

Julia Landon College Prep Emergency Information Sheet

Student Name: _____

Address: _____

Date of Birth: _____ Student Number: _____

Parent/Guardian Name: _____ Phone: _____

E-mail: _____

Parent/Guardian Name: _____ Phone: _____

E-mail: _____

Emergency Contact Name #1: _____

Phone Number: _____

Emergency Contact Name #2: _____

Phone Number: _____

IMPORTANT MEDICAL INFORMATION

Please list any facts concerning the child's medical history including **allergies**, medications being taken, current medical conditions and any physical impairments to which the school and a physician should be alerted. _____

Doctor: _____ Phone: _____

Preferred local hospital: _____

Insurance Company Name: _____

Name on insurance Card: _____

Policy #: _____ Group #: _____

Julia Landon College Prep Athletics Contract

Athlete's Name: _____

Note: All Athletes must return this form to the Athletic Director in order to participate in the Athletics Program at Julia Landon College Preparatory School.

I, _____, have read each of the Policies and Procedures for the
(Parent/Guardian)
Julia Landon College Preparatory School Program. _____ has also read
(Student Athlete)

and understands these policies and procedure. S/he understands the consequences of breaking these rules, and will adhere to all Julia Landon Rules and Procedures. Student athletes will report to class on time, dress in school appropriate attire and follow all classroom rules as well as the DCPS Student Code of Conduct. Failure to do so may result in dismissal from the athletic team and potential athletic ineligibility for the duration of the school year. Dismissal from the team is at the discretion of the coach, Athletic Director and/or school administration.

Parents must pick up their children after practice at **5:00PM promptly** at the back of the school (Minerva Avenue). Student athletes may not go to the front of the building. **Please be on time.**

Students and parents will be held accountable for late pickup:

1st Late Pickup – Verbal warning

2nd Late Pickup – Written notice

3rd Late Pickup – Suspension from the team

4th Late Pickup – Dismissal from the team and the student may not participate in sports remainder of school year.

Signature of Parent/ Legal Guardian: _____

Date: _____

Athlete's Signature: _____

Date: _____

Walking Permission Slip

I give my child permission to walk to the public library after practices at 5:00 p.m. If at any time I feel uncomfortable with my child walking, I will give written notice directly the respective coach.

Signature of Parent/ Legal Guardian: _____

Date: _____

*Please note: Players may not walk to the library after games.

Media Release Agreement

As the parent or legal guardian of _____ I hereby authorize the recording, video filming, and/or photography of my child. Further, I agree to the use of my child's name, likeness and achievement(s) for educational and other bona fide related, non-profit purposes, including marketing and promoting the Duval County Public Schools and/or Julia Landon College Preparatory and Leadership Development School and consent to the display of such to any persons. I authorize the use of any recording, video film, and/or photographs, and/or any other such information in all media in perpetuity and without claim to compensation. I agree to release and hold harmless Julia Landon College Preparatory and Leadership Development School and the Duval County Public Schools for the use of any such material.

Signature of Parent/ Legal Guardian: _____

Date: _____

Julia Landon College Prep Dismissal Information

List anyone who your child has permission to ride home with upon athletic dismissal. (This portion of the contract must be completed in addition to the school wide blue cards).

Please include members of your carpool.

