

**Application for Athletic Participation
Senior High School**

FOR SCHOOL USE ONLY		
Physical Evaluation Date:		
MONTH	DAY	YEAR
GPA FALL	GPA WINTER	Reported To FHSAA

Name (as it appears on birth certificate)		Student Number	
Street Address		Home Phone	Age
City / State / Zip Code		Parent Work Phone	Parent Cell Phone
Sex (choose one)	M F	Date Entered 9 th Grade	School
List all previous high schools attended:		Current Grade Level	

FHSAA Bylaws, Article 9.8.1:

Student Must Provide School with Signed Consent and Release Form to Participate. A student must have the consent of his/her parent(s) or legal guardian(s) to participate in interscholastic athletic programs at a member school. The student and his/her parent(s) or legal guardian(s) must also release the FHSAA, its member schools and contest officials from all liability for any injury or claim that may result from the student's participation in interscholastic athletics. This consent and release from liability must be provided in writing on a form developed by this Association for that purpose. The form must be signed by the student and his/her parent(s) or legal guardians. The student cannot be allowed to participate in any activity related to interscholastic athletic programs until the fully executed consent form is on file in the school.

Preparticipation Physical – In compliance with Florida Statute 1006.20 –this physician's certificate is valid for one year (365 days) from the date of the physical examination.

Florida Statute s 1006.20(2)(c) The organization (FHSAA) shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation **each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team.** Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.

The following items must **be properly completed and submitted** to the Assistant Principal for Administration **before** the student-athlete is issued equipment or begins participation in any form in accordance with Articles 9.7.1 and 9.8.1 of the FHSAA Bylaws.

<input type="checkbox"/>	Pre-participation/Physical Examination (FHSAA EL2)	<input type="checkbox"/>	Agreement to pay fines for unsportsmanlike conduct
<input type="checkbox"/>	Birth Certificate – initial eligibility	<input type="checkbox"/>	Completed Medical Release cards (2 total)
<input type="checkbox"/>	Completed Application for Athletic Participation (FHSAA EL3 included)	<input type="checkbox"/>	Mandatory insurance coverage
<input type="checkbox"/>	Affidavit of Compliance with Policy on Athletic Recruiting (FHSAA GA4)	<input type="checkbox"/>	Current utility bill or proof of residence
<input type="checkbox"/>	Completion of NFHS Concussion in Sports, Sudden Cardiac Arrest, & Heat Illness Prevention Videos	<input type="checkbox"/>	Positive Coaching Alliance (PCA) Consent Form
<input type="checkbox"/>	Completed Media Release Form	<input type="checkbox"/>	

PERMISSION TO PARTICIPATE AND TRAVEL

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in athletics as a representative of _____ School and to accompany the team as a member on its many trips.

Date: _____ Signature: _____
Signature of parent or legal guardian

INSURANCE

As parents or legal guardians of the athlete identified herein, I understand that all student-athletes shall be required to purchase athletic Insurance provided through the school board Insurance program In order to participate In the Hillsborough County Interscholastic sports listed below (Athletic Guidebook of Procedure Article 8-1-3).

- | | | |
|--------------------------------|-----------------------------|------------------------------|
| Varsity Football (fall) | Softball | Varsity Cross Country |
| Varsity Football (spring) | Volleyball | Junior Varsity Cross Country |
| Junior Varsity Football (fall) | Junior Varsity Volleyball | Swimming |
| Baseball | Varsity Wrestling | Tennis |
| Varsity Basketball | Junior Varsity Wrestling | Track |
| Junior Varsity Basketball | Varsity Cheerleaders | Student Trainer |
| Soccer | Junior Varsity Cheerleaders | Other non-sport Participant |
| Girls Flag Football | Manager | |
| Lacrosse | Golf | |

Date: _____ Signature: _____
Signature of parent or legal guardian

UNIFORMS, EQUIPMENT, AND SUPPLIES

I understand that I, _____ (student-athlete), and my parents/legal guardians, (parents/legal guardians) are responsible for uniforms, equipment, and/or supplies issued to me while participating in the sport of _____. I agree to repair or replace any Item that is damaged or lost while issued to me.

Date: _____ Signature: _____
Signature of student-athlete

Date: _____ Signature: _____
Signature of parent or legal guardian

I HAVE REVIEWED THIS APPLICATION FOR ATHLETIC PARTICIPATION FORM COMPLETELY.

_____ Signature of Student-Athlete	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Head Coach	_____ Date
_____ Signature of Assistant Principal for Administration	_____ Date



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): Hillsborough County Public Schools

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 further release and hold harmless my school/School Board of Hillsborough County, Florida, of any and all responsibility and liability for any injury or claim resulting from THEIR OWN NEGLIGENCE and agree to take no legal action against the school/School Board of Hillsborough County, Florida, because of any incident involving 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/we further release and hold harmless my child's school/School Board of Hillsborough County, Florida of any and all responsibility and liability for any injury or claim resulting from THEIR OWN NEGLIGENCE and agree to take no legal action against the school/School Board of Hillsborough County, Florida because of any incident involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

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

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

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

G. Please check the appropriate box(es):

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

Company: _____ Policy Number: _____

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

☒ I have purchased supplemental 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): Hillsborough County Public Schools**Concussion Information**

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

Signs and Symptoms of a Concussion:

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

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

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

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

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

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

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) _____

Signature of Student-Athlete _____

Date _____

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____



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): [Hillsborough County Public Schools](#)

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 FHSA State Series games, tournaments and meets. The FHSA 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

FHSA 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.

What to do if these symptoms develop:

Any student who develops any of the above symptoms understands and agrees to stop all physical activity and seek immediate medical attention.

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 Thigh
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____ Neck	_____ Forearm	_____ Knee
14. Have you had high blood pressure or high cholesterol?	_____	_____	_____ Back	_____ Wrist	_____ Shin/Calf
15. Have you ever been told you have a heart murmur?	_____	_____	_____ Chest	_____ Hand	_____ Ankle
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Shoulder	_____ Finger	_____
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 | _____ | _____ | _____ |
| 10. Neurological | _____ | _____ | _____ |
| 11. Psychiatric | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 12. Neck | _____ | _____ | _____ |
| 13. Back | _____ | _____ | _____ |
| 14. Shoulder/Arm | _____ | _____ | _____ |
| 15. Elbow/Forearm | _____ | _____ | _____ |
| 16. Wrist/Hand | _____ | _____ | _____ |
| 17. Hip/Thigh | _____ | _____ | _____ |
| 18. Knee | _____ | _____ | _____ |
| 19. Leg/Ankle | _____ | _____ | _____ |
| 20. Foot | _____ | _____ | _____ |

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

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

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



School District of Hillsborough County
MEDICAL RELEASE FORM

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of _____ do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. **No action will be taken until an attempt is made to contact me at the phone number(s) listed above.**

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of parent or guardian: _____ Date: _____

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC, THIS _____ DAY OF _____ 20_____.

My Commission expires: _____

Notary Public: _____

PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed above, **I do not desire** to sign the medical and surgical release form above.

Signature of parent or guardian: _____ Date: _____

(Do not sign both parts. This form does not need to be notarized if Part II is signed.)



School District of Hillsborough County
MEDICAL RELEASE FORM

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of _____ do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. **No action will be taken until an attempt is made to contact me at the phone number(s) listed above.**

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of parent or guardian: _____ Date: _____

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC, THIS _____ DAY OF _____ 20_____.

My Commission expires: _____

Notary Public: _____

PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed above, **I do not desire** to sign the medical and surgical release form above.

Signature of parent or guardian: _____ Date: _____

(Do not sign both parts. This form does not need to be notarized if Part II is signed.)



Student Media Release Form

Date: _____

School: _____

Student ID Number: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters; on the Internet, radio, or television; or for other special district events. Before your child can participate in any of the above activities, you must give your permission by signing and returning this media release form to your child's school.

- ☐ **I give my permission** for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the Internet or by the general news media for print, broadcast, or on websites; and for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.
- ☐ **I do not give my permission** for my child to be interviewed, photographed, or videotaped for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

Parent/Guardian signature: _____

Parent/Guardian name (*please print*): _____

Date: _____

Social Media Policy and Guidelines for Student Athletes

Newsome High School recognizes and supports the student-athletes' rights to freedom of speech, expression, and association, including the use of social media; however, parents and student-athletes must acknowledge that playing and competing for NHS is a privilege and not a right. As a student-athlete, you have the responsibility to portray your team, your school, and yourselves in a positive manner at all times.

Student athletes should understand that third parties, including the media, faculty, and future potential NCAA officials can easily access your social media profiles and view all personal information. Inappropriate material found by third parties affects the perception of the student athlete, the athletic department, and NHS. Student athletes need to remember that NOTHING is private on social media.

NHS will not tolerate disrespectful comments and behavior online, such as:

- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity examples: derogatory comments regarding another individual; taunting comments aimed at a student athlete, coach, or team at another institution; derogatory comments against race, gender, and sex.
- No photos, videos, posts, or comments should depict or encourage unacceptable, violent, or illegal activities: examples: hazing, sexual harassment/assault, nudity, inappropriate gestures, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use.

Student-athletes found to have violated the NHS Social Media Policy may be subject to the following penalties:

1. Written or Verbal Warning
2. Meeting with Head Coach and Athletic Director
3. Game suspension or removal from athletic team

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.

Newsome High School strives to maintain a healthy athletic program in which all students feel safe and welcome and can be proud of the school and athletic program they represent. I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal, and physical acts. I further understand that it is my duty to report any acts of hazing that I see to a coach or administrator on campus.

The undersigned parent(s) guardian(s) and student athlete acknowledge having received an adequate opportunity to review this agreement, including policies on Hazing and Social Media. By signing below, I agree to uphold this Newsome Policy and understand that any violation may result in my immediate suspension from athletics and further disciplinary action as outlined in school policy and procedures.

Students name: _____ **Students signature:** _____

Parent/guardian name: _____ **Parent/guardian signature:** _____

Date: _____

School District of Hillsborough County Payment of Fines

Student Name

Parent/Guardian Name

School

Sport

We (student and parent/guardian) understand that as an athlete representing my school, I am responsible for my conduct and behavior in the athletic program of the School District of Hillsborough County. Any fines or penalties assessed against the school as a result of the actions of any student and/or parent will be the responsibility of the student and/or parent.

We realize that the Florida High School Athletics Association (FHSAA) charges a fine against my school if I am ejected or disqualified for unsportsmanlike conduct or gross unsportsmanlike conduct. In the event of my ejection or disqualification while representing my school, we agree to pay the fine or fines as follows:

- | | |
|-------------------------------------|---------------------|
| 1. General Unsportsmanlike Conduct* | minimum of \$50.00 |
| 2. Gross Unsportsmanlike Conduct** | minimum of \$250.00 |

We further understand that the FHSAA may not allow me to participate in athletic contests as a result of my ejection or disqualification for unsportsmanlike conduct. We understand that I will not represent my school in any athletic contests until all fines have been paid to my school. We understand that as a student-athlete I am subject to additional disciplinary action by the principal of my school depending on the severity of my actions.

Print Student's Name

Date

Signature of Student-Athlete

Print Parent/Guardian Name

Date

Signature of Parent/Guardian

*General unsportsmanlike conduct includes, but may not be limited to, use of profanity, fighting, flagrant foul, or other unsportsmanlike acts.

**Gross unsportsmanlike conduct is an act of malicious and hateful nature toward a contest official or opponent. Such acts include, but are not limited to: cursing, striking, or threatening a contest official during a contest or at any other time because of resentment over occurrences or decisions during a contest; physical contact with an opponent that is beyond the normal scope of competition and appears to be with the intent of inflicting bodily harm on the opponent; spitting on contest official or opponent; directing gender, racial, or ethnic slurs toward a contest official or opponent; or other such acts that may be deemed unacceptable conduct by the principal of the school.

Positive Coaching Alliance

Parental Permission to Release Student Data

We would like your permission to use your child's information to evaluate the effectiveness of: The Positive Coaching Alliance trainings that we are offering at some schools. We need this data to track your student's progress and examine if the PCA training is having a measurable effect on your child's success.

This form tells you about the program and any data that will be used by the evaluation.

As a student athlete, your child will still benefit from the PCA training, even if you do not want us to use the information to evaluate the effectiveness of the program. Your allowing us to use the data lets us improve our program for your child and future students.

What educational records are needed?

To evaluate this program, we will need to have your permission to ask Hillsborough County Public Schools to provide your child's data to an external evaluator. This is private information that we must have your approval to use. The requested records are: pre-Post survey results; grades; discipline records; attendance records; district and state test scores.

Federal law (*FERPA*) requires us to keep educational information about your child private. We will keep your child's records private by *not providing any of the information to anyone not directly involved in the evaluation of PCA training, reviewing analyses and reports to make sure students are not identified, only releasing analyses that do not identify individual students, and only keeping the individual information necessary for analysis for two years.*

We will only use the educational data for the purposes explained in this document, and all copies of your child's education information will be destroyed or returned to the school district office at the conclusion of the project. No individually identifying educational data will be saved by the researchers.

What happens if you decide not to let your child take part in this study?

You should only agree to release your child's information if you want to. You should not feel that there is any pressure to release it. **If you decide not to release your child's data, or change your mind, your child will still be able to participate in the program, will not be in trouble or lose any of his/her rights.**

You can get the answers to your questions, or concerns.

If you have any questions, concerns or complaints about this study, call the Athletics Department at 813-273-7536

Consent for Child to Participate in this Research Study

I consent to release my child's data. I understand that by signing this form I am releasing educational data about my child and I have verified my child's Hillsborough County Public Schools district ID number (i.e., Student Number).

Printed Name of Child & DOB

7-digit School District ID Number of Child

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

-----Please make a selection below and initial-----

I DO consent to release my child's data for the research project. (Parental Initials) _____

I DO NOT consent to release my child's data for the research project. (Parental Initials) _____



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a “Non-Traditional” student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. *This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed in the presence of a notary public by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a “Non-Traditional” student at a member school.**
- Due date:** Must be received by the school on or before the first day of practice as established on the FHSAA Calendar for the first sport in which the student wishes to participate, as posted on the FHSAA Website.
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a “Non-Traditional” student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a “Non-Traditional” student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.” Florida law also regulates the participation in interscholastic athletics by “Non-Traditional” students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by “Non-Traditional” students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a “Non-Traditional” student by signing the attached “Affidavit of Compliance” in the presence of a notary public. The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school’s athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school’s interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student’s family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a “third party”?

A “third party” is an independent person, business or organization who may or may not be a representative of the school’s athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school’s membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of “Non-Traditional” students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, prior to a date not earlier than the first day of practice for the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school’s insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding “Non-Traditional” student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures before a notary public and submit this form to the school **on or before the first day of practice for the first sport in which the student wishes to participate**, as established on the FHSAA Calendar. Submission of this form **DOES NOT** grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student *{full legal name}* _____ (“THIS STUDENT”), who was born on *{date}* _____, 19/20 _____, and who is currently in the {number} _____th grade, now attends or wishes to participate for *{school now attending/participating for}* _____ (“THIS SCHOOL”), commencing on *{date}* _____, 20 _____.

THIS STUDENT has previously attended/participated for *{list all previous secondary schools beginning with the most recent and working back in time}* _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms “representatives of the school’s athletic interests”, “improper contact” and “impermissible benefit”, or I have read and understand the regulations regarding participation as a “Non-Traditional” student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a “Non-Traditional” student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms **prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate**, as posted on the FHSAA Website..

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

_____/_____
Signature of Student Date

Printed Name of Student

_____/_____
Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____.
[Notary Seal:]

Signature of Notary

Printed Name of Notary

NOTARY PUBLIC

My commission expires: _____, 20_____.

Personally known to me _____

OR Produced Identification _____

Type of Identification Produced _____

Insurance Link:

← → ↻ 🏠 <https://hcpsathleticprotection.com> 🔍 ☆ 📱 📺 ☰



Hillsborough County Public School Athletic Protection

Administered by: School Insurance of Florida
[Click Here to Purchase Insurance Now!](#)

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School Insurance of Florida offers accident protection for over 1000 schools in the state of Florida.

Additional Insurance Information Link:

← → ↻ <http://nhs.to/insuranceinfo> ⋮



Hillsborough County Public School Athletic Protection

Administered by: School Insurance of Florida
[Click Here to Purchase Insurance Now!](#)

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Parents, Students and School Administrators

Hillsborough County Public Schools (Tampa) Excess Student Accident Insurance Overview 2018-2019 SCHOOL TERM

The **School District of Hillsborough County** student athletes are required to pay a Sports Insurance Activity Fee before they will be allowed to condition, practice or compete in Hillsborough County interscholastic sports. The Sports Activity Fee provides basic accident insurance for the student athletes while participating in try-outs, practices and games. Enrollment Forms are available from this website, or the school Coach or Athletic Director's Office. These plans does not provide coverage during any summer practices, drills, open facilities, leagues or games. **This coverage becomes effective on the date paid, at 11:59 PM or on the first day of FHSAA practice, whichever is later. [To review the policy terms, benefits and exclusions click here.](#)**

You may elect to [Purchase Online Now by Clicking Here.](#) Before you enroll online, **School Insurance of Florida** recommends you download an Enrollment Application and review the policy limits, terms and definitions. Retain the downloaded application for your records. If you have questions contact **School Insurance Of Florida**. We cannot accept enrollments or payment of the Sport Activity Fee or bind coverage by telephone or fax. You may

In the continuing effort to prevent sports injuries and to educate student-athletes about concussions, sudden cardiac arrest and heat-illness prevention, we require all student-athletes to view an online presentation on each topic prior to any conditioning, tryout or competition.

These courses, presented by the National Federation of State High School Associations (NFHS) are free but do require an email log in. Each course provides a completion certificate which must be submitted with all other required paperwork.

Concussion course signup link: [**nhs.to/concussion**](https://nhs.to/concussion)

Sudden Cardiac Arrest course signup link: [**nhs.to/cardiac**](https://nhs.to/cardiac)

Heat Illness Prevention course signup link: [**nhs.to/heat**](https://nhs.to/heat)