tiffany B. Leary Print Name of Witness  
5/27/15 Date Signed  
Tiffany B. Leary Witness  
Tiffany B. Leary Print Name of Witness  
5/27/15 Date Signed  
904.788.1081 or 904.445.1298 Home and Emergency Phone #

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

N/A





**Off Campus School Activity Parent/Guardian Consent and Release Form**  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: ANDREW BROWN D.O.B. \_\_\_\_\_  
 Activity: AAU TRACK Meet Date of Activity: 4/25-6/28/15  
 Location: Tallahassee, FL Teacher/Sponsor: Tillman  
 Method of Transportation: School Bus \_\_\_\_\_ or Private Vehicle  or Charter Bus \_\_\_\_\_

**Motor Vehicle Insurance:**  
 I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
 I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonably to protect my/our child/ward from injury, including the provision of appropriate safety equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
 I/We authorize and consent to emergency medical treatment for my/our child/ward

[Parent, Guardian, Student Initial acknowledgement of this page: \_\_\_\_\_]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student: Andrew Brown Print Name of Student: Andrew Brown  
 Signature of Parent/Guardian: [Signature] Print Name of Parent/Guardian: [Name]  
 Date Signed: 5/18/15 Date Signed: 5/18/15  
 Signature of Witness: [Signature] Print Name of Witness: [Name]  
 Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Print Name of Witness: \_\_\_\_\_  
 Home Address: 231 P... [Address] Home and Emergency Phone #: \_\_\_\_\_

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.



**Off Campus School Activity Parent/Guardian Consent and Release Form**  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: Jacob Deel D.O.B. 11/09/2004  
 Activity: AAU Track Meet Date of Activity: 6/25-6/28/15  
 Location: Belchassie, VA Teacher/Sponsor: Tillman

Method of Transportation: School Bus on Private Vehicles  or Chartered Buses

**Motor Vehicle Insurance:**

I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**

I/We have determined that participating in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonably to protect my/our child/ward from injury including the provision of appropriate safety equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**

I/We authorize and consent to emergency medical treatment for my/our child/ward

Parent, Guardian, Student Initial acknowledgement of this page: \_\_\_\_\_

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Jacob Deel  
Signature of Student

Print Name of Student

Jacob Deel  
Date Signed

May 28 2013  
Date Signed

Rae M. Deel  
Signature of Parent/Guardian

Print Name of Parent/Guardian

OS DE DEEL  
Date Signed

05/28/2013  
Date Signed

3770 Olive Rd Goshen, VA 22653  
Home Address

901 757 3029  
Home and Emergency Phone #

John Deel  
Witness

Print Name of Witness

5/28/2013  
Date Signed

May 28 2013  
Date Signed

John Deel  
Witness

Print Name of Witness

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assessing your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

N/A

Off Campus School Activity Parent/Guardian Consent and Release Form  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: Jayden, Kaitlyn & Ethan Schwab D.O.B. 4/28/03, 6/13/05, 2/19/07

Activity: AAU Track Meet Date of Activity: 6/25-6/28

Location: Tallahassee, FL Teacher/Sponsor: Tillman

Method of Transportation: School Bus  or Private Vehicle  or Charter Bus

**Motor Vehicle Insurance:**  
I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching of my/our child/ward, teachers and school officials will act reasonably to protect my/our child/ward from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
I/We authorize and consent to emergency medical treatment for my/our child/ward

Parent, Guardian, Student Initial acknowledgment of this page: [Signature]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student	<u>[Signature]</u>	Witness	<u>[Signature]</u>
Print Name of Student	<u>[Name]</u>	Print Name of Witness	<u>[Name]</u>
Date Signed	<u>[Date]</u>	Date Signed	<u>[Date]</u>
Signature of Parent/Guardian	<u>[Signature]</u>	Witness	<u>[Signature]</u>
Print Name of Parent/Guardian	<u>[Name]</u>	Print Name of Witness	<u>[Name]</u>
Date Signed	<u>[Date]</u>	Date Signed	<u>[Date]</u>
Home Address	<u>[Address]</u>	Home and Emergency Phone #	<u>[Phone]</u>

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.



The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: Luke Melson D.O.B. 5-26-04  
 Activity: AAU Track Meet Date of Activity: 4/25-6/28/15  
 Location: Tallahassee, FL Teacher/Sponsor: Tillman

Method of Transportation: School Bus  or Private Vehicle  or Charter Bus

**Motor Vehicle Insurance:** I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
 I/We have determined that participating in off-campus activity by my/our child/ward is an inherent risk of the activity and that the benefits of the activity outweigh the risks. I/We understand that the coaching staff, teachers, and school officials will act reasonably to protect my/our child/ward from injury, including the provision of appropriate safety equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/we choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/we release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
 I/We authorize and consent to emergency medical treatment for my/our child/ward

Parent, Guardian, Student initial acknowledgement of this page. [Signature]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student: Luke Melson Date Signed: 5-27-15  
 Signature of Parent/Guardian: [Signature] Date Signed: 5-27-15  
 Print Name of Student: Luke Melson Print Name of Witness: [Signature]  
 Signature of Parent/Guardian: [Signature] Date Signed: 5-27-15  
 Print Name of Parent/Guardian: Stacy Melson Print Name of Witness: [Signature]  
 Home Address: 2257 W. Wade Beach Home and Emergency Phone: [Blank]  
 City: Dr. Fleming Island FL 32003

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

[Handwritten Signature]

Off Campus School Activity Parent/Guardian Consent and Release Form  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity:

Name of Student: Darrious Cotton D.O.B. 03/02/2004

Activity: AAU Track Meet Date of Activity: 5/25-26/15

Location: Tallahassee, FL Teacher/Sponsor: T. Williams

Method of Transportation: School Bus  or Private Vehicle  or Charter Bus

Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child/ward from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/we release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:

I/We authorize and consent to emergency medical treatment for my/our child/ward

[Parent, Guardian, Student Initial acknowledgement of this page: SC DC ]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student: Darrious Cotton Witness: John T. Williams

Print Name of Student: Darrious Cotton Print Name of Witness: John T. Williams

Date Signed: 5/28/2015 Date Signed: 5-27-2015

Signature of Parent/Guardian: Stephanie Cotton Witness: \_\_\_\_\_

Print Name of Parent/Guardian: Stephanie Cotton Print Name of Witness: \_\_\_\_\_

Date Signed: 5/28/2015 Date Signed: \_\_\_\_\_

Home Address: 415 Palm Street, Green Cove Springs, FL 32043 Home and Emergency Phone #: 979-661-0626

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!  
This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

Asthma - Inhaler



**Off Campus School Activity Parent/Guardian Consent and Release Form**  
 School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: Isabella Thompson D.O.B. 4/12/04  
 Activity: AAU Tack Meet Date of Activity: 6/25-6/28/15  
 Location: Tallahassee, FL Teacher/Sponsor: Tillman

Method of Transportation: School Bus, or Private Vehicle of Child's Own  
**Motor Vehicle Insurance:**  
 I/We understand that under present "no Fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
 I/We have voluntarily participated in this off school campus activity by my/our child/ward. It is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonably to protect my/our child/ward from injury including the provision of appropriate state equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
 I/We authorize and consent to emergency medical treatment for my/our child/ward  
 Parent, Guardian, Student Initial acknowledgement of this page: [Signature]

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student: Isabella Thompson Date Signed: 5/11/15  
 Print Name of Student: Isabella Thompson Witness: [Signature]  
 Signature of Parent/Guardian: [Signature] Date Signed: 5/11/15  
 Print Name of Parent/Guardian: Gwendolyn Thompson Witness: [Signature]  
 Print Name of Witness: [Signature] Date Signed: 5/11/15  
 Home Address: 3048 Serenitys Dr GCSFL Home and Emergency Phone #: 32043

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuming your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

Off Campus School Activity Parent/Guardian Consent and Release Form  
School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: Tyronne Raggins D.O.B. 01-24-2004

Activity: AAU Track Meet Date of Activity: 01-28-2004

Location: Tallahassee, FL Teacher/Sponsor: Tillman

Method of Transportation: School Bus

**Motor Vehicle Insurance:**  
I/We understand that under present "no Fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
I/We have determined that participating in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will not be responsible to protect my/our child/ward from injury, including the provision of appropriate skill equipment, facilities, and training designed to reduce the possibility of injury or death; and the safety of my/our child/ward will be incidental to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, and representatives of the School Board and the school from any and all officers, employees, agents liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involved my child/ward while participating in this activity.

**Consent to Medical Treatment/Certification of Physical Condition:**  
I/We authorize and consent to emergency medical treatment for my/our child/ward.

(Parent, Guardian, Student Initial acknowledgement of this page. [Signature])

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Tyronne Raggins  
Signature of Student

Tyronne Raggins  
Print Name of Student

01-28-15  
Date Signed

[Signature]  
Signature of Parent/Guardian

Gwendolyn Washington  
Print Name of Parent/Guardian

0-28-15  
Date Signed

1510 Wayne Street  
Home Address

Green Cove, FL 32035  
Home Address

904-994-7197  
Home and Emergency Phone #s

[Signature]  
Date Signed

John W. Tillman  
Print Name of Witness

[Signature]  
Signature of Witness

[Signature]  
Print Name of Witness

IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!  
This medical information is included to assist the Activity Director/Teacher in assuming your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

None



**Off Campus School Activity Parent/Guardian Consent and Release Form**  
 School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant Permission for said student to attend and participate in the following off campus school activity:

Name of Student: ASHLEY LEA BAUER O.B. 4-15-05  
 Activity: ALL TRACK Meet Date of Activity: 6/25-6/28/15  
 Location: Talkahassee, FL Teacher/Sponsor: Tillman

Method of Transportation: School Bus or Private Vehicle  
**Motor Vehicle Insurance:**  
 I/We understand that under present "no fault" motor vehicle insurance law, if my/our child/ward is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/out insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

**Assumption of Risk/Release of Liability:**  
 I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/our child/ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonably to protect my/our child/ward from injury, including the provision of appropriate site, equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child/ward will be incidental to the activity. I/We have considered and know of and acknowledge, and my/our child/ward has been informed of the risks involved in said off campus school activities. I/We understand that there is physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my/our child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by my accident or mishap involved my child/ward while participating in this activity.

Consent to Medical Treatment/Certification of Physical Condition:  
 I/We authorize and consent to emergency medical treatment for my/our child/ward  
 Parent, Guardian, Student Initial acknowledgement of this page: J.B.

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/we assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/we know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below. I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\* I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE \*\*\*\*

Signature of Student: \_\_\_\_\_  
 Print Name of Student: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_  
 Signature of Parent/Guardian: JERRY M BAUER  
 Print Name of Parent/Guardian: JERRY M BAUER  
 Date Signed: 6-28-15  
 Home Address: 1975 CLAY BLVD

Signature of Witness: \_\_\_\_\_  
 Print Name of Witness: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_  
 Home and Emergency Phone #s: (904) 531-8111

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.) List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the school's attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.