

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME North Port High School
 SCHOOL ADDRESS 6400 W Price Blvd, North Port, FL 34291 SCHOOL PHONE 941-423-8558

SCHOOL CLUB/ACTIVITY APPROVAL AND STUDENT REGISTRATION

Instructions: The club/activity advisor completes top section of form and gives to the principal for approval. If approved, the advisor makes copies of the signed form for the students to take home. The parent/guardian must complete the consent section, sign, and return this form and additional completed, signed forms identified below, with any required payment to the child's school.

CLUB/ACTIVITY INFORMATION

Club/Activity Name Fellowship of Christian Athletes School Year 2025-2026
 Club/Activity Advisor Name SHANE HOTCHKIN + Joseph Sorbino
 Club/Activity Advisor Email Address shotchkind@aol.com
 Schedule Start Date 9/11 End Date 5/28 Meeting Days/Times Wednesdays 10:09-12:27
 Cost (if any) Payment required \$ None Payment can be made by cash/check payable to _____
 Requirements (prerequisites, dress code, equipment, supplies, etc.) _____

Purpose or Goal of Club/Activity To provide an environment for a faith-based club to learn, character, teamwork, excellence, integrity, and servant hood.

ADMINISTRATOR APPROVAL

Club/Activity Approved ☒ Yes (check boxes below for additional required forms)
☐ No If no, provide reason _____
☐ Parent/Guardian Release and Hold Harmless Agreement for Student Participation in Special Event/Activity at School Campus, Form 075-16-FIN
☐ Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities, Form 063-96-DIS

Courtney Appolloni [Signature] 8/14/25
 Administrator Name (Print) Administrator Signature Date

PARENT/GUARDIAN CONSENT

Student Name (Print) _____ DOB _____ Student No. _____

Transportation

☐ My child drives to and from School ☐ My child is a walker/biker (Note that no crossing guards are present).
☐ My child will normally be picked up by the following people (include yourself):

Name (Print) Phone No. Name (Print) Phone No.

Students who are not picked up on time may be dismissed from the club/activity. You will be contacted to pick up your child if the club/activity is cancelled due to unforeseen circumstances (i.e. weather).

I, _____, give my permission
 Parent/Guardian Name (Print)

for _____, to participate in the
 Student Name (Print) Club/Activity.

Parent/Guardian Signature _____ Date _____

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