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SUPERINTENDENT OF SCHOOLS

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An 'A-rated' District

Mission Statement: We are committed to the success of every student!

District Office
620 East University Avenue
Gainesville, Florida
32601-5498

www.sbac.edu
(352) 955-7300

Consent and Release Form Authorization to Photograph or Record Student

I, Lunese Baco, the undersigned parent, guardian, or legal
custodian of

Caleb Young Jr, a minor child, who is presently a student
in the school district of Alachua County, Florida, hereby grant the School
Board of Alachua County, its officers, employees and approved media
representatives permission for my child to be photographed and/or recorded in
connection with any and all school activities. I understand the photographs
and/or media productions may be used for purposes including but not limited to
public service announcements, school publicity, and other programs shown to
the general public.

I understand that my execution of this Authorization serves as a waiver of
privacy rights otherwise available pursuant to the Section 1002.22, Florida
Statutes, and other applicable law, for the purposes herein expressed.

Signature of parent/guardian/custodian

5/2/23

Date



Curriculum Division
**Parental Field Trip Permission
Day Trip**

School: Gainesville High School Teacher: Coach Scott Grade: _____ Date: 5/30/23

Permission is requested for your son/daughter to go on a field trip to:

(location) _____, a (type of facility) Football Camp
on (date) _____ 20____

We will leave the school at _____ a.m. ☐ p.m. ☐

We will return to school on _____, 20____ at _____ a.m. ☐ p.m. ☐

Emergency Phone: Daytime: 954-338-8778
Evening: 352-265-6893 (office)
Other: _____

Method of Travel: ☐ School Bus ☐ City Bus ☐ Walking
☐ Private Vehicle/Name of Driver: _____
☐ Other/Specify: _____

The purpose of this trip is: _____

Supervision: During this trip your student will be supervised by (check all that apply):

☐ ACPS Staff, ☐ Approved Chaperones, ☐ Other: _____

We anticipate approximately one chaperone for every _____ students.

If your son/daughter has permission to go on this trip, please sign below.

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

Student Name: (Please Print) Caleb Yang Li
Signature of Parent or Guardian: [Signature] Date: 5/30/23

Emergency phone number(s) must be listed for students to attend the trip. *

This form has been updated to comply with Rule 6A-10.085 F.A.C.

Registration Requirements:

- Copy of current physical or physician's statement for each participant is required. The physical must be signed and dated by physician within the last year of camp participation date. Our office is required to keep on file a copy of physicals so make sure to have copies made in advance (*we will not have the ability to make copies*).
- Signed waiver of liability (pg. 3)
- Participant registration form (pg. 1)
- Health Insurance must be provided for each camper unless being covered by the team's school insurance. If school insurance being used, please email a copy of the policy – school insurance covers the whole team (preferred method). If using individual insurance, please have each campers parent fill out the info on the signed waiver of liability form.

Please Select Preferred Method of Payment: (*no personal checks will be accepted*) / \$250 per TEAM.

☐ Cashier's Check/School Check Payable to "University Athletic Association"

☐ Cash (Amount

☐ Credit Card

Payment of Camp Expenses Statement

NCAA guidelines prohibit payment of camp expenses (e.g., transportation, camp fees, spending money, etc.) by boosters and representatives of the University Athletic Association. NCAA rules also prohibit free or reduced camp admission for prospects (9th grade and above). By signing below, I affirm that I have read and understand the NCAA legislation as it pertains the payment of camp expenses for the camper listed on this form. I understand that any violation of the NCAA rules may jeopardize the NCAA eligibility of my son or daughter.

My signature hereby certifies that to the best of my knowledge, the responses indicated above are correct.

Signature of Coach, Parent or Legal Guardian of Camper: _____

Date: 6/1/23

WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT-CONSENT TO MEDICAL TREATMENT READ BEFORE SIGNING - MUST HAVE TO PARTICIPATE IN GATOR CAMP

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The University Athletic Association, Inc., the University of Florida Board of Trustees, the Florida Board of Governors, the State of Florida, and any of their officers, servants, agents, or employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including affliction of Covid-19 or death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Event, or while in, on or upon the premises where the Event or any associated activities are being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities or that the reasonable accommodation(s) I have listed under "Americans with Disabilities" would permit participation in the camp's activities. I am fully aware of the risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to me /my child's participation in the camp. WHETHER CAUSED BY NEGLIGENCE OR RELEASEE or otherwise.

During the period of the camp, I hereby give permission for the staff of the University Athletic Association, Inc. or this camp to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury, including non-prescription medications or any medications listed herein that I/my child brings to camp in original containers with dosage instructions. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

I further hereby authorize The University Athletic Association, Inc. to use or distribute any picture or video related to camp activities that my child is depicted. I also authorize use of these materials for publication in a camp brochure, on the Floridagators.com website, or other camp promotional material. They may also be distributed to other camp members, i.e. camp picture of all campers.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN'S SIGNATURE

Date Signed/Printed Parent/Guardian Name

Print Camper's Name

Emergency Phone Number(s)

Only fill out the insurance information if using individual insurance and not school insurance

CAMPER MUST HAVE MEDICAL INSURANCE

Insurance Company Name

Insurance Provider/Customer Service Number

Policy Number

Group Number

Name on Policy

Relationship to Camper

Subscriber Phone Number

Subscriber Date of Birth.