

**SCHOOL BOARD OF MANATEE COUNTY**

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT/ STUDENT  
PARTICIPATION, STATEMENT, AND PARENTAL APPROVAL FORM

DATE: \_\_\_\_\_ (This form is to be filed annually.)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Address: \_\_\_\_\_

This application to compete in athletics for \_\_\_\_\_ High School is made with the understanding that I am not in violation of any of the eligibility rules (FHSAA), and have been assigned by the School Board to attend or live within the school district of \_\_\_\_\_ High School. I understand that eligibility is established by attending a practice or enrolling in the school at the beginning of the school year. Any subsequent transfers within the school year will be subject to FHSAA eligibility rules. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

Phone Number: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**PARENTS OR GUARDIAN'S PERMISSION AND CERTIFICATION**

I hereby give my consent for the above named student (1) to represent this school in athletic activities, except those crossed out on the Health Examination Form by the examining physician; and (2) to accompany any school team of which he is a member on any of its local or out-of-town trips. I understand, to be eligible to participate in any sport or cheerleading, I must purchase excess student accident insurance provided by the School Board (school time or 24 hour). 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. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company, providing primary coverage for the above-named student. I also agree not to hold the school or anyone acting in its behalf or the Florida High School Activities Association liable for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Further, I do hereby certify that the student named above currently lives full time and has lived full time continuously with the same guardian at the above address since \_\_\_\_\_ (date moved to this address). I certify that all information contained on this affidavit and any attachments hereto is true and correct. I UNDERSTAND THAT FALSIFICATION OF ANY OF THIS INFORMATION OR ATTACHMENTS WILL RESULT IN THE STUDENT NAMED HEREON BEING DECLARED INELIGIBLE TO PARTICIPATE FOR ANY SCHOOL WITHIN MANATEE COUNTY IN ANY AND ALL INTERSCHOLASTIC COMPETITION FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR PLUS ONE (1) ADDITIONAL SCHOOL YEAR. I further understand that such falsification of information will be recorded in the cumulative folder of the student named hereon.

Participation in a school sponsored athletic activity or cheerleading program is entirely voluntary and I understand that at such athletic activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. All students participating in athletics and cheerleading activities must have school insurance.

I understand that transportation to and from all practices shall be solely the responsibility of the parent.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_