

Paxon School for Advanced Studies

Information Sheet

Student Name _____ Grade: _____

Address: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent Name: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact Name #1: _____ Phone Number: _____

Emergency Contact Name #2: _____ Phone Number: _____

Sports: _____

Class Schedule:

1A Period Teacher _____ 5B Period Teacher _____

2A Period Teacher _____ 6B Period Teacher _____

3A Period Teacher _____ 7B Period Teacher _____

4A Period Teacher _____ 8B Period Teacher _____

Please check the following areas of volunteering and help out your child's Team.

_____ Team Mom

_____ Concession Stand, Ticket Sales

_____ Video Tape the Game, Clock Operator/Announcing/Score Keeper/Timer

_____ Booster Club Member

_____ Donations (equipment, water, etc.)

Paxon School for Advanced Studies Contract

Athlete's Name: _____

Note: All Athletes must return this form in order to participate in the Athletics Program at Paxon School for Advanced Studies .

I, _____, have read each of the Policies and Procedures for the
(Parent/Guardian)

Paxon School for Advanced Studies Program. _____ has also read
(Student Athlete)

and understands these policies and procedure. S/he understands the consequences of the rules
and will adhere to all Paxon SAS Rules and Procedures.

Signature of Parent/ Legal Guardian: _____ Date: _____

Athlete's Signature: _____ Date: _____

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 Paxon School for
Advanced Studies 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 Paxon School for Advanced
Studies and the Duval County Public Schools for the use of any such material.

Signature of Parent/ Legal Guardian: _____ Date: _____