

**THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA**

SCHOOL NAME Heron Creek Middle School  
 SCHOOL ADDRESS 6501 W. Price Blvd, North Port, FL 34291 SCHOOL PHONE 941-480-3371

**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.

The deadline to submit forms and payment in order for the child to participate is 10/7/2025.

**CLUB/ACTIVITY INFORMATION**

Club/Activity Name FCA-Fellowship of Christian Athletes School Year 2025-2026  
 Club/Activity Advisor Name Heather Ryan Club/Activity Advisor Email Address \_\_\_\_\_  
 Purpose or Goal of Club/Activity \_\_\_\_\_  
 Schedule Start Date 10/7/2025 End Date 5/12/2026 Times During lunches  
 Day(s) of the Week Tuesdays  
 Cost Payment required \$0 Payment can be made by cash/check payable to N/A  
 Requirements (prerequisites, dress code, equipment, supplies, etc.) follow school rules and expectations

**PRINCIPAL 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  
☐ Private Vehicle Transportation Permission, Form 063-12-FKM  
Kristie Lawrence [Signature] 9/17/25  
 Principal Name (Print) Principal Signature Date

**PARENT/GUARDIAN CONSENT**

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_ Student No. \_\_\_\_\_  
~~Transportation~~  
☐ My child is in After School Care ☐ My child is a walker/biker (Note that no crossing guards are present).  
☐ My child drives to and from School ☐ My child will normally be picked up by the following people (include yourself):  

Name (Print)	Phone No.	Name (Print)	Phone No.
	<u>N/A</u>	<u>N/A</u>	

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 \_\_\_\_\_

The School Board of Sarasota County, Florida, complies with State Statutes on Veterans' Preference and prohibits discrimination in its educational programs, services or activities, or employment conditions or practices on the basis of race, color, religion, gender, sexual orientation, age, ethnic or national origin, genetic information, marital status, qualified disability defined under the ADAAA, or on the basis of the use of a language other than English, except as provided by law.

Distribution: Original – Advisor (Approved), Principal (Unapproved) Copy – Parent/Guardian

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RISK MANAGEMENT  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT  
FOR STUDENT PARTICIPATION IN SPECIAL EVENT/ACTIVITY ON OR OFF SCHOOL CAMPUS**

**Instructions:** Complete and return this form to the school. It must be returned to the school before the student will be allowed to participate in this event/activity.

I/we, \_\_\_\_\_ give my/our permission for  
Parent/Guardian Name (Print)

my/our child, \_\_\_\_\_ to participate in the  
Student Name (Print)

Fellowship of Christian Athletes (FCA) (Name of event or activity)

on Tuesdays - 10/07/2025 thru 5/12/2026 (Date/Beginning date of event/activity) at the

Room 7110 during scheduled lunches (Location of event or activity).

I/we fully understand that participation in this program poses a risk of injury including, but not limited to, sprains, strains, contusions, abrasions, broken bones, lacerations, and in extreme cases, paralysis or death.

In consideration of The School Board of Sarasota County, Florida, permitting my/our child to engage in the above stated event or activity, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, its employees and agents from liability for all claims including but not limited to claims caused by the negligence of The School Board of Sarasota County, Florida or its employees and agents, judgments, costs or other expenses, including attorney fees, arising out of bodily injury or property damage resulting in any way from participation in this event or activity.

This release is freely and voluntarily executed by the undersigned after having carefully read it. I/we, in executing this release, have not relied on any inducements, promises, or representations by The School Board of Sarasota County, Florida or its agents not contained herein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date