

MONROE COUNTY SCHOOLS HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

Student Name _____ Grade _____ DOB _____

School _____ SS# _____

Residence _____ City _____ Zip _____

Insurance Company _____ Policy # _____

Important Medical Information (Please check any that apply) Heart Disease ___ Diabetes ___ Epilepsy ___

High Blood Pressure ___ Sickle Cell ___ Allergies _____

Medications _____

Other Medical Information _____

Parent/Guardian Contact Information

Father _____ (H) _____ (W) _____

Mother _____ (H) _____ (W) _____

Other _____ (H) _____ (W) _____

Student's Statement of Voluntary Participation:

I hereby state that this application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. I further state that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association and agree to abide by FHSAA rules and Monroe County School Board and School guidelines and procedures.

I choose to participate in the following sports:

Baseball ___ Basketball ___ Cross Country ___ Football ___ Soccer ___ Softball ___ Swimming ___ Tennis ___

Lacrosse ___ Volleyball ___ Cheerleading ___ Dance ___ Golf ___ Weightlifting ___

Student Signature _____ Date _____

Parent/Guardian Statement of Permission:

"I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, those checked on this form after being examined by a physician, provided that such athletic activities are approved by the FHSAA; (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain through a physician of its own choice any medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel, understanding that such activities involve the potential for catastrophic injury, or even death which is inherent in all sports. I agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named students in the course of such athletic activities or such travel. I also agree to pay any transportation or medical expense not covered by insurance."

Parent Signature _____ Date _____



MONROE COUNTY SCHOOL DISTRICT CONSENT AND AUTHORIZATION FOR RANDOM DRUG TESTING

READ CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART, PLEASE CONSULT WITH THE PRINCIPAL, ATHLETIC DIRECTOR, OR TEAM COACH. I intend to become a member of the following interscholastic sport/activity regulated by the Florida High School Activities Association or the Monroe County School District.

- | | | |
|--|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance Team | <input type="checkbox"/> Drill Team |
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling |

As a member of the team, I understand that I will be participating in organized team practices, individual practice sessions, and organized interscholastic sports competitions. I also understand that participation in these activities involves risk of injury to myself and to other participants. I am also aware that the use of illegal drugs, the abuse of legal drugs, and the use of alcohol can seriously jeopardize my safety and the safety of others and greatly increase the risk of injury.

I also understand that my performance as a participant of the team and the reputation of my school are dependent in part on my conduct as an individual and the example I set may influence other students at my school. With these considerations in mind, I hereby agree to accept and to abide by the standards, rules, and regulations established by the Florida High School Activities Association, the Monroe County School Board, and my school in relation to my participation.

I further consent to abide by the Student Athlete Drug Testing Policy, and agree to provide a urine specimen, as it may be requested outlined in that policy, to be tested for the presence of prohibited substances. I understand that if (1) I refuse to provide a valid urine specimen, (2) do not appear at the appointed time and place to provide a urine specimen, or (3) I tamper with, dilute, substitute, or alter the urine specimen I provide, I will be subject to administrative action authorized in the Student Athlete Drug Testing Policy. I further understand that a positive test result which indicates a violation of the Student Athlete Drug Testing Policy will result in consequences outlined in School Board Policy 2431.04.

I also understand that the costs for the drug testing of the urine sample(s) shall be at the expense of the school. This signed form shall be consent, in accordance with the Family Education Right to Privacy Act (FERPA) a section 228.093, Florida Statutes, for the release of the drug testing results to the school principal or the principal's designee, and for use of the results in the administration and enforcement of the Student Athlete Drug Testing Policy.

Consequences for positive drug test or use of drugs or alcohol.

Consequences include the following:

1st Positive Test/Use – The student is suspended from participation for 10 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 10 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 5 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol counseling or rehabilitation/education program. The student also must agree to submit to subsequent school-based drug tests.

2nd Positive Test/Use – The student is suspended from participation for 30 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 30 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 20 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol course including school-initiated counseling. The student also must agree to submit to subsequent school-based drug tests.

3rd Positive Test/Use – The student is suspended from participation in athletics and/or performance groups associated with athletics for the remainder of the school year.

Any results associated with the drug testing policy or use of drug/alcohol will be shared with the parents through a meeting with the parents, students and Athletic Director.

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE

As the parent or guardian of the student named above, I, for myself and for the student, consent to the terms, requirements and conditions above.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

Assumption of Risk, Waiver, Release & Hold Harmless

Monroe County School District COVID-19 and Voluntary Extracurricular Activities School Year 2020-21

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Monroe County, Florida, and the Monroe County School District (collectively, "MCSD"). The novel coronavirus and the disease that it causes, COVID-19, has been declared as a worldwide pandemic by the World Health Organization and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

MCSD will offer certain extracurricular activities in the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity, without appeal, if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), MCSD staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Monroe County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

Signature of Parent/Guardian

Signature of Student

Print name of Parent/Guardian

Print name of Student

Date of signature

Date of signature

MCS D Student Pledge

COVID-19 is a highly contagious infectious disease. The goal of the School Athletic Department is to protect all individuals by establishing recommendations to minimize the risk of exposure and mitigate the effects of the virus within Athletics and the Monroe County community.

I pledge to:

1. **Self Monitor:** I will self monitor for **symptoms** and will not enter and school athletic facility or join any practice with symptoms of illness. I will stay at home and report any illness and notify school administration and my coach as soon as possible.

Symptoms include cough, fever greater than 100.4 °F, headache, chills, shortness of breath or difficulty breathing, unexplained muscle soreness, sore throat, new loss of taste or smell, diarrhea, or vomiting

2. **Practice Good Hygiene** at all times.

Wash hands upon arriving to practice for at least 20 seconds and/or use hand sanitizer. Continue to wash hands/sanitize throughout the practice, after restroom use, before and after workouts, after meals, and when leaving the practice/facility.

3. **Participate in DAILY COVID-19 risk assessment screenings that may include temperature checks.**
4. **Practice Proper Social Distancing:** Maintaining a minimum of six (6) feet of distance between other individuals; limit gathering size to those in effect at the time and abide by all posted or stated distancing protocols through the Activity.
5. If physical distancing is not possible I will wear a mask/cloth face covering during in-person meetings and interactions, strength and conditioning activities, interactions with the athletic trainer, and when not engaged in strenuous physical exertion (on the bench/sideline when six feet of distancing cannot be maintained).
6. **Abide by all guidance and instruction provided by coaches, athletic staff, or school administration.**

I RECOGNIZE THAT PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES AND ACTIVITIES IS A PRIVILEGE NOT A RIGHT. I RECOGNIZE THAT THE ACTIONS OF STUDENT-ATHLETES MATTER AND SET A TONE FOR OTHER MEMBERS OF THE SCHOOL COMMUNITY. AS A _____ SCHOOL STUDENT, I PLEDGE TO ACCEPT THE RESPONSIBILITY TO ABIDE BY THESE GUIDELINES IN ORDER TO KEEP MYSELF, MY TEAMMATES, AND THE STUDENTS AND STAFF OF _____ SCHOOL AS SAFE AS POSSIBLE.

NAME _____ SIGNATURE _____ DATE _____

The MCSD Policy on Interscholastic Athletics is 2431:

Each school may establish a board of control for athletics to include the school principal, instructional staff members, the athletic director, and any other member deemed appropriate by the school principal.

All District high schools shall be members of the Florida High School Athletic Association, Inc. (FHSAA) and shall be governed by the rules and regulations adopted by FHSAA. Students who participate in athletics shall meet eligibility requirements established by the FHSAA and the School Board. Membership dues will be paid from the internal accounts of each respective school.

Students practicing or participating in any type of interscholastic athletics shall provide proof of accident insurance covering medical expenses of any injury sustained in a sport. The principal shall be responsible for obtaining proof, as evidenced by a signed statement from the student's parent(s) or legal guardian, of the student's insurance prior to practice or participation in interscholastic athletics. Such insurance may be made available to the parent(s) or legal guardian through the school, or the parent(s) or legal guardian may submit evidence that insurance has been provided through another source.

No student shall engage in practice or participate in any interscholastic game without the written permission of the student's parent(s) or legal guardian and a current physical examination as required by FHSAA being on file.

Pursuant to Florida statutes, licensed medical personnel who act as volunteers for school events and agree to render emergency care or treatment shall be immune from civil liability for treatment of a participant in any school-sponsored athletic event, provided such treatment was rendered in accordance with acceptable standards of practice and was not objected to by the participant.

All students shall be subject to all Board rules and to the Code of Student Conduct while attending athletic events and practices.

In order for a student to be eligible to participate in interscholastic extra-curricular student activities, s/he must meet all of the requirements established by the FHSAA and maintain satisfactory conduct, as defined by the Code of Student Conduct. If a student is convicted of an on- or off-campus felony or a delinquent act which would have been a felony if committed by an adult, regardless of whether adjudication is withheld, the student's participation in interscholastic extra-curricular activities will be suspended for the balance of the school year.

A report of an alleged violation of this standard of conduct shall be submitted to the principal or designee for investigation. If the principal/designee determines that a violation has occurred, the student and his/her parent or legal guardians shall be notified in writing of the suspension from school sponsored extra-curricular activities.

F.S. 1006.15, 1006.20

MONROE COUNTY SCHOOLS STUDENT **ATHLETE CONTRACT**

Students of the Monroe County School District (MCSD) have the opportunity and privilege to participate in extracurricular activities, including, but not limited to athletics, band chorus, performing groups, clubs, and student government. This Pride and Commitment Contract demonstrates each student's acceptance of becoming a representative of the school by becoming a member of an athletic team. Expectations of student athletes are higher than those of students and thus, this contract contains procedures, rules and expectations that go beyond the Student Code of Conduct. Should an athlete fail to abide by these expectations, both on school property and in the community, consequences may be implemented that exceed those in the Student Code of Conduct, including removal from a team or squad. This is your commitment to excelling as a student athlete in academics, sportsmanship and leadership.

CONDUCT EXPECTATIONS

- I will dress appropriately, use proper language, display a positive attitude and adhere to the MCSD Student Code of Conduct.
- I will be respectful of coaches, teammates, school adults, other students and community members.
- I will set a personal example of excellent conduct and sportsmanship, both on and off the field.
- I will attend classes and follow the attendance rules of the MCSD.
- I will give my best and follow the rules and procedures of any and all teams that I am a part of. □
I will follow all rules and regulations of the Florida High School Athletics Association (FHSAA).

COMMUNITY ROLE EXPECTATIONS

- I understand that my actions in the community are a reflection of myself, my team and my school.
- I will respect others and the property of others and will not physically or verbally harm another individual.
- I will follow the laws governing all citizens and residents of the United States, State of Florida and Monroe County.

PERSONAL HEALTH EXPECTATIONS

- I will refrain from the use of alcohol, all types of tobacco products and all drugs; nor shall I be in possession of such substances at any time in or out of school.
- I will not use any performance enhancing drugs.
- I will abide by the MCSD Athletic Drug Testing Program, where applicable.

ACADEMIC EXPECTATIONS

- I will maintain the required 2.0 GPA as required by the State of Florida at the end of each semester. I will adhere to the higher requirements in the MCSD/Sugarloaf guidelines that state that I must have a 2.0 GPA throughout the season with grades checked every Monday morning. Failure to do so will result in my inability to travel or participate in any game/match/meet until I am in compliance with the 2.0 GPA as determined by the head coach or Athletic Director the following Monday.
- I understand that if I am not in attendance for a minimum of 4 periods or 2 blocks in school, I may not participate in any tryout, practice or game/match/meet that day. Documented emergencies or exceptions may only be approved by the Principal and/or Athletic Director. If traveling, I must be in attendance prior to the team departure time.

ATHLETIC EXPECTATIONS

- Eligibility is my responsibility and I must follow the NCAA Clearance guidelines, FHSAA guidelines, and MCSD Policies and guidelines to ensure that I remain eligible in order to participate with any team. Head Coaches and/or the Athletic Director can provide further information on the requirements.
- I will have all completed paperwork including a proper physical on file with the school Athletic Director prior to trying out, practicing or playing with any team.
- I will provide proof of insurance or purchase insurance before participating in any team activity.

SCOPE OF CONSEQUENCES

- I acknowledge that a violation of any MCSD Student Code of Conduct (SCC) requirements or the MCSD Athletes Contract will result in consequences as outlined in either document and determined by the Principal.
- If I receive consequences for any improper behavior resulting in In-School Suspension, Saturday School or Detention, I will not be allowed to play in a game until the consequence has been completed.
- If I receive Out-of-School Suspension, I will not be able to practice or participate in any team activities until I am allowed back in school. A minimum requirement of missing one game/match/meet will be imposed and further consequences may be imposed as determined by the Principal and/or Head Coach.
- Violation of the drug, alcohol or tobacco policy whether in or out of school will result in consequences outlined in the MCSD policies and SCC as well as a period of inactive participation to be determined by the Principal and may result in removal from the team.
- If arrested, the privileges of athletic competition will be taken away for a period to be determined by the Principal and could result in removal from a team.
- If I quit or am removed from a team, I will not be able to try out for another sport team until the end of the regular season of the first sport in which I quit or was removed is complete. Exceptions or special circumstances will be dealt with through the Athletic Director.

By signing this, I am indicating my willingness and commitment to my school, my teams and my community. I am responsible for my behavior and following all expectations and will have pride in my personal conduct and effort. I understand that these are universal rules and that any and all teams that I am on may have additional expectations. I will maintain a level of respect and sportsmanship that brings pride to my coaches, teams, school, and myself. Parent signatures acknowledge the expectations for their child.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Head Coach Signature)

(Date)

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) _____ Date _____

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD-ADM002) must be executed.

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

SCHOOL

DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient _____

Father _____

Mother _____

Guardian(s) _____

Date _____

STATE OF FLORIDA)

COUNTY OF _____)

)SS

Sworn to and subscribed before me this _____ day of _____, in the year: _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below:

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) _____

Date _____

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCFD AD1003)



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: _____ 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: (____) _____

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: ____/____/____



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: _____ School District (if applicable): _____

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-What You Need to Know" 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 _____/_____/_____



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: _____



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.



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: _____ School District (if applicable): _____

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

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. I authorize emergency medical treatment for my child/ward 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 _____