Dear VCS Athletes and Parents,

In preparing for this year’s athletic seasons there is a packet of required paperwork that must be submitted for your student to be eligible to participate in any team sport.

Necessary Paperwork for Athletic Eligibility:

_____ VCS Participation Authorization
_____ VCS Eligibility and Code of Conduct Agreement
_____ VCS Transportation Agreement
_____ Release and Hold Harmless Agreement *(must be notarized)*
_____ Concussion and Heat Related Information Release
_____ Current Physical given after April 15th of the previous school year

Thank you for your interest in participating in athletics at VCS, GO LIONS!

In Christ,

Mrs. Ann Ross

VCS Athletic Director
Venice Christian School

Athletic Participation Authorization Form

Dear Parents,

In an effort to streamline our productivity and time management we are requiring all student/athletes and their parents to read and sign this form. This is a one time form for participation in any of the below listed sports throughout the current school year. Tryout dates and times for each sport will be announced through fliers sent home with your child(ren).

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature, participation in interscholastic athletics includes risks which may range in severity from minor to long term catastrophic, including paralysis or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate this risk.

Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow proper conditioning programs, and inspect their equipment daily.

By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this form should not sign this permission form. In signing this form you grant your child the right to participate in the athletic program at Venice Christian School.

In signing this form you give Venice Christian School authority to transport your child to the hospital or to seek medical attention for your child if needed. In addition, you give permission to said physicians to treat said conditions.

By signing this form your child may participate in any activity listed below.

MIDDLE SCHOOL SPORTS (5th – 8th)

<table>
<thead>
<tr>
<th>FALL</th>
<th>Girls Volleyball</th>
<th>Co-ed Cross Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>WINTER:</td>
<td>Girls Basketball</td>
<td>Boys Basketball</td>
</tr>
<tr>
<td>EARLY SPRING:</td>
<td></td>
<td>Co-ed Soccer</td>
</tr>
<tr>
<td>LATE SPRING:</td>
<td>Girls Track</td>
<td>Co-ed Tennis, Boys Track</td>
</tr>
</tbody>
</table>

____________________________________  ______________________________________
Print Name of Student                 Signature of Parent/Guardian

____________________________________  ________________________________
Signature of Student                  Date
PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR
HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION

Instructions: This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _______________________________ DOB ___________________________

School Name ___________________________________________ School Year ________

Name of sport/activity this agreement governs __________________________________________

Parent/Guardian Home Address ______________________________________________________

Home Phone __________________ Work Phone ___________________ Cell Phone ____________

I/we fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/we understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

☐ YES I/we will be purchasing the student accident insurance made available through the Sarasota School District.

☐ NO I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Name of Insurance Company _________________________________________________________

Policy No. _____________________________ Effective Dates _____________________________

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, costs, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/we acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) _______________________________________________________ Date ____________ ___________________________

Parent/Guardian Signature _________________________________________________________ Date ____________ ___________________________

Parent/Guardian Name (Print) _____________________________________________________ Date ____________ ___________________________

Parent/Guardian Signature _________________________________________________________ Date ____________ ___________________________

Student Signature _______________________________________________________________ Date ____________ ___________________________

STATE OF FLORIDA, SARASOTA COUNTY
Sworn to and subscribed before me this _______ day of ____________, 20____, by ________________________________

Personally known _______ Produced identification _______ Type of Identification Produced _______

(Seal) ________________________________________________

Typed or Printed Name of Notary Public ____________________________

Signature of Notary Public ____________________________

My Commission Expires __________________________ Commission No. ____________________________

RET: Master, 7AY, G87 132
Dipl., OSA

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Rev. 4-27-2016

#3
PLAYER ELIGIBILITY

At Venice Christian School, it is a priority for us to do all that we can to ensure the academic success of each student. Extracurricular activities do put additional strain on students to get work done after club meetings, practices and games. The following guidelines have been set to motivate students to maintain their studies and behavior in a manner that will honor the Lord.

- All students must maintain a 2.0 GPA average with no F's on the report card.
- Upon receiving 2 referrals a student will serve a detention and will not be eligible to play until the detention is completed. Students will be dismissed from the team upon receiving 4 referrals in a single quarter.
- If a student athlete has exceeded 4 referrals in one quarter, they will be held to 2 referrals for each following quarter before being dismissed from a team to prove that they have improved and changed their behavior.
- Athletes must follow all rules as they are stated in the VCS Student Handbook.
- All Athletic Participation forms and a current physical must be on file.
- Good sportsmanship and respect for coaches, officials, players and fans of all teams must be displayed at all times.
- **Athletes must attend a minimum of a four class periods per day to be eligible to play in a game or practice on that same day.**

A student who violates any one of these guidelines will be temporarily suspended from the team until further notice from the athletic director. Each case will be looked at individually and a reinstatement plan will be agreed upon with input from the parents, student, teachers, coaches, athletic director and Principal.

ATHLETES CODE OF CONDUCT

The phrase “actions speak louder than words” overwhelmingly relevant on the athletic field. How you react to an official’s call, a game winning shot, having to spend a few minutes on the bench, or getting fouled hard by an opponent will tell everyone a little bit about you and your character traits. Please do your best to adhere to the following conduct guidelines.

- Athletes should always maintain the highest level of sportsmanship and conduct on and off the field.
- The athlete should strive to play fair and hard.
- The athletes will extend respect to officials and expect them to enforce all rules.
- Captains are the only players who are to talk with the referees and will do so with respect to their authority and with the coach’s approval.
- The athlete must strive to maintain the highest attendance standards.
- The team will acknowledge the success or failure of an opponent in good spirit.
- Athletes must understand that it is an honor and a privilege to represent the Lord and Venice Christian School on the athletic field.

I have read the Player Eligibility and Athletes Code of Conduct and agree to abide by these guidelines.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
TRANSPORTATION PERMISSION

& VOLUNTEER FORM

Dear Parents,

Along with the VCS School bus, you are a very important part of helping transport students to athletic events and practices. Please fill out the forms below to allow your student to be driven to events as well as helping us to drive students to events. The VCS School Bus will be used as much as possible. The team schedules are not always the same and we will need parents to drive occasionally.

Transportation Permission:

My child, ______________________, has my permission to be transported to practices as well as to and from games with drivers that have met the minimum requirements or on the VCS school bus.

_________________________________________   __________________________
Parent’s Signature                           Date

To qualify as a driver for VCS events you must provide a Certificate of Car Insurance and Declaration page to the school office. The declaration page must state that the coverage meets the minimums listed below as well as a copy of your driver’s license.

MINIMUM COVERAGE:  50,000/100,000 Bodily Injury
                   50,000/100,000 Uninsured Motorist
                   2,000 Medical

THANK YOU FOR YOUR INVOLVEMENT IN VCS ATHLETICS!
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 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 not take 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. I hereby release the parties described above 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/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 release of my child/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, my records relating to enrollment and attendance. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child/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 of 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 FHSSA 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 FHSSA 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 IF I SIGN THIS FORM, I ACKNOWLEDGE AND UNDERSTAND THAT THIS PROTECTS THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSSA FROM ANY LIABILITY TO YOU OR YOUR FAMILY.

E. I agree that in the event we 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/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: __________________________

I have read this carefully and know it contains a release (student must sign)

Name of Student (printed): __________________________  Signature of Student: __________________________  Date: __________________________
Florida High School Athletic Association

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 an 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.

Signs 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 (AHCPl). In Florida, an appropriate health-care professional (AHCPl) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), or 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 AHCPl.

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.callslearn.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 / /
Sudden Cardiac Arrest Information

Sudden cardiac arrest 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 sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

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

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all pre-season and regular season events as well along with coaches/individuals trained in CPR.

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.fhsalearn.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 __________/________/________
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 an at least 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 by 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 16 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 / / 
Florida High School Athletic Association

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: _______.

Relation flaw Family Physician: ___________________________ City/State: ___________________________.

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 insect)? _______ 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 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 30? _______ 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, rash, acne, warts, lumps, 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 _______
   Nook _______ 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 many times 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? _______ _______.

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 1008.20, Florida Statutes, and FHSAA Bylaw 8.7, 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 (ECG), echocardiogram (ECHO) and/or cardio stress test.

Signature of Student: _______________ Date: _______/_____/_______.

Signature of Parent/Guardian: _______________ Date: _______/_____/_______.

1/1
# 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).

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<th>Height:</th>
<th>Weight:</th>
<th>% Body Fat (optional):</th>
<th>Pulse:</th>
<th>Blood Pressure:</th>
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<th>Abnormal Findings</th>
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### MEDICAL

1. Appearance

2. Eyes/Ear/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/Antle

18. Foot

### 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: ____________________________________________