



LAFAYETTE BOYS SOCCER TRYOUT REGISTRATION

STUDENT'S NAME: _____

Please be sure to register online for tryouts on our website. An explanation of the forms in this packet is below.

The HIPAA Privacy Form gives the team trainer access to the medical release form information, as well as permission to treat your son for injuries that occur during games/practices, while assuring the privacy of this information.

The Extra-Curricular Transportation form is a FCPS requirement that allows LHS soccer to transport your son by bus to games and tournaments away from Fayette County.

The Address Verification form verifies that the student is following FCPS rules in regards to school attendance, and lays responsibility for attending the appropriate school with the player and family.

The Media Release form allows media (newspapers, tv, websites, and social media) to publish photos, videos, and interviews with your son and/or LHS soccer.

The Field Trip form gives permission to students to travel to all games, practices, and program activities that are considered field trips by FCPS.



HIPAA Privacy Rule Release Form

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through this pre-participation physical examination. This “protected health information” (PHI) provides information about _____'s past and present health.
(Insert Student Athlete's Name)

The purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete's PHI will be shared/released to a school official (such as the Head Coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FERPA) that applies at the school.

I have read and understand the information above.

Parent/Legal Guardian Signature

Date



FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, Kentucky 40502
(859) 381-4100

PARENTAL PERMISSION FOR EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION SPECIFIC TO LAFAYETTE BOYS SOCCER

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____, hereby grant permission to Fayette County Public Schools to transport my child to the activities listed on the attached schedule. My child participates in the extra-curricular activity of **Boys Soccer** at **Lafayette High School**. I acknowledge the attached activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

Parent/Legal Guardian Signature

Date



Lafayette Boys Soccer Address/Middle School Verification

Must be completed and returned with other required materials (physical, insurance, etc.) allowing student participation in Lafayette High School Athletics.

I, _____, parent/legal guardian of _____,
verify that the player resides with me at the following address.

(Street Address)

(City, State ZIP)

What school(s) did you attend last year (this includes middle school or high school)?

Have you transferred to LHS from another school for this year? (yes or no) If yes what school?

If you did transfer did you participate in athletics at your previous school? (yes or no) If yes what sport(s)?

Please indicate if your child is a member of _____ SCAPA or _____ Pre-Engineering Program.

I understand that my student athlete must live with me within the Lafayette attendance area or have specific permission to attend Lafayette High School in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that he may be subject to penalty up to and/or including one school year of ineligibility and forfeiture of games won in which he played.

My signature below verifies that I have read and understand this information. I also understand that if I or if my child moves while enrolled, I will notify the school in writing and I will personally notify the coach.

Parent/Legal Guardian Signature

Date



FAYETTE COUNTY PUBLIC SCHOOLS

701 EAST MAIN STREET
LEXINGTON, KY 40502
(859) 381-4100

PARENTAL PERMISSION FOR MEDIA OR DISTRICT BROADCAST, WEB OR OTHER PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE FOR SCHOOL YEAR 2019-2020.

This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, Fayette County Public Schools (FCPS) educational access channel, web site or social media. Please call your school if you have questions.

STUDENT RECOGNITIONS AND SCHOOL PUBLICATIONS

Throughout the year there may be programs, meetings or events (i.e. school-wide assembly or FCPS Board meeting) that are open to the public and where individual or large group photographs or videotapes will be taken by the media or school district staff to recognize student achievement. In addition, your child's name and photograph will appear in school publications such as the yearbook or newsletter. **Your consent to these types of photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.**

MEDIA COVERAGE AND DISTRICT PUBLICATIONS

- I give permission for my child to be individually photographed, audio/videotaped or interviewed by the **media**.
Yes ☐ No ☐
- I give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast **on the FCPS educational access channel, website, or district publications**.
Yes ☐ No ☐
- I give permission for my child's work, name, grade, and school to **appear on the FCPS educational access channel, website or district publications**.
Yes ☐ No ☐

I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date



PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS

School: Lafayette High School

I, the undersigned Parent/Guardian of the student named below, understand the nature of the

Field Trip being planned to: All LHS Boys Soccer games, practices and events 2025 By: All modes – Private Vehicle, School Bus, & Commercial Bus
(Location of Field Trip) (Mode of Transportation)

I am in accord with the purposes of and procedures governing the Field Trip. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County School District Board of Education, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my student to the Physician, Dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that my student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent/guardian understand and agree to the guidelines from each teacher as to making up missed assignments.

Please check below IF your student has allergy or sensitivity that needs to be accommodated on this trip:

☐ Bee Sting ☐ Nuts ☐ Dairy ☐ Latex ☐ Other: _____

Please check below IF your student has:

☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ Heart Condition ☐ Other: _____

Medications need to be administered during the trip: ☐ Yes ** ☐ No

****If my student requires medication,** I understand that I am obligated to ensure that the **medication** and the **Medication Authorization Form** are on file **prior** to the trip and I will supply the medication in the original container on the **day of the trip**. For a student to self-administer any medication (prescription or non-prescription) the Self-Administration Form must be completed by their parent/guardian **and** Physician. Please note, school staff is **not** responsible for self-administered medications.

Student's Name: _____ Parent/Guardian: _____
(Please print) (Please print)

Signature of Parent/Guardian: X _____ Date: ____ / ____ / ____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: (If unable to reach the above) _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Insurance Company: _____ Phone: _____

Name of Policyholder: _____ Policy # _____ Group # _____