



Athlete Signup and Parent Consent Form

Jensen Beach Athletics (Registered CP575E, Stuart FL)

1. Athlete Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Going to attend next year or currently attending Jensen Beach High School?

☐ Yes ☐ No

2. Parent/Guardian Information

Parent/Guardian Full Name: _____

Parent Phone: _____ Parent Email: _____

Emergency / 2nd Parent Contact Name: _____

Emergency / 2nd Contact Phone: _____

3. Medical Information

Known Medical Conditions/Allergies: _____

Medications of note Currently Taken: _____

Primary Care Physician Contact Information (if applicable/Optional):

4. Consent and Release Waiver

I, the undersigned (Parent), consent for my child to participate in Jensen Beach Athletics programs. I understand that while every precaution will be taken, there is a risk of injury. I (Parent) release Jensen Beach Athletics, its staff, and volunteers from any liability for injuries that may occur during participation.

In the event of an emergency and ONLY if needed (As in case of the absence of a Parent or Legal guardian), I authorize Jensen Beach Athletics staff to seek appropriate medical treatment for my child.



I also consent to the use of photos or videos of my child for promotional purposes, if applicable.

(This is an optional choice. If you do not consent, please mark the following)

(☐) I DO NOT consent to the use of photos or videos of my child for promotional purposes or for any other reason.

5. Code of Conduct Acknowledgment

I, along with my child, agree to adhere to the Code of Conduct set forth by Jensen Beach Athletics.

6. Signatures

Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____