



Athletic Eligibility for High School Students

Parents, in order for your Child/Ward to be eligible to participate in athletics at his/her high school during the upcoming school year, you must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) will need to sign the papers in front of a notary. We cannot notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)					Student ID #	Today's Date
Sex	Age	Current Grade	School Year	Date of Birth	Parent/legal Guardian	
Student's Address (street, apt. #, city, state, zip code)					Telephone #	
First School Attended This Year				School Attended Last Year		
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Telephone #	
Emergency Work Phone #		Student's Personal Physician			Physician Telephone #	
List Sports						

PROOF OF INSURANCE FOR STUDENT		
Name of Policy Holder (Insurance Policy that covers student)	Policy Holder Relationship to Student	Policy Holder Place of Employment
Name of Medical Insurance Company (Insurance Policy that covers student)		Insurance Policy #

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT

I live with (check one) both parents Mother Only Father Only Guardian Other _____

Relationship to other _____ I have lived with the person(s) stated above since _____

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school. I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist)
- I have been assigned to this school by the Department of Exceptional Student Education.

School	Athletic Director	Telephone #
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ATHLETIC ELIGIBILITY REQUIREMENTS FOR HIGH SCHOOL STUDENTS
Per the FHSAA Handbook/Operational Bylaw, Article 9

Parent Initial

- 9.1.1.1 Participation in Interscholastic Athletics a Privilege. Participation in interscholastic athletic programs by a student is a privilege, not a right. Students who participate are required to meet the requirements established in state law, FHSAA regulations, and by their respective schools
- 9.1.1.1 Local Rules May Be More Stringent. Schools and/or school districts may adopt more stringent rules for the students under their supervision. No school, or school district, however, may adopt rules that are less stringent than those of the FHSAA
- 9.1.2.2 Falsification of Information. A student and/or parent/legal guardian appointed by a court of competent jurisdiction falsifies information to gain eligibility shall be declared ineligible to represent any member school for a period of one year from the date of discovery
- 9.1.2.3 Eligibility of Recruited Students. A student may be declared ineligible based on violation of recruiting rules if: (a) The student or parent/legal guardian appointed by a court of competent jurisdiction has falsified any enrollment or eligibility document; or (b) The student or parent/legal guardian appointed by a court of competent jurisdiction accepted any benefit or any promise of benefit if such benefit is not generally available to the school's students or family members; or (c) The benefit or promise of benefit is based in any way on athletic interest, potential, or performance
- 9.2.1 Student May Participate at School he/she First Attends Each School Year. A student must attend school and is immediately eligible to participate in the interscholastic athletic programs sponsored by the school he/she attends each school year, which is either: (a) The school where the student first attends classes (i.e. establishes school residency); or (b) The school where the student first participates in athletic activities on or after the official start date of that sport season before he/she attends classes at any school (i.e. establishes school residency); or (c) The school the student transfers to after previously attending another school (Reference Bylaw 9.3.2)
- 9.3.4 Ineligible Student Cannot Transfer to Become Eligible. A transfer student who is deemed ineligible for a period of time cannot transfer schools and become eligible. Attending a new school at the beginning of the school year does not decrease or eliminate the period of ineligibility
- 9.4.1 2.0 GPA Required for Academic Eligibility. A high school student must have a cumulative 2.0 grade point average on a 4.0 unweighted scale, or its equivalent, at the conclusion of each semester to be academically eligible during the next semester. Final grades previously earned by the student from another school shall not be converted using the scale in Bylaw 9.4.2
- 9.4.1.3 Attendance During Previous Two Consecutive Semesters Required. A student cannot be academically eligible if he/she has not attended school and received grades for all courses taken during the previous two consecutive semesters
- 9.4.1.9 Student Not Eligible for One Full Semester if Transcript Cannot be Obtained. A student whose former school cannot or will not provide an official sealed transcript will not be eligible in the new school until he/she has been in attendance for one full semester and has established a cumulative GPA. The school must submit a written report to the FHSAA Office that includes the student's name, date of first attendance in the school, and the beginning and ending dates of the previous semester
- 9.5.1 High School Student Has Four Years of Eligibility. A student is limited to four consecutive school years of eligibility beginning with school year he/she begins ninth grade for the first time. This does not imply that the student has four years of participation. After four consecutive school years, the student is permanently ineligible
- 9.6.1 High School Age Limit. A student who reaches the age of 19 prior to September 1st shall become permanently ineligible

I/WE HAVE READ, AND HAVE INITIALED, EACH FHSAA ELIGIBILITY REQUIREMENT FOR HIGH SCHOOL STUDENTS AND ACKNOWLEDGE THAT OUR SON/DAUGHTER/WARD MUST MEET FHSAA STANDARDS IN ORDER TO BE CONSIDERED ELIGIBLE FOR INTERSCHOLASTIC ATHLETICS

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____, by _____
(parent/guardian or adult/emancipated student)

Personally Known _____ OR Produced Identification _____

Signature of Notary Public - State of Florida

Type of Identification Produced _____

CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Athletic Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA Bylaws. I/we also understand that a complete copy of the FHSAA Bylaws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School District and the contest officials, the National Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge **THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA**, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons. I/we hereby give permission for the school or District to use the student's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following Interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Bowling, Competitive Cheerleading, Cross Country, 11-Man Tackle Football, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weight-lifting, Wrestling.

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

ADDENDUM TO CONSENT AND RELEASE

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA 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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, 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 A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE
Where appropriate both parent(s)/legal guardian(s) should sign.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____, by _____
(parent/guardian or adult/emancipated student)

Personally Known _____ OR Produced Identification _____

Signature of Notary Public - State of Florida

Type of Identification Produced _____



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.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
2. Do you have an ongoing chronic illness? Yes No
3. Have you ever been hospitalized overnight? Yes No
4. Have you ever had surgery? Yes No
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? Yes No
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Yes No
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? Yes No
8. Have you ever had a rash or hives develop during or after exercise? Yes No
9. Have you ever passed out during or after exercise? Yes No
10. Have you ever been dizzy during or after exercise? Yes No
11. Have you ever had chest pain during or after exercise? Yes No
12. Do you get tired more quickly than your friends do during exercise? Yes No
13. Have you ever had racing of your heart or skipped heartbeats? Yes No
14. Have you had high blood pressure or high cholesterol? Yes No
15. Have you ever been told you have a heart murmur? Yes No
16. Has any family member or relative died of heart problems or sudden death before age 50? Yes No
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes No
18. Has a physician ever denied or restricted your participation in sports for any heart problems? Yes No
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? Yes No
20. Have you ever had a head injury or concussion? Yes No
21. Have you ever been knocked out, become unconscious or lost your memory? Yes No
22. Have you ever had a seizure? Yes No
23. Do you have frequent or severe headaches? Yes No
24. Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes No
25. Have you ever had a stinger, burner or pinched nerve? Yes No
26. Have you ever become ill from exercising in the heat? Yes No
27. Do you cough, wheeze or have trouble breathing during or after activity? Yes No
28. Do you have asthma? Yes No
29. Do you have seasonal allergies that require medical treatment? Yes No
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)? Yes No
31. Have you had any problems with your eyes or vision? Yes No
32. Do you wear glasses, contacts or protective eyewear? Yes No
33. Have you ever had a sprain, strain or swelling after injury? Yes No
34. Have you broken or fractured any bones or dislocated any joints? Yes No
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? Yes No
If yes, check appropriate blank and explain below:
Head Elbow Hip
Neck Forearm Thigh
Back Wrist Knee
Chest Hand Shin/Calf
Shoulder Finger Ankle
Upper Arm Foot
36. Do you want to weigh more or less than you do now? Yes No
37. Do you lose weight regularly to meet weight requirements for your sport? Yes No
38. Do you feel stressed out? Yes No
39. Have you ever been diagnosed with sickle cell anemia? Yes No
40. Have you ever been diagnosed with having the sickle cell trait? Yes No
41. Record the dates of your most recent immunizations (shots) for:
Tetanus: _____ Measles: _____
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)

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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: _____



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 / / _____



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/concussioninouthsports/> 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.nflslearn.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



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: _____ 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



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 sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), 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 or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small 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 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 four school years 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 have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 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)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
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



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name _____ Birth Date _____

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

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

Signature of Student *Date*

Signature of Parent/Guardian *Date*

Signature of Parent/Guardian *Date*

Telephone or cell number to call in case of emergency

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____,

by _____

(parent/guardian or adult/emancipated student)

Signature of Notary Public - State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
RISK & BENEFITS MANAGEMENT
Interscholastic Athletics Accident Insurance

All high school interscholastic athletes will be required to contribute \$75.00 toward the cost of interscholastic athletics accident insurance. This school year contribution will be used to help offset the School District's cost in providing quality accident insurance for our athletes. Coverage may begin **AFTER** your primary insurance coverage processes a claim. Athletes **MUST** use their Primary Insurance Network first, before using the school insurance. See the Summary of Insurance for more complete terms and conditions available at <https://schoolinsuranceofflorida.com> or call 1-800-432-6915.

Payment Options

OPTION 1: \$75.00 one time payment per school year

OPTION 2: \$10.00 Try-out fee, upon making the team an additional \$65.00 is due

Covered: IN-SEASON Interscholastic athletic activity (including contests, practices and try-outs)

Covered: OFF-SEASON conditioning within the school year

NOT Covered: OFF-SEASON "sport-specific" skills/drills or "open facility" activities

NOT Covered: SUMMER activities.

These fees are NON-REFUNDABLE and, once paid, will continue to provide coverage for additional sports.

Return this form as part of the Athletic Packet with all requested information and your payment attached. Make the check or money order payable to the school below:

Student ID #	Student First Name	Last Name	Date of Birth	Today's Date
School Name				
Sport				

Interscholastic Athletic Accident Insurance Try-Out Fee

Option 1: A student-athlete may choose to pay a ONE-TIME \$75.00 fee.

Option 2: A \$10.00 non-refundable fee can be submitted to try-out for any sports team. Upon making the team, the student-athlete is responsible for remitting the balance of \$65.00 before participating in further practice or games/events. Until the \$75.00 annual limit is reached, the student-athlete must remit an additional \$10.00 try-out fee for each sport.

For more information about payment or fees, contact your high school athletic director.

OPTION 1: One payment of \$75.00 - No cash payment allowed

Date Received: _____ School Cash _____ Check #: _____ \$: _____ Money Order #: _____ \$: _____
Online: _____

OPTION 2: \$10.00 Try-out fee; Remaining \$65.00 - No cash payment allowed

Date Received: _____ School Cash _____ Check #: _____ \$: _____ Money Order #: _____ \$: _____
Online: _____

Date Received: _____ School Cash _____ Check #: _____ \$: _____ Money Order #: _____ \$: _____
Online: _____

Additional Information (For Athletic Director Use Only)

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Student: _____ ID: _____ Sport: _____

West Boca High Student-Athlete Participation Compliance Checklist

- NFHS Coursework: Concussion, Heat Illness, and Sudden Cardiac (see reverse)
- SIGNED "Sportsmanship, Hazing, & Social Media Agreement" (see below)

WBRHS DEPARTMENT OF ATHLETICS:

Sportsmanship, Hazing & Social Media Agreement

I, _____, do hereby agree to conduct myself in an appropriate manner as a member of a WEST BOCA HIGH SCHOOL athletics team.

I agree to follow a proper code of conduct when involved with all coaches, teammates, officials, opponents, spectators and others associated with athletics.

As my actions are representative of the entire West Boca High School community, I promise to act in a way that would never incur shame, scorn or disgrace on my school, teammates, coach, or myself.

I will not engage in nor fail to report any incidents of hazing or initiation rituals as defined by the NIAAA* involving coercion, intimidation, or humiliation.

I agree to follow a proper codes of conduct when using social media (including but not limited to Facebook, Twitter, blogs, email, and texting). I will be held responsible for any negative or inappropriate postings at the discretion of the Administration.

I agree to abide by the rules and policies of accountability set forth by the Administration and the teams on which I participate. I will uphold the high standards that I understand are expected of student-athletes/managers of West Boca High School.

By signing, I am aware that the FHSAA, the Administration, and/or my coach will address acts of unsportsmanlike conduct and I will abide by those decisions.

...DEDICATED TO WEST BOCA...PROUD TO BE A BULL

STUDENT SIGNATURE

DATE: _____

PARENT SIGNATURE

DATE: _____

Student: _____ ID: _____ Sport: _____



As per FHSAA Policies 40.1.1, 41.1 and 42.1.1, all student-athletes are required to watch the following FREE NFHS Learn courses annually.

- Concussion in Sports – What You Need to Know
- Heat Illness Prevention
- Sudden Cardiac Arrest

Course Ordering

- Step 1: Go to www.nfhslearn.com.
- Step 2: "Sign In" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account, OR if you do not have an account, "Register" for an account.
- Step 3: Click "Courses" at the top of the page.
- Step 4: Scroll down to the specific course from the list of courses.
- Step 5: Click "View Course".
- Step 6: Click "Order Course."
- Step 7: Select "Myself" if the course will be completed by you.
- Step 8: Click "Continue" and follow the on-screen prompts to finish the checkout process.
(Note: There is no fee for these courses.)

Beginning a Course

- Step 1: Go to www.nfhslearn.com.
- Step 2: "Sign In" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.
- Step 3: From your "Dashboard," click "My Courses".
- Step 4: Click "Begin Course" on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the NFHS Help Desk at (317) 565-2023.

** Please attach all three certificates to this packet.*
