



LYMAN ROWING ASSOCIATION • 5703 Red Bug Lake Road, Suite 156, Winter Springs, FL 32708

## LRA/SCR APPLICATION

I am applying for:

High School Program

Middle School Program

Date: \_\_\_\_\_

### Rower Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Rower cell: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School name (Middle school): \_\_\_\_\_

Rower's email: \_\_\_\_\_

Special needs: \_\_\_\_\_

### Parent/Guardian Information

Mother's name: \_\_\_\_\_ cell: \_\_\_\_\_

-email: \_\_\_\_\_

-employer: \_\_\_\_\_ wk phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ cell: \_\_\_\_\_

-email: \_\_\_\_\_

-employer: \_\_\_\_\_ wk phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ cell: \_\_\_\_\_

-email: \_\_\_\_\_

-employer: \_\_\_\_\_ wk phone: \_\_\_\_\_

EMERGENCY CONTACT (name and phone): \_\_\_\_\_

Referred by: \_\_\_\_\_



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## EMERGENCY TREATMENT AUTHORIZATION

### Rower Information

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_

### Insurance Information

Provider: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 List Any and All \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 \_\_\_\_\_

### Parent / Guardian Information

Relationship: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### Alternate Emergency Contact

Relationship: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Check all items that apply to your child's medical history, explain.

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, Please Explain</b>
Allergies			_____
High Blood Pressure			_____
Diabetes			_____
Convulsions/Seizures			_____
Heart Trouble			_____
Asthma			_____
Kidney Disease			_____
Behavioral			_____
Sinus			_____
Motion Sickness			_____
Other			_____



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## Athlete Responsibilities & Code of Conduct

The upcoming crew season will offer many challenges to our athletes; physically, mentally and emotionally. Crew is a very demanding sport, one that exercises all the major muscle groups of the body as well as the brain. Athletes will be required to maintain an extensive training schedule, with races almost every Saturday during the spring season. Athletes are expected to be organized-from being on time to every practice to having their uniforms and proper supplies for each regatta. Athletes must also keep up their grades (**maintain no less than a 2.0 GPA unweighted for each grading period**) and meet other school and family responsibilities. As importantly, athletes must adhere to the LRA Code of Conduct and follow the rules and policies described below (subject to change with notice). The Code of Conduct will be enforced throughout the school year.

Every student athlete participating in LRA is expected to engage only in those activities that will promote the reputation, character, health and welfare of the individual, other student athletes, the team, the LRA organization and the community. Therefore, every student athlete, as a condition of membership in LRA, must agree to comply with the following:

1. I accept and acknowledge that membership and participation in LRA is a privilege, not a right, and as such, membership and participation are dependent upon my adherence to these promises and commitments;
2. I will be fully and personally responsible for keeping these promises and commitments, and will endeavor to persuade other LRA student athletes to do the same;
3. I will abstain from the use of alcohol, tobacco, vapor pens, illegal substances and/or weapons, whether on LRA property or at LRA related events;
4. I will not use abusive, disrespectful, offensive or otherwise inappropriate language while (i) on LRA property, (ii) representing LRA in the community or (iii) participating in any event as a student athlete for LRA;
5. I will not use or demonstrate abusive, disrespectful, offensive or otherwise inappropriate behavior (including, but not limited to, kissing, inappropriate touching) while (i) on LRA property, (ii) representing LRA in the community and/or (iii) participating in any event as a student athlete for LRA;
6. I will pay attention to, listen to, and demonstrate respect for, LRA coaches, parents, Regatta Program Directors and Board members;



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7. I will give all due and proper respect and assistance (when requested) to other teams, their coaches and regatta officials;
8. I will give all due and proper respect and assistance (including the protection of privacy) to my teammates, on and off the water;
9. I will not utilize any form of electronic media to threaten, intimidate, harass, or entice other students or coaches of LRA or members of any other rowing team;
10. I will not utilize any form of electronic media to post images depicting the use of alcohol, drugs, or suggestive behavior that is not deemed conducive to the image of an LRA team member;
11. I will be considerate and careful when using LRA property and never cause deliberate damage to LRA equipment or property;
12. I will be punctual for practice, regattas and other rowing functions;
13. I will take responsibility for learning, and then abide by, any and all policies and rules established by the Regatta Program Directors and/or the Board of Directors;
14. I will abide by and follow the LRA Rules, which are attached hereto and made a part of this code **along with the responsibilities covered in the LRA Handbook**, and which I have read and fully understand and accept.
15. I understand, accept and acknowledge that a violation of the Code of Conduct, or the attached Rules, may result in disciplinary action as determined by the coaches, the Regatta Program Directors and/or the Board of Directors.

The signing of the Code of Conduct by all rowers and their parents/guardians is of paramount importance and critical to the proper functioning of LRA. Adherence to, and enforcement of the Code is for the benefit of all members of the Association and central to the Association's vision of excellence in character and excellence in rowing. As such, it is understood and accepted that this Code of Conduct is not meant to mirror the Seminole County Public School or any private school code of conduct and may contain different provisions and reflect different standards, expectations, and consequences.

Coaches or others who learn about a violation will consider the severity of the violation in the context of its impact to the team or safety of individual(s). A violation discovered by someone other than a coach shall initially be reported to a coach unless it would be inappropriate to do so. The coach will discuss the violation with the rower, unless it would be inappropriate to do so. At the coach's discretion, and based on the severity of the case, the coach will report the violation to the LRA Executive Committee and to the rower's parents. The LRA Executive Committee will review the case and if they find the rower to be in violation of the code, they will take appropriate action. In this context, appropriate action may include, but shall not be limited to, verbal



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warnings, written warnings, probation, and suspension from the team and/or dismissal from the team. Parents shall be kept apprised of the status of the matter, including the decisions of the Executive Committee. In the case of dismissal, no refund of dues or fees that were previously paid will be granted.

Parents/guardians may appeal any such disciplinary decision in writing, sent to the LRA Executive Committee. The Executive Committee's decision is considered final. We hope that it will not be necessary to use this procedure. We publish this notice to remind rowers and parents/guardians that adherence to the Code of Conduct is imperative to the future of LRA. This Code of Conduct supersedes any previously executed form of LRA Code of Conduct.

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Printed Rower's Name	Rower's Signature	Date
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Printed Parent/Guardian's Name	Parent/Guardian's Signature	Date
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## LIABILITY RELEASE

Association for the season set forth below, the undersigned participant hereby waives, releases and discharges Lyman Rowing Association (LRA) and any officers, directors, employees, coaches, agents and members from and against any and all claims, actions, causes of action and damages for death, personal injury or property damage which the undersigned participant may have, or which hereafter may occur to him or her, or his/her personal representatives or advance LRA and any officers, directors, employees, agents, members from and against any and all liability arising out of or connected in any way with the undersigned's participation in any LRA associated activity even though that liability may arise out of negligence or carelessness on part of the person or entities mentioned above.

The undersigned participant for him/himself, her/herself and his/her parents or legal guardians understands that serious accidents may occur during rowing practice and racing and during transportation to and from practice, races, meets and exhibitions and that participants in rowing practice, racing and transportation may sustain mortal or serious personal injury and/or property damage as a consequence thereof. Knowing the foregoing risks, the undersigned participant hereby agrees to assume those risks and release and hold in consideration of the acceptance of the application of the undersigned participant to the Lyman Rowing harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to the undersigned, his/her/their personal representatives, guardians, or assigns for damages. It is further understood and agreed that this Release and assumption of risk is binding on the undersigned heirs, personal representatives, guardians and assigns.

The foregoing Release is effective for the 2019-2020 rowing calendar year. The undersigned parent/guardian has signed this Release form knowingly and as a condition to the undersigned participant's acceptance into and participation in activities of LRA.

Please, print and write legibly

\_\_\_\_\_  
*Name of Participant (Print)*                      *Signature of Participant*                      *Date*

**I, the undersigned parent and/or legal guardian of the participant, hereby knowingly signs this Release on behalf of the participant.**

\_\_\_\_\_  
*Name of Parent/Legal Guardian*                      *Signature of Parent/Legal Guardian*                      *Date*

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Middle Schooler**  **Novice**  **Returner**  **Grade** \_\_\_\_\_



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## Media Authorization and Release Form for Minors

I hereby authorize Lyman Rowing Association ("LRA") and its agents, employees, licensees, representatives and assigns to copy, exhibit, publish or distribute any and all photographs and likenesses and biographical information of my child or ward, including those in which he/she appears with other individuals, and recordings of his/her voice, his/her writings in whole or in part, in all forms and media throughout the world and in perpetuity for purposes of publicizing or advertising LRA and its programs, or for any other ethical and lawful purpose. This includes but is not limited to print, billboard, radio and television advertising, the World Wide Web, social media, and school/ LRA and other third-party approved publications. Additionally, I waive any right to inspect or approve the finished product, including written copy, in which his/her likeness or voice or written words appear. I agree to notify LRA in writing if I later revoke this authorization.

I hereby hold harmless and release and forever discharge Lyman Rowing Association and all its agents, employees, licensees, representatives and assigns, and their successors, from all claims, demands and causes of action that I, my child or ward, or our heirs, representatives, executors, administrators, or any other people acting on behalf of myself, my child or ward, or our estates have or may have by reason of this authorization.

\_\_\_\_\_  
Name of Child (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Cell Phone





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## Debit/Credit Card Authorization Form

Privacy and Security Statement: It is the policy of LRA to respect the privacy of its members. As such, all information presented here will NOT be sold or distributed to any party.

Card Type? \_\_\_\_\_ (Discover, Diners Club, MasterCard, VISA or American Express)  
\_ Debit Card    \_ Credit Card

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Code: \_\_\_\_\_

Credit Card Billing Address (REQUIRED):  
\_\_\_\_\_

Authorized Charges (Initial):

\_\_\_\_ Monthly Payment Option (mandatory) (\$125 for Middle School Program / \$250 for High School Program)

\_\_\_\_ Uniforms

\_\_\_\_ Regatta Fees

CHILD 1 (Name and Program)  
\_\_\_\_\_

CHILD 2 (Name and Program)  
\_\_\_\_\_

- By signing below, I acknowledge that I am responsible for payment in full for all Authorized Charges (above) associated with the debit /credit card.
- The monthly payment option will run from August 2019 until May 2020 (DUE AT THE MONTHLY PARENT MEETING).
- I prefer to pay by check by the day of the monthly LRA PARENT MEETING, but charge all past due Authorized Charges to my debit/credit card.
- By signing below, I warrant that I am legally authorized to enter into this debit/credit card authorization. I agree and understand that in the event this debit/credit card becomes invalid, I will provide a new valid card for all outstanding balances due.

\_\_\_\_\_ (initials) I acknowledge that this auto pay authorization will be in effect until canceled. To cancel future auto debits, I will notify the appropriate program administrator (Leta Smith– [lymanrowingtreasurer@gmail.com](mailto:lymanrowingtreasurer@gmail.com)) prior to the next billing cycle.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

***\*A 4% administration fee will be added for all credit and debit transactions.\****





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## Parent Volunteer Form

Lyman Rowing Association is an organization that relies on volunteer help from all its families. There are many ways in which you may contribute to the team. Here are some opportunities:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I would like to help with (check all that apply):

Fundraising

Hospitality

Recruiting

Boatyard Maintenance

Boat/Trailer Maintenance

Boat Trailer Transport

Hospitality Trailer Transport

Website

Other \_\_\_\_\_

I am not able to volunteer my time at this time, but I would like to make a financial contribution towards the team's expenses.

\$10/month

\$20/month

other amount \$ \_\_\_\_\_

Donations of products or services (in kind donations):

\_\_\_\_\_

Other ways you are available to help LRA:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rower's Name: \_\_\_\_\_ Today's date: \_\_\_\_\_



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2019/2020

### HIPAA Compliant Authorization to Release Medical Information

In accordance with the Health Insurance Portability and Accountability Act of 1996 we are required to provide each rower or the rower's parent or legal authorized representative with the Notice of Privacy Practices describing how we use and disclose patient health information.

We will need the authorization signed in order for us to disclose athletic screening health information with the coaching staff.

(The execution of this form covers only the release of information described below.)

I authorize Lyman Rowing Association to release the results of the Pre-Physical Evaluation to the Coaching staff and personnel involved in the care of the athlete.

Authorization: I certify that this request has been made voluntarily, and this authorization will expire on May 31, 2020.

HIPAA Required Statements:

I understand that the information provided under this release may be subject to re-disclosure by the recipient under services no longer protected by HIPAA Privacy Rules.

I understand that I may revoke this release at any time, except to the extent that action has already been taken to comply with it. To revoke this authorization, I must provide written notice to the President of Lyman Rowing Association.

Athlete (if over 18) or Person Authorized to sign release for the Athlete:

\_\_\_\_\_  
Parent/Legal Guardian Name (print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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## Financial Agreement to Pay

My child, \_\_\_\_\_, will be on the Lyman Rowing Association team for the 2019-2020 season. The team base fee for high school will be \$1000 for the fall season and \$1000 for the spring season. The team base fee for middle school will be \$500 for the fall and \$500 for the spring. There will be a one-time registration fee of \$100 for high school and \$50 for middle school. This amount is hereby assessed and becomes due and owing upon the signing of this agreement.

I understand that if my child's team travels, each trip will be charged separately, in addition to the base fee.

By signing below, I agree to pay the base fee at the time of signing this agreement and all other amounts set forth. By signing below, I further acknowledge and agree to abide by the Club Fees & Payments Policies found in the LRA Handbook. Additionally, by signing below, I agree to abide by the Fee Payment Schedule. Finally, by signing below, I agree to abide by the "Additional Terms and Conditions" found at the end of this Financial Agreement to Pay, which I have had the chance to read and hereby agree to in full.

### ADDITIONAL TERMS AND CONDITIONS

The signatories to this Financial Agreement to pay hereby agree to the following Additional Terms and Conditions. All payments assessed by Lyman Rowing Association (LRA) may be paid in one of 2 ways:

- (a). As a one-time payment with a 5% discount. (Full payment is for both Fall and Spring Season)
- (b). You may pay in installments of \$250 for high school, \$125 for middle school.

**Payments are due on the 1st of the month and are considered late after the general meeting each month.**

1. Payments made after the due date are considered delinquent.
2. If no payment is made by the 25<sup>th</sup> of the month, the rower is placed on probation until the account is brought current. This probationary period serves as a warning that the rower is in danger of being suspended from Lyman Rowing Association and the rower is not allowed to participate in any regattas until the account is brought current. The rower's coach is informed of the probation.



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3. If payment is not made by the 15<sup>th</sup> of the following month, the rower is suspended. During this suspension the rower is not allowed to participate in any Lyman Rowing activities or regattas until the account is brought current. The rower's coach is informed of the suspension.
4. If the account is required to be referred to a collection agency or attorney for recovery, the signatories hereto agree to pay Lyman Rowing Association's (LRA) fees, costs, and expenses incurred in enforcing this agreement, including attorney's fees.
5. If the rower should withdraw from, drop out, or cease to actively participate on or with the team for any reason, you are not entitled to any refund or monies previously paid and remain fully responsible for the remaining season.

**Parent/Legal Guardian Signature of Agreement**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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**2019/2020**

## **Required Forms Checklist**

Lyman Rowing Association requires the following forms to be completed and submitted to LRA prior to rower participation:

- LRA Application with \$100 registration fee for HS/\$50 for middle school
- Acknowledgement of Rower Code of Conduct and Rower Rules and Responsibilities
- Financial Agreement
- Swim Test Form (must be notarized)
- Authorization for Third Party Treatment to Consent treatment of Minor/Adult Lacking Capacity to Consent (must be notarized)
- Emergency Treatment Authorization
- Liability Release
- Media Release Form for Minors
- Debit/Credit Card Authorization Form (if applicable)
- Parent Volunteer Form
- HIPAA Compliant Authorization to Release Medical Information
- Athletic Physical (can use form on [www.lymancrew.org](http://www.lymancrew.org) or Health Form from your Doctor's Office)—MUST be turned in to LRA
- Online** US Rowing Registration and Waiver can be located at [www.lymancrew.org](http://www.lymancrew.org) or [www.membership.usrowing.org](http://www.membership.usrowing.org) Lyman's code is SDYEJ
- Online** Waiver NOARA [NOARAWaiver](#)
- Sign Up for Remind Text Alerts: Text @lymanrows to 81010

*Please note that is extremely important for parents to submit any changes of rower/parent information in a timely manner to  
Sheryl Enders, LRA Secretary, [lymanrowingsecretary@gmail.com](mailto:lymanrowingsecretary@gmail.com)*

Lyman Rowing Association participates in regattas organized and run by a number of different organizations. Accordingly, throughout the course of the rowing year, parents may be asked to execute additional regatta waivers.



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## SWIM TEST COMPLETION FORM (must be notarized)

*Current rowers with a notarized swim test on file do not need to complete again.*

### Parental Certification to Lyman Rowing Association

Rowing is a water related activity. It is critical that each rower has certain basic swimming skills. In order to induce Lyman Rowing Association to allow your son or daughter to participate in any water related activity, the parent or parents of each rower shall be responsible to test their son or daughter's basic swimming skills by conducting the Swim Test set forth below. After the Swim Test has been successfully completed, a parent of each rower must complete this Certification and provide it to Lyman Rowing Association by submitting it to the Administrative Officer. No rower will be permitted to participate in any water related activity without a parent having first successfully completed the Swim Test Certification Form and having submitted this Certification to Lyman Rowing Association

The Swim Test is comprised of the following in the order shown without rest intervals:

1. Jump feet first into water over the head in depth, level off and begin swimming.
2. Then swim 100' using any stroke. The 100' must be completed in one swim without stops and include at least one 180 – degree turn.
3. Then tread water or stay afloat for 5 minutes without touching bottom or using any floatation device or other support.
4. Complete all form spaces below and submit to Administrator Officer.

I, the undersigned parent of \_\_\_\_\_ (Rower's name) hereby attest and certify that my son/daughter has taken and passed the Swim Test and requests Lyman Rowing Association to allow him /her to participate in water related activities:

Parent's Name (print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

(Sign only in the presence of a notary)

Test Date: \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF SEMINOLE**

The foregoing instrument was verified, sworn to and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, as parent of \_\_\_\_\_ (Rower's Name), who is personally known to me or who presented \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
(Name: Printed, Typed or Stamped) – Notary Public, State of Florida



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**AUTHORIZATION FOR THIRD PARTY TREATMENT  
TO CONSENT TO TREATMENT OF  
MINOR / ADULT LACKING CAPACITY TO CONSENT (must be notarized)**

In case of emergency, I understand in the event I cannot be reached, I, the undersigned parent(s)/person having legal custody of or being legal guardian of \_\_\_\_\_, a minor, do hereby authorize the Officers, Board Members, Program Directors, Coaches or other representatives of Lyman Rowing Association as agent(s) for the undersigned to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable. I hereby authorize any hospital that provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from date notarized unless revoked in writing and delivered to said agent(s).

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign only in the presence of a notary)

**STATE OF FLORIDA, COUNTY OF SEMINOLE**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Notary Public





# 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):		
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 \_\_\_\_\_

<b>FINDINGS</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS*</b>
-----------------	---------------	--------------------------	------------------

**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)

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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.*