

SCHOOL DISTRICT OF INDIAN RIVER COUNTY

**PARENT AND PLAYER AGREEMENT, PERMISSION, AND RELEASE
Vero Beach High School, Academic Year 2019-2020**

(Use black/blue pen only)

Sport(s) _____

Student I.D. # _____ Grade _____ (9th graders must include Birth Certificate)

School attended last year _____ City/State _____

Currently Enrolled at _____

Name of Student Athlete (Please Print) _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Name of Parent/Guardian _____

Work Phone _____ Parent e-mail address _____

I/We, the undersigned parent(s) of the above named student (Student Athlete), acknowledge that competing in interscholastic athletics in the School District of Indian River County is entirely voluntary and subject to the eligibility rules and regulations of the Florida High School Athletic Association. I/We further acknowledge that we have not violated and in the future will abide by all the rules set down by the School District of Indian River County, the Florida High School Athletic Association and the school in which the Student Athlete is enrolled.

Student Athletes and parents/guardians of Student Athletes should have a thorough understanding of the responsibilities and implications of participating in a voluntary extracurricular activity. For this reason, each Student Athlete in the School District of Indian River County and his/her parent(s)/guardian(s), shall read, and sign this agreement, permission, and release prior to the Student Athlete being allowed to participate in any form of athletic practice or contests.

I/We, the undersigned Parent(s)/Guardian(s) of the above Student Athlete acknowledge the following:

1. Recognize that in any athletic practice or competition there is the possibility of serious injury or possibly death to a participant, and that such risks have been explained fully. Waive any and all claims, actions and demands against the School Board, the Association, and their respective officers, agents and employees, for any damage, injury, loss, liability, or expense whatsoever sustained by the Student Athlete as a result of the Student Athlete participating in athletic activities or travel incidental to such activities.

2. Consent to the Student Athlete engaging in athletics as a representative of his/her School.

3. Understand that athletic insurance provided by the District is excess of any coverage provided by the family. There may be instances where some portions of a bill will not be paid at 100% by the insurance, and that any such **unpaid balance is the responsibility of the student and/or family.**
4. Understand that only a supplementary insurance premium for the Student Athlete is to be paid from the School Board funds. Acknowledge that consent and insurance coverage will extend into any and all summer athletic programs/conditioning.
5. Understand that in the event of an accident or injury, only District required accident forms will be completed by School officials, and that all claims under any applicable insurance policy for injuries received while participating in athletic activities or travel incidental to such activities shall be processed by the Parent(s)/Guardian(s) or the Student Athlete through the company agent handling the Student Athlete's insurance policy, and not through School officials.
6. Accept financial responsibility for any athletic equipment lost by the Student Athlete.
7. Authorize the School to transport the Student Athlete and to obtain, through a physician of the School's choice, any emergency medical care that may become reasonably necessary for the student in the course of athletic activities or travel incidental to such activities; and agree that the expenses for such transportation and treatment shall not be borne by the School Board or its employees.
8. Accept full responsibility and grant permission for the Student Athlete to travel to any approved related school activity.
9. Acknowledge and represent that the Student Athlete is in good health and physically able to compete in athletic activities and has had no past illness or injury that would prevent him/her from participating in such activities.
10. Acknowledge that consent and insurance coverage will extend into any and all summer athletic programs/conditioning.
11. **Due to budget reductions, the School District of Indian River County has implemented a "Pay to Participate" fee of \$65.00 for all student athletes at the high school level. The fee will be a one time, per year, non-refundable payment requirement for any student wishing to participate in athletics at his/her respective high school. Funds generated from this fee will be used to support the athletic program at each high school. This participation fee has nothing to do with playing time, as the privilege of participation in high school sports is determined by the head coach of each sport; it is this coach who decides who plays and how much playing time he/she receives. Students are encouraged to participate in multiple sports throughout the school year. The "Pay to Participate" fee covers all sports.**

12. Acknowledge that consent and drug testing policy will extend into any and all summer athletic programs/conditioning.

I/We the undersigned parent(s)/guardian(s) and Student Athlete acknowledge having received an adequate opportunity to review this agreement, permission, and release; to ask questions of the Principal and/or coach; and to consult with any other advisor of my/our choice prior to signing.

Date: _____

Mother or Guardian's Signature

Print Name

Father or Guardian's Signature

Print Name

STUDENT ATHLETE ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and understand the above Parent and Player Agreement, Permission and Release; that I agree to its terms; that I will comply with all School Board, Association, and other rules applicable to athletic activities and travel incidental to such activities; and that I will comply with all safety rules and instructions provided to me for such sport, competition, practice, or other athletic activity in which I engage.

Dated this _____ day of _____, 20_____.

Student Athlete Signature

Print Name

SCHOOL DISTRICT OF INDIAN RIVER COUNTY
ATHLETIC, CHEERLEADING AND MARCHING BAND
ANTI-HAZING EDUCATION ACKNOWLEDGEMENT

The School District of Indian River County (SDIRC) **Board Rule 5.37** prohibits bullying and hazing. Hazing is defined as recklessly or intentionally endangering the mental or physical safety or health of any student for purposes including, but not limited to, initiation or admission into or affiliation with any organization operating under the sanction of a high school and in accordance with section 1006.63, F. S.

Hazing is prohibited under the SDIRC *Code of Student Conduct* and discipline of a student engaging in hazing shall be carried out consistent with the SDIRC *Code of Student Conduct*.

I am aware the video: "Dying to Belong", is available online @<http://www.indianriverschools.org>. The district home page will appear, click on the left side on school links, look on the bottom right hand side of the page for hazing video. I understand that hazing of any type (mental, verbal and physical acts) is not allowed on this campus or in relation to any athletic, band or cheerleading activity in which I am participating. I further understand that it is my responsibility to report any acts of hazing that I become aware of to a coach or administrator on campus.

By signing this acknowledgement, I agree to uphold this SDIRC policy for the entire academic school year and understand that any violation will result in my immediate suspension from the activity in which I am participating and further disciplinary action as outlined in SDIRC policy, procedure and *Student Code of Conduct*.

Student Participant Signature

Date

Parent/Guardian Signature

Date

August 20, 2008 gjk

90% Attendance Policy Requirement

Vero Beach High School is committed to providing a safe and secure environment conducive to learning. Students must be in attendance and in their classes in order for them to receive classroom instruction from their teacher. This will facilitate learning and increase student achievement.

Vero Beach High School has adopted a **90% Attendance Policy for unexcused absences** reviewed/approved and vetted by the VBHS School Advisory Council, which means that students must attend 90% of their classes in order to participate in sports, extra-curricular activities, clubs and/or privileges (including parking). **Only unexcused absences affect the student's attendance percentage for this policy.** Students who allow their attendance to fall below 90% due to unexcused absences as calculated by the total number of class periods they are enrolled in and expected to attend, will be subject to all of the following in the policy...

The 90% Attendance Policy will be monitored by the total number of classes a student is scheduled to attend. All students must attend 90% of their classes avoiding unexcused absences that will lower their attendance percentage. Monitoring will begin on the 30th day of each semester. Scheduled monitoring will take place as often as every ten days of the semester, after the first thirty days; random monitoring may be done at any time. Compliance can be achieved on any single day.

Students who fall below the 90% Attendance Policy for unexcused absences **will not be permitted** to participate in any of the following sports, extra-curricular activities, or privileges listed, as specified. Other school related activities may be added to this list by the administration of VBHS.

EXTRA-CURRICULAR, PERFORMING ARTS, ATHLETICS & CLUBS (90% Attendance Policy Requirement)

- Students may participate in practices, rehearsals, etc. in preparation for athletic contests, performances, clubs and extra-curricular events even though he/she is below the 90% attendance requirement due to unexcused absences.
- Students may not play, participate, compete or perform in interscholastic athletic contests (games, matches, etc.) performances (concerts, plays, etc.) and extra-curricular events (Math Club, FBLA, club competitions etc.) if he or she is below the 90% attendance policy requirement due to unexcused absences.
- Playing, participating, or performing privileges are **earned or restored** when the student meets the 90% Attendance Policy requirement and does not have below 90% attendance by unexcused absences as calculated by the total number of class periods a student is scheduled

PARTICIPATION AS A SPECTATOR and for SPECIAL TICKETED EVENTS (90% Attendance Policy Requirement)

- Students may attend athletic events and performances as a spectator for the price of admission even though he/she is below the 90% Attendance Policy Requirement.
- Students may not purchase tickets for any dances, homecoming events, prom, Grad Bash, etc. if the student is below the 90% Attendance Policy Requirement. The privilege to purchase these tickets is **earned or restored** when the student meets the 90% Attendance Policy Requirement and does not have below 90% attendance by unexcused absences, as calculated by the total number of class periods a student is scheduled
- Students purchasing more than one ticket for dances, homecoming events, prom, etc. must provide the name of the guest to enable confirmation of the guest's compliance with the 90% Attendance Policy Requirement for all those ticketed. Tickets will not be sold for students who are below the requirement.
- Students may not attend field trips if they are below the 90% Attendance Policy Requirement. The privilege to attend field trips is **earned or restored** when the student meets the 90% Attendance Policy Requirement.

PARKING PRIVILEGES (90% Attendance Policy Requirement)

Students who have met the requirements to purchase a parking sticker must also meet the 90% Attendance Policy Requirement to maintain parking privileges. Parking privileges will be suspended for students who fall below the 90% Attendance Policy Requirement due to unexcused absences. Student's vehicles are not permitted on campus during school hours while privileges are suspended. Also, no vehicle may park in that student's parking space. Parking privileges will be **earned or restored** when the student meets the 90% Unexcused Attendance Policy Requirement. School Security and school administration will monitor the parking privileges of all student drivers.

- Students must meet the 90% Attendance Policy Requirement for the current school year to purchase a parking sticker/permit for the following school, beginning July/August of 2017 and beyond.

Two parking permit suspensions may result in a loss of parking privileges for the remainder of school year. This will be decided on a case by case basis by school administration. ALL of the following are subject to adherence for the 90% Attendance Policy Requirement.

- interscholastic sports
- intramural sports
- clubs

- homecoming activities
- prom activities
- dances
- SGA candidacy
- senior activities
- Grad Bash
- Mock DUI participation
- extra-curricular activities
- field trips
- concerts
- plays
- performances
- National Honor Society
- Scholars Ceremony
- parking permits
- Pep Rally participation

**Other school related activities may be added to this list at the sole discretion of the VBHS administration.

- > At any time monitoring for 90% compliance has been completed by school administration and a student found to be out of compliance, the student, the students coach, sponsor, and/or teacher will be notified about the non-compliance and the student immediately become ineligible to play, participate, compete or perform in interscholastic athletic contests (games, matches, etc.) performances (concerts, plays, etc.) and extra-curricular events (Math Club, FBLA, club competitions etc.) as outlines in the above policy conditions. Returning to compliance is then the student's responsibility to establish with good attendance, monitor their standing, work with administration, their coach, sponsor/teacher, return to eligibility on the attendance report and return to full participation.

The School Board of Indian River County
Bylaws & Policies

Unless a specific policy has been amended and the date the policy was revised is noted at the bottom of that policy, the bylaws and policies of The School Board of Indian River County were adopted on August 13, 2013.

**2431.02 - RANDOM STUDENT DRUG TESTING FOR INTERSCHOLASTIC
EXTRACURRICULAR COMPETITIVE ACTIVITY PARTICIPANTS**

PURPOSE AND INTENT

- A. The School Board is committed to providing a healthy and safe environment for interscholastic extra-curricular competitive activity participants.
- B. The Board desires to be proactive in ensuring the safety of all students participating in interscholastic extra-curricular competitive activities, and to undermine the effects of peer pressure by providing an additional and legitimate reason for students to refuse to use illegal drugs.
- C. The Board desires to encourage student participants in interscholastic extra-curricular competitive activities who use drugs to participate in drug treatment programs.

AUTHORITY

- A. The U.S. Supreme Court established the authority of public schools to test students for illegal drugs. In *Pottawatomie County Board of Education v. Earls*, 536 U.S. 822 (2002), the Court held that schools could perform random drug tests for all middle and high school students participating in competitive extra-curricular activities.
- B. Student participation in interscholastic extra-curricular competitive activities is a privilege not a right, and this policy is intended to protect the health and safety of students; therefore the Board is authorized to implement this policy pursuant to F.S. 1001.43(1).

EFFECTIVE DATE AND SCOPE

- A. This policy shall become effective July 1, 2015.

- B. All high schools within the School District that offer interscholastic extra-curricular competitive activities shall implement this policy. Interscholastic extra-curricular competitive athletic activities include all Florida High School Athletic Association (FHSAA) sanctioned, recognized or club activities as well as all non-FHSAA sanctioned, recognized and club activities, including practices and contests. Interscholastic extra-curricular competitive performing arts activities include all band, chorus, orchestra, and drama activities, including practices, performances, and contests. Interscholastic extra-curricular competitive academic activities include but are not limited to Math Team, Academic Games, Envirothon, Future Business Leaders of America, and Debate Team, including practices, performances, and contests.
- C. The Random Student Drug Testing Coordinator (Coordinator) is the employee designated by the principal at each high school to coordinate and oversee the implementation of this policy.

REQUIREMENTS

- A. All students who wish to participate in interscholastic extra-curricular competitive activities shall be subject to random drug testing in accordance with this policy.
- B. All records generated pursuant to this policy are confidential student records under the Family Educational Rights and Privacy Act (FERPA) and will be securely stored separate from the student's cumulative file. Such records shall be disclosed only to school personnel who have a need to know and will not be turned over or disclosed to any law enforcement personnel or authorities. In the event of a positive drug test result from a student athlete in an FHSAA sanctioned, recognized or club activity the Board is required to report to FHSAA any violation involving a schedule 3 narcotic. However, the student's name will not be released to FHSAA, only statistical information.
- C. Prior to participating in interscholastic extra-curricular competitive activities, the student and the student's parent/guardian shall sign and deliver the Consent To Random Student Drug Testing For Interscholastic Extra-Curricular Competitive Participants Form (Form 2431.02 F1) to the student's school. The consent shall be valid for twelve (12) months from date of signature. A student who does not have a current consent on file will not be allowed to participate, which includes attendance at any practice, tryout, game, contest, performance, or competition.

SELECTION AND TESTING OF PROCESS

- A. Random drug testing of interscholastic extra-curricular athlete students may be conducted at various times throughout the school year, and at least once per athletic season (fall, winter, and spring), at the direction of the principal. Ten percent (10%) of the total number of male students and ten percent (10%) of the total number of female students

participating in interscholastic athletics at the time of random selection shall be tested at each high school. Accurate and complete student rosters shall be used.

- B. Random drug testing of interscholastic extra-curricular competitive performing arts and academic students may be conducted at various times throughout the school year, and at least once per school year at the direction of the principal. Ten percent (10%) of the total number of students participating in interscholastic extra-curricular competitive performing arts or ten percent (10%) of the total number of students participating in interscholastic extra-curricular competitive academics at the time of random selection shall be tested at each high school. Accurate and complete student rosters shall be used.
- C. Random selection will be handled by the Coordinator at each high school and will be done by a lottery using a numeric selection process. Student names will remain unknown until the random selections are completed.
- D. Those students randomly selected for drug testing shall be required to produce a urine sample on the same day the student is selected for testing.
 - 1. If the student is absent that day, the sample shall be provided on the first day the student returns to school.
 - 2. If the student is unable to produce a sample when requested, the student will be allowed to return within two (2) hours the same day to provide the sample
 - 3. Students who are not in regular attendance at school, such as home school students, charter school students, and virtual school students shall provide a sample on the first day the student presents at school. All students providing samples shall do so under the supervision of the Coordinator in a manner which will minimize intrusiveness and embarrassment to the student while ensuring there is no tampering with the sample. Students shall be required to produce a sample while in a private restroom stall while the Coordinator remains outside the restroom entry door. Each sample container shall be checked for appropriate temperature and will be sealed and labeled with a number for identification purposes.
- E. The sample will be tested for the presence of one or more of the following illegal substances:
 - 1. Cocaine
 - 2. Amphetamine

3. Methamphetamine
4. Marijuana
5. Opiates

Samples will not be screened for the presence of any other substance or the existence of any physical condition other than drug intoxication.

- F. The initial drug test of the sample will be a sensitive, rapid, and reliable immunoassay procedure (also referred to as a point of collection test) performed at the school. If the initial drug test renders a negative result, then no further analysis will be conducted. If the initial drug test renders a positive result, the Coordinator shall immediately contact the student's parent/guardian by phone, in the presence of the student, to discuss the positive initial drug test result.
- G. The student's parent/guardian has the right to appeal the initial drug test positive result on the day of the random drug testing. In the event the parent/guardian requests an appeal, the Coordinator shall immediately deliver the sealed sample container to the testing laboratory for a confirmation drug test at the parent/guardian's expense. The confirmation drug test must be a more rigorous procedure and must be different in scientific principle from the initial drug test. If the confirmation drug test renders a negative result, then the drug test will be deemed negative, no further analysis or action will be taken, and the Coordinator shall reimburse the parent/guardian for the cost of the confirmation drug test. If the confirmation drug test renders a positive result, the positive drug test results shall be provided to the testing laboratory's medical review officer (MRO). An MRO is a licensed physician employed by the testing laboratory, and knowledgeable in the interpretation and evaluation of a student's positive confirmation drug test. The parent/guardian and student shall have the opportunity to confidentially discuss the test results with the MRO and provide any relevant medical information to the MRO that would assist the MRO in verifying the confirmation drug test as positive or negative, such as a properly prescribed medication. If the MRO determines the test results should be negative, then no further action shall be taken and the negative test result will be reported to the parent/guardian and Coordinator. If the MRO verifies a positive drug test result, the MRO shall submit a report of such result to the student's parent/guardian and the Coordinator.
- H. During the pendency of any confirmation drug test, the student's eligibility to participate in interscholastic extra-curricular competitive activities (excluding practice) shall be suspended.
- I. The failure or refusal of a student to provide a urine sample pursuant to this policy shall be treated as a positive confirmation drug test. The failure of the Coordinator to follow the selection and testing process shall

render the random drug test invalid and no consequences shall apply to any affected student.

CONSEQUENCES

A. Athletics

1. First positive result. For the first positive drug test, the student athlete will be given the option of either participating in a drug treatment assistance program and submission to weekly drug testing for six (6) weeks, or suspension from participation in interscholastic athletics (excluding practice) for the remainder of the current athletic season and the next athletic season.
2. Second positive result. For the second positive drug test result in any two (2) consecutive school years, the student athlete will be suspended from participating in interscholastic athletics (excluding practice) for the remainder of the current athletic season and the next athletic season.
3. Third positive result. For the third positive result in any two (2) consecutive school years the student athlete will be suspended from participating in interscholastic athletics (excluding practice) for the remainder of the current athletic season and the next two (2) athletic seasons.

B. Performing Arts and Academics

1. First positive result. For the first positive drug test, the student will be given the option of either participating in a drug treatment assistance program and submission to weekly drug testing for six (6) weeks, or suspension from participation in interscholastic extra-curricular competitive performing arts and academics (excluding practice) for the remainder of the current semester and the next semester.
2. Second positive result. For the second positive drug test result in any two (2) consecutive school years, the student will be suspended from participating in interscholastic extra-curricular competitive performing arts and academics (excluding practice) for the remainder of the current semester and the next semester.
3. Third positive result. For the third positive result in any two (2) consecutive school years, the student will be suspended from participating in interscholastic extra-curricular competitive performing arts and academics (excluding practices) for the remainder of the current semester and the next two (2) semesters.

- C. **Non-Punitive Nature of this Policy.** No student shall be penalized academically for testing positive for drugs under the policy. The results of drug tests pursuant to this policy will not be documented in any student academic records and information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities, without a valid, binding subpoena or other legal process, which the school will not solicit.

REVIEW

The Superintendent shall annually evaluate the implementation and effectiveness of this policy and shall recommend any changes to the Board.

STUDENT CODE OF CONDUCT

- A. Nothing in this policy shall be construed to limit the applicability or enforcement of the student code of conduct, including all of its provisions pertaining to drugs.
- B. In the event the student is on a behavior contract or stipulated order which includes a requirement for random drug testing, a positive drug test under this policy shall also be considered a positive drug test under the behavior contract or stipulated order.

Adopted 3/24/15

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CONSENT FORM

RANDOM STUDENT DRUG TESTING FOR INTERSCHOLASTIC EXTRACURRICULAR COMPETITIVE ACTIVITY PARTICIPANTS.

THIS FORM MUST BE COMPLETED AND SIGNED BY EACH HIGH SCHOOL STUDENT PARTICIPATING IN INTERSCHOLASTIC EXTRACURRICULAR COMPETITIVE ACTIVITIES AND HIS/HER PARENT OR LEGAL GUARDIAN.

ELIGIBILITY FOR PARTICIPATION WILL NOT BE GRANTED UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE STUDENT'S SCHOOL.

Student Name _____

Student ID# _____ Sex _____

School _____

Grade Level _____ Activities _____

Consent to Random Student Drug Testing

By signing this form, I affirm that I have read the School Board of Indian River County's Random Student Drug Testing for Interscholastic Extracurricular Competitive Activity Participants policy and I agree to comply with the conditions in the policy in order for my child to participate in interscholastic extracurricular competitive activities.

I affirm that my child and I have reviewed and understand the procedures for the testing program attached to this form and understand the test procedures, penalties for a positive test result and my child's right to challenge a positive finding.

I agree to allow the Random Student Drug Testing Coordinator to test my child if he/she is randomly selected in order to maintain eligible for participation in any interscholastic extracurricular competitive activities.

I further consent to the release of any drug test results taken from my child to the school principal, coordinator and testing lab MRO. In the event my child is a student athlete in an FHSAA sanctioned, recognized or club activity and receives a positive drug test for a schedule 3 narcotic, I understand the positive drug test will be reported to the FHSAA, but not my child's name.

I understand that test results will not be made a part of my child's permanent school record.

Name of Student (PRINT) _____

Signature of Student _____

Date _____

Name of Parent/Guardian (PRINT) _____

Signature of Parent _____

Date _____

Home address _____ City _____

Zip code _____

Contact number/cell/other _____

Insurance Definitions

Please be advised if you have a primary insurance carrier, the School Board is ***a supplementary insurance only.***

Full Excess: Means benefits are payable for covered expenses that are not recoverable from another Plan Providing Medical Expense Benefits to the applicable maximum. If the Insured is not covered by another Plan providing medical expense benefits, the excess provision shall not apply, and benefits are payable to the limits described less the \$200.00 deductible before reasonable and customary charges are paid.

Plan Providing Medical Expense Benefits: Means any group type policy, contract, or other arrangement for benefits or services for medical or dental care treatment.

Basis of Benefits: Expenses which are incurred within the Maximum Incurred Period. The first treatment must be received within 90 days after the date of the injury.

Usual & Reasonable: Means the fees and prices charged in the area where the services are offered. The services and supplies used are those that are usually required for similar injuries and do not include charges that would have been made if no insurance were in force.

Injury: Means a bodily injury caused by an accident, which occurs directly and independently of all other causes while the insured is covered under the policy.

Deductible: Before usual and customary charges are paid a \$200.00 deductible is applied to a family with no medical coverage.

Benefit and Claim Correspondence or Questions:
Gerber Life Insurance

**SCHOOL DISTRICT OF INDIAN RIVER COUNTY
EMERGENCY INFORMATION AND CONSENT
(One for Each Athlete)**

Athlete's Name _____ Student ID# _____
Date of Birth _____ Current Grade _____
Address _____ Zip _____
Father's Name _____
Address _____
Parent e-mail address _____
Employer _____ Work Phone _____
Home Phone _____ Cell Phone _____
Mother's Name _____
Address _____
Employer _____ Work Phone _____
Home Phone _____ Cell Phone _____

Family Health Accident Insurance:

(IF YOU HAVE NO INSURANCE PLEASE WRITE BELOW "NO INSURANCE". HOWEVER, ALL INFORMATION MUST BE COMPLETED INCLUDING SIGNATURES)

Carrier _____
Policy # _____ Group # _____ ID # _____
Family Physician Name _____
Address _____
Phone _____
Allergies (List) _____
Serious Medical Condition(s) _____

I/We hereby grant consent to any and all health care providers designated by Vero Beach High School to provide my child _____

(Name)

any necessary medical care as a result of any injury/illness.

Date

Father or Guardian's Signature

Date

Mother or Guardian's Signature



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 information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

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

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

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

G. Please check the appropriate box(es).

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

Company: _____ Policy Number: _____

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

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

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

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date / / _____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date / / _____

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

Name of Student (printed) _____ Signature of Student _____ Date / / _____



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

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

School: _____ School District (if applicable): _____

Concussion Information

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

Signs and Symptoms of a Concussion:

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

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

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

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

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

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

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.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 _____/_____/_____



Florida High School Athletic Association
Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

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

School: _____ School District (if applicable): _____

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 preseason 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.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



Preparticipation Physical Evaluation (Page 1 of 3)

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

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

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

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

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

FEMALES ONLY (optional)

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

Explain "Yes" answers here: _____

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

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



Preparticipation Physical Evaluation (Page 2 of 3)

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

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

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right P ____ F ____ left P ____ F ____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s)
 ___ Cleared without limitation
 ___ Disability: _____ Diagnosis: _____
 ___ Precautions: _____
 ___ Not cleared for: _____ Reason: _____
 ___ Cleared after completing evaluation/rehabilitation for: _____
 ___ Referred to: _____ For: _____

Recommendations: _____

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

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



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.