

Faith Outreach Academy Sports

The requirements for a student who is interested in participating in our Sports Program are:

- Have a current Sports Physical signed by a doctor;
- Pay the \$100.00 sports fee, per sport prior to the first game;
- Attend and participate in all practices unless prior arrangements have been made with the coach;
- Attend all games, both home and away unless prior arrangements have been made with the coach; and
- Maintain a 2.0 GPA with no 'F' in any core subject.

Athletes must be picked up after practice is over within 15 minutes. Athletes that are not picked up within the 15 minutes after practice is over will go into our Aftercare Program and the parent will be charged accordingly.

Siblings of athletes may stay in Aftercare at no charge while the athlete is in practice. When practice is over, the siblings must also be picked up within 15 minutes. Siblings of athletes who are not picked up within the 15 minutes after practice is over will be charged according to our current Aftercare rate.

Uniforms worn during the season are given to the athlete, but remain the property of FOA. Uniforms are given out to the athletes in good condition and must be returned in the same condition. If a uniform is lost or damaged, it is understood that the parent is responsible for paying for the cost of the uniform.

I understand and hereby agree to assume all the risks which may be encountered while my child is participating in the sports program, including activities preliminary and subsequent thereto. I do hereby agree to hold Faith Outreach Academy and its agents and employees, harmless from any or all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even resulting in death, which I now have or which may arise in the future in connection with the activities or participation in the sports program. This includes any drivers driving the school vans in transporting students to and from school sports program activities. All drivers have to be approved by our insurance company in order to be able to drive for the school. I do expect proper supervision of my child during said activities. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve Faith Outreach Academy or any of its agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold Faith Outreach Academy or any of its agents liable in the event of an injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

If for any reason a lawsuit is started by myself, my family or my heirs against Faith Outreach Center, Inc., I agree to pay any liquidated damages for such suit, if I, my heirs, or my family lose such a suit, all costs and attorney fees incurred by Faith Outreach Center, Inc. or its representative in defending such an action.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Parent/Guardian

Date Signed

Name of Athlete

Grade of Athlete

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, personally appeared, who has shown identification to prove to be the above named person.

Identification: Florida Driver's License

Number: _____ **Exp:** _____

Witnessed by my hand and official seal this _____ **day of** _____, **20** _____.

Notary Public, State of Florida