



Kirsten Burns
Assistant Principal

MARATHON MIDDLE HIGH SCHOOL

Christine Paul
Principal

Rebecca Keenum
Assistant Principal

MARATHON HS ATHLETIC CLEARANCE CHECKLIST

ALL OF THE FOLLOWING NEEDS TO BE DONE BEFORE YOU PRACTICE

1. Go to athleticclearance.com and fill it out. Bring me the certificate that says you have completed it.
2. Go to nfhslearn.com and complete the 3 required courses. Bring me the 3 certificates or screen shots that go along with the course. The courses are concussion, sudden cardiac arrest and heat illness
3. Complete the EL3 paperwork (4 pages) Must be signed by parent and student
4. Complete the Consent to Medical Treatment Form . **MUST BE NOTARIZED.**
5. Complete the Drug Testing Consent Form .
6. Complete the Student Conduct form.
7. Must have an up to date physical on file in the Athletic Office.
8. Must have health insurance. A copy of your insurance card will be turned in with the packet. If you do not have insurance a student insurance is available in this packet.
9. Double check that all is in the packet. Check off the steps as you complete them.

Thank you

Lance Martin- Athletic Director

GO FINS!!!!



Our mission is to educate, empower, and enable all students to become responsible, caring, and contributing citizens.

305-289-2480 KeysSchools.com/MMHS
350 Sombrero Beach Road, Marathon, FL 33040

STUDENT NAME _____

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and field trips
outside of Monroe County School District Only)

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 here of being to grant authority to administer and to perform all 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.

Student Athlete

Name of Parent/Guardian (Print)

Signature of Parent/ Guardian

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ n
the year of the Lord _____

Notary Public
State of Florida at Large

My commission expires _____
044-G37 (2-79)

*** .. If there are any specific medical practices which are prohibited In regards to religious convictions, please list them below.



Florida High School Athletic Association

Revised 06/21

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. 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: _____

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" 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.

Revised 06/21

School: _____ School District (if applicable): _____

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

Revised 06/21

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.

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



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



Kirsten Burns
Assistant Principal

MARATHON MIDDLE HIGH SCHOOL

Christine Paul
Principal

Rebecca Keenum
Assistant Principal

Student - Athletes Code of Student Conduct

Sportsmanship is the "Golden Rule" of athletics. It is respect for others and oneself. It is the understanding and commitment of an athlete to play fair with ethical behavior and integrity. Treat others the way you want to be treated.

As a student – athlete at Marathon HS I, _____, promise to follow the Student – Athletes Code of Conduct.

- Win and lose graciously
- Understand you are a representative of the school and others will base their impression of the school on your attitude and behavior
- Treat opponents as you would like to be treated
- Refrain from disrespectful behavior such as trash talking or forms of intimidation
- Wish them good luck and greet them graciously
- Only the captain or coach should communicate with the officials
- Avoid the use of profanity
- Play with you best effort
- Be a team player
- Do not argue with officials or complain about calls
- Control your temper and do no retaliate if you feel you were wronged
- Accept accountability and punishment for your actions

Student – Athlete Signature



Our mission is to educate, empower, and enable all students to become responsible, caring, and contributing citizens.

305-289-2480 KeysSchools.com/MMHS
350 Sombrero Beach Road, Marathon, FL 33040