

2021-2022 Clearance for Athletic Participation

*****Please double check ALL pages for signatures! *****

The following information **MUST** be completed before the student will be allowed to participate in athletics at Land O' Lakes High School.

To be completed by the **STUDENT**. Please **PRINT** all information clearly.

Student's **LEGAL** Full Name

Date of Birth (MM/DD/YY)

Pasco Student ID#

2021/2022 Grade Level

Played sports at LOLHS? (Y/N)

Has your student ever played a sport with LOLHS? _____ YES _____ NO

Name of last school attended: _____

Please list **ALL** sports you are thinking you ***might*** want to try out for, even if you're unsure right now:

BELOW TO BE COMPLETED BY SCHOOL OFFICIAL ONLY:

____ MIS Form 166

____ LOLHS Code of Conduct

____ Notarized Form

____ EL3 FHSAA Form

____ General Information

____ EL2 FHSAA Form

AFTER MAKING A TEAM, ADDITIONAL ITEMS ARE NEEDED:

____ Birth Certificate*

____ \$70 Fee for Sport #1

____ Parent/Guardians Driver's License**

____ \$40 Fee for Sport #2

* Birth certificate should already be on file ***IF*** this athlete played a sport at LOLHS already

** License should also be on file ***IF*** a previous sport was played. If the athlete has moved, a license reflecting the new address is to be provided.

NOTES TO COACH (GPA, GA4, ETC):

No student may participate in conditioning, workouts, tryouts, practices, or contests until the coach is in possession of a copy of this form from the Athletic Director



DISTRICT SCHOOL BOARD OF PASCO COUNTY
PARENT RELEASE

MIS Form #166
Rev. 01/18

TRANSPORTATION BY:

School Bus/Van ☒ Private ☒ Vehicle ☒ Walking ☐ Charter Bus ☒ PCPT ☒

Date of Field Trip 2021-22 School Year Sponsor Athletic Coaches

In consideration of _____ having been accepted by the

→ Student Name - Please Print _____ Date of Birth _____

principal, teacher(s) or other personnel of Land O' Lakes HS School of the District School

Board of Pasco County to go on a school sponsored trip to Athletic Events

and I, the undersigned, understand that my child, if transported by a privately owned vehicle, charter bus, school bus or walking, hereby release the District School Board of Pasco County, the individual members of said Board, the Superintendent, the principal, teachers or other employees of the school, and volunteer leaders from any financial responsibility because of sickness of the student while going to, returning from, or attending said field trip or because of any accident in which the student is injured. To ensure prompt attention in case of sickness or accident, I hereby authorize the person(s) in charge of said trip to incur expense considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any accident or health insurance policy that may be in effect at the time of the sickness or accident.

In any situation in which the safety and security of students might be compromised (e.g., Red Alert Status issued by the Department of Homeland Security, severe weather conditions, etc.) the District School Board of Pasco County will take the necessary steps to ensure the safety of its students and staff, including the cancellation of scheduled field trips and school events. Should this trip or event be cancelled as a result of such an event, the District cannot guarantee any monies (including deposits) will be refunded by the vendor(s) associated with this transaction. Therefore, students, parents, guardians, etc., are hereby cautioned and advised that the District will not be liable for any reimbursements associated with this event that are not refunded by the vendor(s) and returned to the District.

I have documented below all precautions/instructions regarding my child's medication. I have noted any special health related conditions or allergies regarding my child. I understand that the trained school employee who usually dispenses medication may or may not be present during the trip. Medications will be dispensed by a trained school employee (in accordance with Board Policy 5330).

Please list any medication(s) your child is currently taking (at home or school): (Dosages/Times)

Allergies: _____ Additional Health Concerns: _____

Name of Parent or Guardian - Please Print _____

Date _____

Signature of Parent or Guardian _____

Primary Phone _____

Alternate Phone _____

Business Phone _____

Street, Rural Route, or P.O. Box _____

City _____

State _____

Zip Code _____

Name of Additional Emergency Contact / Relationship to Student _____

Phone _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, known as COVID-19, is an extremely contagious virus, which can cause serious medical conditions, including death. COVID-19 has been declared a worldwide pandemic by the World Health Organization, and as a result, federal, state, and local governments along with federal and state health agencies recommend social distancing and have, in some circumstances, limited the congregation of people. COVID-19 is so contagious that even the most extraordinary measures has not halted its spread amongst our population.

The District School Board of Pasco County (DSBPC or District) has initiated reasonable, precautionary measures in an effort to reduce the spread of COVID-19. However, given the extremely contagious nature of COVID-19, the DSBPC cannot guarantee that your child(ren) will not contract the virus while attending or engaging in school-related and/or extracurricular activities. In fact, the increased exposure of attending or engaging in such activities could increase your child(ren)'s risk of contracting COVID-19, despite the DSBPC's reasonable efforts to reduce the spread of the virus.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ATTEND OR ENGAGE IN AN ACTIVITY AT WHICH THEY MAY BE EXPOSED TO AND CONTRACT COVID-19. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT SCHOOL BOARD OF PASCO COUNTY AND ITS EMPLOYEES AND AGENTS (HEREINAFTER, DSBPC) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY CONTRACT COVID-19 AND MAY BE SERIOUSLY INJURED OR KILLED BY COVID-19 BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY AND THE VIRUS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE DSBPC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY AND THE VIRUS, AND FOR RISKS ARISING FROM THE NEGLIGENCE OR RECKLESSNESS OF THE RELEASED PARTIES, INCLUDING, BUT NOT LIMITED TO, THE DSBPC. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE DSBPC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s engagement in or attendance at a DSBPC sponsored event. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the DSBPC, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the DSBPC, whether a COVID-19 infection occurs before, during, or after participation in any DSBPC sponsored event.

Signature of Parent/Guardian

Date

PRINT Name of Parent/Guardian

Student(s) Name

LOLHS ATHLETIC CODE OF CONDUCT

It is an honor and a privilege to represent yourself, your family, and Land O' Lakes High School through participation in athletics. We believe our student-athletes should exemplify and maintain unconditional sportsmanship both on and off the field. Please review the Athletic Code of Conduct, and return a signed copy with the other required paperwork prior to tryouts for any team.

Eligibility for Participation

1. All FHSAA requirements must be met. School districts, and schools, are permitted to be *more* stringent than the FHSAA, and some of these policies reflect decisions of the DSBPC and/or LOLHS.
2. The participation fee must be paid within THREE days of making a team. Athletes will not be permitted to practice or compete until the fee is paid.
3. Students are eligible for participation based on the school where they are zoned based on their residence.
 - a. IB students are "zoned" to LOLHS or GHS based on their residence, so an IB student's address is still a concern of the school.
 - b. Students with school choice were granted school choice based on their residence when choice was applied for. This must be the address of record.
 - c. The student address provided to LOLHS must be the address where the student lives (where does he/she sleep at night), and cannot be a property owned by the family where they are not living, a business address, a friend's address, etc.
 - d. If the student moves, the school MUST be notified of the new address PRIOR to the move taking place. Notification after the fact jeopardizes the athlete, team, and the school and will result in the immediate suspension of the athlete (minimum penalty).
 - e. It is the responsibility of the student/parent(s) to ensure that (c) and (d) are followed. Violations will result in suspension from all athletic programs for one year from the date the violation is discovered.
4. Any student assigned ISS/OSS may NOT participate in athletics (practice or competition) on the day the suspension is served.
5. Students must be in school for half of the school day to participate in athletics (practice or competition).
 - a. Half of the day is 3 hours and 15 minutes, not a certain number of class periods.
 - b. If a student must leave school for an appointment, he/she must be in school 7:25-10:40 or 10:40-1:55.
 - c. College visits, court appearances, or other such absences must be pre-arranged with the office in order to be exempt from the attendance requirements.
6. Athletes must abide by all rules/regulations in the Pasco County Student Code of Conduct and Land O' Lakes Student Code of Conduct. Both can be found in the Student Planner.

7. Ninth grade students who do not have a 2.0 GPA on their first quarter's report card will be unable to complete their fall season or tryout for a winter sport until the first semester's GPA is established in January.
8. Athletes who quit or are removed from a team may not start another sport until the original sport's season has concluded.

Sportsmanship, Ejections, and Fines

1. FHSAA bylaws state that any athlete ejected from a contest may be suspended for up to six weeks and up to one year for gross misconduct. These are minimum suspensions, as the DSBPC, LOLHS, and/or coaches may lengthen the suspension at their discretion.
2. The FHSAA requires schools to be responsible for their spectators. In the event that a spectator is disruptive, he/she will be removed from the facility and possibly suspended from attending future events.
3. Athletes ejected for unsportsmanlike behavior will be fined at least \$50. This fine must be paid prior to returning to the team. Athletes ejected for gross unsportsmanlike behavior will be fined at least \$250.

Insurance

1. Your insurance plan is primary. The school's supplemental program is secondary.
2. The school's supplemental insurance policy does NOT cover injuries obtained during "open" facilities (gym, field, court, etc.). If you would like additional coverage for such events, visit <https://schoolinsuranceofflorida.com> and look into their 24-hour coverage.
3. If using the secondary insurance, be sure to stay in-network (again, visit the above site for more information). Treatment must be sought within 60 days.

Other Information

1. Each coach will have his/her own additional requirements and rules that are to be followed and may be stricter than those listed here.
2. The LOLHS Athletic Code of Conduct does not cover all situations that may occur. The school will attempt to do whatever is necessary to ensure that our student-athletes represent themselves and the school with dignity and integrity.
3. Any athlete, or parent, who is aware of a questionable residency of another athlete should report his/her concern to the coach, Athletic Director, or administration for investigation. An ineligible athlete can lead to fines for the school, forfeiture of contests for the team, and ineligibility of student-athletes.

Student Signature

Date

Parent Signature

Date

* Notary



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

ATHLETIC PARTICIPATION FORM - Notary

PLEASE CLEARLY PRINT OR TYPE:

2021-22
GRADE LEVEL/SCHOOL YEAR: _____ STUDENT I. D. #: _____

Name of Student (As it appears on the student's birth certificate):

LAST _____ **FIRST** _____ **MIDDLE** _____

STUDENT ADDRESS: _____ CITY/STATE/ZIP _____

HOME PHONE (WITH AREA CODE): _____ D.O.B: ____/____/____

EMERGENCY CONTACT: _____ PHONE: (____) _____

NAME OF LAST SCHOOL ATTENDED/YEAR: _____

FATHER/GUARDIAN: _____

STREET/P.O. BOX _____ CITY/STATE/ZIP _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

MOTHER/GUARDIAN: _____

STREET/P.O. BOX _____ CITY/STATE/ZIP _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE (____) _____

MEDICAL INSURANCE COMPANY _____ MEMBER ID # _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO)? YES: _____ NO: _____

Participation in competitive athletics may result in severe injury, including paralysis or death. Improvements in equipment, medical treatment, and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above-named adult student, do hereby consent to the release of confidential educational records/data including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider Home Campus, Inc. and MaxPreps. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or Home Campus to colleges/universities or their representatives for recruiting purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of the records/data provided under this consent is authorized.

INSURANCE: The District School Board of Pasco County provides only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical services. You may encounter certain out-of-pocket expenses when your son or daughter is treated for accidental injuries.

BIRTH CERTIFICATE: Each athlete MUST present to the athletic director or coach a certified copy of a valid birth certificate. The copy will be returned.

IN THE EVENT OF AN INJURY AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER COACH PERMISSION TO HAVE YOUR CHILD TREATED MEDICALLY? YES: _____ NO: _____

PARENT SIGNATURE _____ DATE _____

STATE OF FLORIDA, COUNTY OF _____ The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarizations on this _____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

Signature of Notary _____

Printed Name of Notary _____

My Commission Expires _____

NOTARY SEAL



Pasco County Schools

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Pasco County Schools Athletic Information for Students and Parents

ACADEMIC ELIGIBILITY: In order to participate in high school interscholastic athletics, a student must currently have and maintain a cumulative grade point average of 2.0 or above on a 4.0 un-weighted scale. The athletic director and/or coach will verify all grades within a five-day period subsequent to team tryouts. Failure to have and maintain a cumulative 2.0 grade point average will result in immediate dismissal from any interscholastic athletic team. Middle school students must have a 2.0 grade point average for the previous semester in order to be eligible.

ATHLETIC TRANSFER VERIFICATION: Any middle or high school student who has been *authorized* to transfer from one school to another must meet the athletic transfer verification requirements. This includes, but is not limited to, students who were previously enrolled in public schools, private schools, charter schools, home schools, magnet schools and alternative schools. For more information on this procedure, visit your school or district athletic website or contact your school athletic director. The verification policy/procedures can be located at the following web address:
<http://www.neola.com/pasco-fl/>

→ **ATHLETIC FEES:** There are no try-out fees. Once a student is selected for a team a fee will be due: \$70.00 for high school students; \$50.00 for middle school students. The fee for the second sport is \$40.00 for high schools; \$30.00 for middle schools. The total family fee (for the same school) is \$180.00 for high schools; \$130.00 for middle schools. The individual cap for high schools is \$110.00. The individual cap for middle schools is \$80.00. A student will not be allowed to dress out, participate in a game or be considered part of the team until the full fee is paid. **ALL FEES MUST BE PAID WITHIN 3 DAYS OF THE CONCLUSION OF TRYOUTS.**

STUDENT STATEMENT: As a student athlete, I agree to maintain athletic eligibility, comply with training rules, and conduct myself so as to bring pride to my school, my team, and my family. I understand I, as well as my parent(s)/guardian(s), are responsible for any uniforms, equipment, and / or supplies issued to me while participating in interscholastic athletics. I agree to repair or replace any damaged item and replace any lost item. I understand suspension from school, in or out, will result in suspension from practices or games during the time of the suspension.

→ **EVENT SECURITY PROCEDURES:** All bags are subject to search upon entry. Bags and items not permitted on Pasco County Schools property must be returned to the patron's vehicle. **ONLY clear plastic, clear vinyl, or clear Ziploc bags** are permitted inside an event venue. Student athletes are permitted to bring bags. These bags are subject to search. Small clutch or wallet style bags no larger than 4 inches by 6 inches are permitted for entry but will be subject to search. All other styles of bags such as backpacks, fanny packs, purses and duffle bags are not permitted. An exception will be made for medically necessary items, diaper bags, and properly credentialed school and professional photographers' camera bags. These bags will be subject to search prior to entry, unless the item meets the clear bag guidelines. Please refer to the "Event Security Procedures" document on the district website for more details pertaining to this countywide policy.

→ **PAYMENT OF FHSAA FINES:** As a student athlete I am representing my school and my school district. I am responsible for my conduct in the athletic program. I will follow guidelines and rules outlined in the District School Board of Pasco County's Code of Student Conduct, Security Procedures and the FHSAA Handbook. In the event of an ejection or disqualification while participating in athletics my parent(s)/guardian(s) and I agree to pay the FHSAA fines, which are assessed by the FHSAA (Example: \$250.00 gross unsportsmanlike conduct).

My parent(s)/guardian(s) and I understand I won't be able to participate in any athletic contests until all fees have been paid to my school and I am subject to additional disciplinary action by any school administration depending on the severity of my actions.

Print Student Name

Student Number

Student Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a "Non-Traditional" student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. *This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a "Non-Traditional" student at a member school.**
- Due date:** Must be received by the school prior to participation in the first sport in which the student wishes to participate.
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a "Non-Traditional" student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a "Non-Traditional" student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to "adopt bylaws that specifically prohibit the recruiting of students for athletic purposes." Florida law also regulates the participation in interscholastic athletics by "Non-Traditional" students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by "Non-Traditional" students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a "Non-Traditional" student by signing the attached "Affidavit of Compliance". The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school's athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school's athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school's athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is "a representative of the school's athletic interests?"

Any person, business or organization that participates in, assists with, and/or promotes a school's athletic program is considered to be a representative of the school's athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school's athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school's interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a "third party"?

A "third party" is an independent person, business or organization who may or may not be a representative of the school's athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of "Non-Traditional" students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, prior to participation in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school's insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding "Non-Traditional" student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school on or before the first day of practice for the first sport in which the student wishes to participate, as established on the FHSAA Calendar. Submission of this form **DOES NOT** grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student (full legal name) _____ ("THIS STUDENT"), who was born on (date) _____, 19/20 _____, and who is currently in the (number) _____ th grade, now attends or wishes to participate for (school now attending/participating for) _____ ("THIS SCHOOL"), commencing on (date) _____, 20 _____.

THIS STUDENT has previously attended/participated for (list all previous secondary schools beginning with the most recent and working back in time) _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit", or I have read and understand the regulations regarding participation as a "Non-Traditional" student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a "Non-Traditional" student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms prior to participation in the first sport in which the student wishes to participate.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

_____/_____
Signature of Student / Date

Printed Name of Student

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.
This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: Land O' Lakes HS

School District (if applicable): Pasco

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here → Sports not allowed to play

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. **I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.**

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____

Policy Number: _____

My child/ward is covered by his/her school's activities medical base insurance plan.

I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____

Signature of Student _____

Date _____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Wind o' Lakes HS

School District (if applicable): Pasco

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate for**Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Lund O' Lakes HS School District (if applicable): Palco**Sudden Cardiac Arrest Information**

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 4 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

1. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within the first 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a **cumulative 2.0 grade point average** on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than eight semesters ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must not turn 19 before **July 1st** to participate at the high school level; must not turn 16 prior to **September 1st** to participate at the junior high level; and must not turn 15 prior to **September 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

 7

 Name of Student-Athlete (printed)

 Signature of Student-Athlete

 _____/_____/_____
 Date

 7

 Name of Parent/Guardian (printed)

 Signature of Parent/Guardian

 _____/_____/_____
 Date

 Name of Parent/Guardian (printed)

 Signature of Parent/Guardian

 _____/_____/_____
 Date



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: Land O' Lakes HS Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

must be completed
 * **Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

- | | Yes | No | | Yes | No |
|---|-------|-------|--|---------------|-----------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | _____ | _____ | 26. Have you ever become ill from exercising in the heat? | _____ | _____ |
| 2. Do you have an ongoing chronic illness? | _____ | _____ | 27. Do you cough, wheeze or have trouble breathing during or after activity? | _____ | _____ |
| 3. Have you ever been hospitalized overnight? | _____ | _____ | 28. Do you have asthma? | _____ | _____ |
| 4. Have you ever had surgery? | _____ | _____ | 29. Do you have seasonal allergies that require medical treatment? | _____ | _____ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | _____ | _____ | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | _____ | _____ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | _____ | _____ | 31. Have you had any problems with your eyes or vision? | _____ | _____ |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? | _____ | _____ | 32. Do you wear glasses, contacts or protective eyewear? | _____ | _____ |
| 8. Have you ever had a rash or hives develop during or after exercise? | _____ | _____ | 33. Have you ever had a sprain, strain or swelling after injury? | _____ | _____ |
| 9. Have you ever passed out during or after exercise? | _____ | _____ | 34. Have you broken or fractured any bones or dislocated any joints? | _____ | _____ |
| 10. Have you ever been dizzy during or after exercise? | _____ | _____ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | _____ | _____ |
| 11. Have you ever had chest pain during or after exercise? | _____ | _____ | <i>If yes, check appropriate blank and explain below:</i> | | |
| 12. Do you get tired more quickly than your friends do during exercise? | _____ | _____ | _____ Head | _____ Elbow | _____ Hip |
| 13. Have you ever had racing of your heart or skipped heartbeats? | _____ | _____ | _____ Neck | _____ Forearm | _____ Thigh |
| 14. Have you had high blood pressure or high cholesterol? | _____ | _____ | _____ Back | _____ Wrist | _____ Knee |
| 15. Have you ever been told you have a heart murmur? | _____ | _____ | _____ Chest | _____ Hand | _____ Shin/Calf |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | _____ | _____ | _____ Shoulder | _____ Finger | _____ Ankle |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | _____ | _____ | _____ Upper Arm | _____ Foot | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ | 36. Do you want to weigh more or less than you do now? | _____ | _____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? | _____ | _____ | 37. Do you lose weight regularly to meet weight requirements for your sport? | _____ | _____ |
| 20. Have you ever had a head injury or concussion? | _____ | _____ | 38. Do you feel stressed out? | _____ | _____ |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | _____ | _____ | 39. Have you ever been diagnosed with sickle cell anemia? | _____ | _____ |
| 22. Have you ever had a seizure? | _____ | _____ | 40. Have you ever been diagnosed with having the sickle cell trait? | _____ | _____ |
| 23. Do you have frequent or severe headaches? | _____ | _____ | 41. Record the dates of your most recent immunizations (shots) for: | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? | _____ | _____ | Tetanus: _____ Measles: _____ | | |
| 25. Have you ever had a stinger, burner or pinched nerve? | _____ | _____ | Hepatitis B: _____ Chickenpox: _____ | | |

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
----------	--------	-------------------	-----------

MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

_____ Cleared without limitation

_____ Disability: _____ Diagnosis: _____

_____ Precautions: _____

✚ _____ Not cleared for: _____ Reason: _____

✚ _____ Cleared after completing evaluation/rehabilitation for: _____

✚ _____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

Only needed if one of stars (*) is checked on previous page

EL2

Revised 03/16



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.