## **ATHLETIC PARTICIPATION FORM**

PLEASE CLEARLY PRINT OR TYPE:		
GRADE LEVEL/SCHOOL YEAR:	STUDENT I. D. #:	
Name of Student (As it appears on the student's birth certificate,	):	
LAST FIRST	MIDDLE	
STUDENT ADDRESS:	CITY/STATE/ZIP	
HOME PHONE (WITH AREA CODE):	D.O.B:/	
EMERGENCY CONTACT:	PHONE: ()	
NAME OF LAST SCHOOL ATTENDED/YEAR:		
FATHER/GUARDIAN:		
STREET/P.O. BOX	CITY/STATE/ZIP	
EMPLOYER'S NAME	EMPLOYER'S PHONE ()	
MEDICAL INSURANCE COMPANY	MEMBER ID #	
MOTHER/GUARDIAN:		
STREET/P.O. BOX	CITY/STATE/ZIP	
EMPLOYER'S NAME	EMPLOYER'S PHONE ()	
MEDICAL INSURANCE COMPANY	MEMBER ID #	
Is the company or plan listed above considered a Health Maintenance	Organization (HMO)? YES:NO:	
Participation in competitive athletics may result in severe injury, including paraly as rule changes, have reduced these risks, but it is impossible to totally eliminate		, and physical conditioning, as wel
PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent frundersigned parent(s)/guardian(s) of the above-named student or above named as but not limited to: student's name, date of birth, attendance, grades and such othe activities regulated by FHSAA to FHSAA and its service provider Home Campureporting eligibility to participate in athletics. I/We further authorize the release of representatives for recruiting purposes regarding the above-named or to the District the records/date provided under this consent is authorized.  INSURANCE: The District School Board of Pasco County provides only second.	dult student, do hereby consent to the release of confidential er confidential student data as is necessary for the determination, Inc. and Maxpreps. The information shall be used solely for student transcripts by FHSAA and/or Home Campus to colict School Board of Pasco County, Florida and its constituent dary student athletic insurance coverage, but this IS NOT a gu	educational records/data including, on of eligibility for participation in r the purpose of determining and leges/universities or their schools. No other re-disclosure of
services. You may encounter certain out-of-pocket expenses when your son or da		
BIRTH CERTIFICATE: Each athlete MUST present to the athletic director or co		
PARENT SIGNATURE	DATE	
STATE OF FLORIDA  COUNTY OFThe foregoing instrument was a , who is personally known		
, who is personally known		
	Signature of Notary	
NOTARY SEAL	Printed Name of Notary	



Signature of Student:

# Florida High School Athletic Association

Revised 03/16

# 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.

1. Student Information (to be completed	
	Sex: Age: Date of Birth:/
	Grade in School: Sport(s):
ddress:	Home Phone: ()
f Parent/Guardian:	E-mail:
	one: () Work Phone: () Cell Phone: ()
l/Family Physician:	City/State: Office Phone: ()
S NAT IN LITTLE	
2. Medical History (to be completed by s	udent or parent). Explain "yes" answers below. Circle questions you don't know
ve you had a medical illness or injury since your last	Yes No
ck up or sports physical?	<ul><li>26. Have you ever become ill from exercising in the heat?</li><li>27. Do you cough, wheeze or have trouble breathing during or after</li></ul>
you have an ongoing chronic illness?	activity?
you have an ongoing enrolled inness: ye you ever been hospitalized overnight?	28 Do you have asthma?
ve you ever had surgery?	20 Do you have seasonal allergies that require medical treatment?
you currently taking any prescription or non-	30. Do you use any special protective or corrective againment or
scription (over-the-counter) medications or pills or	medical devices that aren't usually used for your sport or position
ng an inhaler?	(for example, knee brace, special neck roll, foot orthotics, shunt,
ve you ever taken any supplements or vitamins to	retainer on your teeth or hearing aid)?
you gain or lose weight or improve your	31. Have you had any problems with your eyes or vision?
Formance?	32. Do you wear glasses, contacts or protective eyewear?
you have any allergies (for example, pollen, latex,	33. Have you ever had a sprain, strain or swelling after injury?
dicine, food or stinging insects)?	34. Have you broken or fractured any bones or dislocated any joints?
ye you ever had a rash or hives develop during or	35. Have you had any other problems with pain or swelling in muscles,
r exercise?	tendons, bones or joints?
re you ever passed out during or after exercise?	If yes, check appropriate blank and explain below:
ve you ever been dizzy during or after exercise?	Head Elbow Hip
ve you ever had chest pain during or after exercise?	Neck Forearm Thigh Back Wrist Knee
you get tired more quickly than your friends do ing exercise?	Back Wrist Knee
re you ever had racing of your heart or skipped	Chest Hand Shin/Calf
rtbeats?	Shoulder Finger Ankle
ye you had high blood pressure or high cholesterol?	Upper Arm Foot
ye you ever been told you have a heart murmur?	36. Do you want to weigh more or less than you do now?
any family member or relative died of heart	— 37. Do you lose weight regularly to meet weight requirements for your sport?
blems or sudden death before age 50?	38. Do you feel stressed out?
ve you had a severe viral infection (for example,	39. Have you ever been diagnosed with sickle cell anemia?
ocarditis or mononucleosis) within the last month?	40. Have you ever been diagnosed with sackle cell anichina?
a physician ever denied or restricted your	41. Record the dates of your most recent immunizations (shots) for:
icipation in sports for any heart problems?	Tetanus: Measles:
you have any current skin problems (for example,	— — Hanatitus D. Chiakannay:
ing, rashes, acne, warts, fungus, blisters or pressure sore	y?
ve you ever had a head injury or concussion?	FEMALES ONLY (optional)
ye you ever been knocked out, become unconscious	42. When was your first menstrual period?
ost your memory? re you ever had a seizure?	43. When was your most recent menstrual period?
you have frequent or severe headaches?	44. How much time do you usually have from the start of one period to
you nave frequent or severe headaches?	
ds, legs or feet?	45. How many periods have you had in the last year?
e you ever had a stinger, burner or pinched nerve?	46. What was the longest time between periods in the last year?

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

Signature of Parent/Guardian: \_



Revised 03/16



# Florida High School Athletic Association

# 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.

Student's Name:									Date of Birth:	//
Height:	Weigh	t:	% Body Fat (c	ptional):			Pulse:	Blood Pressure:		
Temperature:										
Visual Acuity: Right							Equal	Unequal		
FINDINGS		NORMAL				ABNOF	RMAL FINI	DINGS		INITIALS*
MEDICAL										
1. Appearance										
2. Eyes/Ears/No	se/Throat									
3. Lymph Nodes	S									
4. Heart										
5. Pulses										
6. Lungs										
7. Abdomen										
8. Genitalia (ma	les only)									
9. Skin	3,									
MUSCULOSKELETA	AT.									
10. Neck	IL.									
11. Back										
12. Shoulder/Arm										
13. Elbow/Forear	m									
14. Wrist/Hand										
15. Hip/Thigh										
16. Knee										
17. Leg/Ankle										
18. Foot										
* – station-based exan	nination o	nly								
ASSESSMENT OF F	ZV A MINI	INC DUVSICIA	N/DHVSICIAN	ACCICT	A NIT/NI	HDCE D	DACTITIO	NED		
								direct supervision with th	e following conclus	ion(s):
Cleared without			e was performed	oy myse	or <b>u</b>	inarriaa	ar ander my	arreet super vision with th	ie ronowing concrus	1011(0).
						Diagno	eie:			
Disability						_ Diagno:	515.			
D 4										
Precautions:										
Not cleared for:								Reason:		
Referred to								For:		
Recommendations:										
Name of Physician/Ph	nysician A	ssistant/Nurse Pra	actitioner (print):						Date:	//
Address:										



Revised 03/16



# 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	d by myself or an individual under my direct supervision	on with the following conclusion(s)
Cleared without limitation		
Disability:	Diagnosis:	
Precautions:		
Not cleared for:		
Cleared after completing evaluation/rehabilitation for:		
Recommendations:		
Name of Physician (print):		
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.



Name of Parent/Guardian (printed)

Name of Student (printed)

## Florida High School Athletic Association

Revised 06/21

# 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.

	This form is non-transferable,	a change of schools during the valuity period of this for	in win require this form to be re-submitted.
School:		School District (if ap)	plicable):
I have read the (co my school in inter know that athletic sion, and even dea participating in ath hereby release and liability for any inj athletic participatis I hereby grant to F academic standing use my name, face limitation. The reland that I may rev	ndensed) FHSAA Eligibility Rules scholastic athletic competition. If participation is a privilege. I know th, is possible in such participation eletics, with full understanding of the hold harmless my school, the schury or claim resulting from such at the interval of the hold harmless my school, the schury or claim resulting from such at the interval of the hold harmless my school, the schury or claim resulting from such at the interval interval in the interval interval in the interval interva	printed on Page 4 of this "Consent and Release Certificate" a accepted as a representative, I agree to follow the rules of my of the risks involved in athletic participation, understand to, and choose to accept such risks. I voluntarily accept any an he risks involved. Should I be 18 years of age or older, or shools against which it competes, the school district, the contest hletic participation and agree to take no legal action against Fisclosure of my individually identifiable health information and physical fitness. I hereby grant the released parties the connection with exhibitions, publicity, advertising, promo o obligation to exercise said rights herein. I understand that the by submitting said revocation in writing to my school. By content of the property of the pr	ny school and FHSAA and to abide by their decisions. It that serious injury, including the potential for a concusted all responsibility for my own safety and welfare while nould I be emancipated from my parent(s)/guardian(s), I st officials and FHSAA of any and all responsibility and FHSAA because of any accident or mishap involving my should treatment for illness or injury become necessary. ed to, my records relating to enrollment and attendance, e right to photograph and/or videotape me and further to totional and commercial materials without reservation or the authorizations and rights granted herein are voluntary
tom; where divor	ced or separated, parent/guardia	Acknowledgement and Release (to be completed in with legal custody must sign.) icipate in any FHSAA recognized or sanctioned sport EXC	
List sport	t(s) exceptions here		
B. I understand C. I know of, ar is possible in such the risks involved, any and all responany accident or mi	that participation may necessitate id acknowledge that my child/ward participation and choose to accep I release and hold harmless my c sibility and liability for any injury shap involving the athletic particip	I knows of, the risks involved in interscholastic athletic partit any and all responsibility for his/her safety and welfare whhild's/ward's school, the schools against which it competes, or claim resulting from such athletic participation and agreation of my child/ward. As required by F.S. 1014.06(1), I spe	nile participating in athletics. With full understanding of the school district, the contest officials and FHSAA of e to take no legal action against the FHSAA because of ecifically authorize healthcare services to be provided for
treatment, while m information should athletic eligibility I grant the release connection with ex- obligation to exerc	y child/ward is under the supervisit treatment for illness or injury becincluding, but not limited to, record d parties the right to photograph a thibitions, publicity, advertising, p ise said rights herein.	I in F.S. 456.001, or someone under the direct supervision of on of the school. I further hereby authorize the use or disclos ome necessary. I consent to the disclosure to the FHSAA, up discretating to enrollment and attendance, academic standing, nd/or videotape my child/ward and further to use said child romotional and commercial materials without reservation or	sure of my child's/ward's individually identifiable health on its request, of all records relevant to my child/ward's age, discipline, finances, residence and physical fitness. 's/ward's name, face, likeness, voice and appearance in r limitation. The released parties, however, are under no
	ch an injury is sustained without p	ons and/or head and neck injuries in interscholastic athletics proper medical clearance.	s. I also have knowledge about the risk of continuing to
READ THIS I IN A POTENT THE SCHOO USES REASO OUSLY INJU	FORM COMPLETELY A FIALLY DANGEROUS A LS AGAINST WHICH IT DNABLE CARE IN PRO RED OR KILLED BY PA	ND CAREFULLY. YOU ARE AGREEING TO CTIVITY. YOU ARE AGREEING THAT, EV COMPETES, THE SCHOOL DISTRICT, TI VIDING THIS ACTIVITY, THERE IS A C ARTICIPATING IN THIS ACTIVITY BECA	O LET YOUR MINOR CHILD ENGAGE 'EN IF MY CHILD'S/WARD'S SCHOOL, HE CONTEST OFFICIALS AND FHSAA HANCE YOUR CHILD MAY BE SERI- USE THERE ARE CERTAIN DANGERS
INHERENT I	N THE ACTIVITY WHIC	H CANNOT BE AVOIDED OR ELIMINATE	ED. BY SIGNING THIS FORM YOU ARE
SCHOOLS A	GAINST WHICH IT CO	MPETES, THE SCHOOL DISTRICT, THE	MY CHILD'S/WARD'S SCHOOL, THE CONTEST OFFICIALS AND FHSAA IN
	EN THIS FORM, AND MY	NJURY, INCLUDING DEATH, TO YOUR ( THAT ARE A NATURAL PART OF THE ACT Y CHILD'S/WARD'S SCHOOL, THE SCHOO	OLS AGAINST WHICH IT COMPETES,
THE SCHOO CHILD PART	<u>L DISTRICT, THE CON</u> TICIPATE IF YOU DO NO	TEST OFFICIALS AND FHSAA HAS THE OT SIGN THIS FORM	E RIGHT TO REFUSE TO LET YOUR
E. I agree that tion in FHSAA st F. I understand writing to my scho G. Please check My child/wa	in the event we/I pursue litigation ate series contests, such action sl that the authorizations and rights bol. By doing so, however, I unders the appropriate box(es): rd is covered under our family hea	n seeking injunctive relief or other legal action impacting nall be filed in the Alachua County, Florida, Circuit Courgranted herein are voluntary and that I may revoke any or a stand that my child/ward will no longer be eligible for particilith insurance plan, which has limits of not less than \$25,000.	t.  all of them at any time by submitting said revocation in ipation in interscholastic athletics.
Company:	rd is covered by his/her school's co	Policy Number: _ctivities medical base insurance plan.	
I have purch	ased supplemental football insuran	ce through my child's/ward's school.  ND KNOW IT CONTAINS A RELEASE (Only on	
Name of Parent/G	uardian (printed)	Signature of Parent/Guardian	Date.

Date

Date

Signature of Student

Signature of Parent/Guardian I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)



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

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

School:				School District (if applicable):	
	 	_			

### **Concussion Information**

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

#### Signs and Symptoms of a Concussion:

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

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

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

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

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

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

#### Return to play or practice:

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

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

#### **Statement of Student Athlete Responsibility**

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.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	/
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	



Name of Parent/Guardian (printed)

Name of Parent/Guardian (printed)

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

Revised 06/21

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 appli	icable):
Sudden Cardiac Arrest Informa	ation	
	sports-related death. This policy provides procedures for educa condition in which the heart suddenly and unexpectedly stops be not treated within minutes.	
Symptoms of SCA include, but not limited to: s	udden collapse, no pulse, no breathing.	
Warning signs associated with SCA include: fai	nting during exercise or activity, shortness of breath, racing	heart rate, dizziness, chest pains, extreme fatigue.
nal defibrillator (AED). Training is encouraged the	ner paid or volunteer, be regularly trained in cardiopulmonary re rough agencies that provide hands-on training and offer certificate training in CPR and the use of an AED must be present at each assions.	ates that include an expiration date. Beginning June 1,
The AED must be in a clearly marked and publicize the school year.	zed location for each athletic contest, practice, workout or condi	itioning session, including those conducted outside of
What to do if your student-athlete collapses:		
<ol> <li>Call 911</li> <li>Send for an AED</li> <li>Begin compressions</li> </ol>		
FHSAA Heat-Related Illnesses	Information	
body temperature rises rapidly, sweating just isn't	es cannot properly cool themselves by sweating. Sweating is the enough. Heat-related illnesses can be serious and life threatenine even death. Heat-related illnesses and deaths are preventable.	ne body's natural air conditioning, but when a person' ng. Very high body temperatures may damage the brain
<b>Heat Stroke</b> is the most serious heat-related illnes nent disability and death.	s. It happens when the body's temperature rises quickly and the	body cannot cool down. Heat Stroke can cause perma
Heat Exhaustion is a milder type of heat-related i	llness. It usually develops after a number of days in high tempe	erature weather and not drinking enough fluids.
<b>Heat Cramps</b> usually affect people who sweat a l the abdomen, arms, or legs. Heat cramps may also	ot during demanding activity. Sweating reduces the body's salt be a symptom of heat exhaustion.	and moisture and can cause painful cramps, usually in
Who's at Risk? Those at highest risk include the elderly, the very succumb to heat if they participate in demanding plever, dehydration, poor circulation, sunburn, and provided the substitution of the subst	young, people with mental illness and people with chronic diser hysical activities during hot weather. Other conditions that can in prescription drug or alcohol use.	ases. However, even young and healthy individuals can ncrease your risk for heat-related illness include obesity
	nnual requirement for my child/ward to view both the "Suc	
courses at www.nfhslearn.com. I acknowledge t been advised of the dangers of participation for	that the information on Sudden Cardiac Arrest and Heat-R myself and that of my child/ward.	elated Illness have been read and understood. I have
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date

Signature of Parent/Guardian

Signature of Parent/Guardian



## Florida High School Athletic Association

Revised 06/21

# 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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending 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 the first 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 eight semesters 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 not turn 19 before **July 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 ineligibile. (FHSAA Bylaw 9.6)
- 8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
- 9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
- 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	



## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, known as COVID-19, is an extremely contagious virus, which can cause serious medical conditions, including death. COVID-19 has been declared a worldwide pandemic by the World Health Organization, and as a result, federal, state, and local governments along with federal and state health agencies recommend social distancing and have, in some circumstances, limited the congregation of people. COVID-19 is so contagious that even the most extraordinary measures has not halted its spread amongst our population.

The District School Board of Pasco County (DSBPC or District) has initiated reasonable, precautionary measures in an effort to reduce the spread of COVID-19. However, given the extremely contagious nature of COVID-19, the DSBPC cannot guarantee that your child(ren) will not contract the virus while attending or engaging in school-related and/or extracurricular activities. In fact, the increased exposure of attending or engaging in such activities could increase your child(ren)'s risk of contracting COVID-19, despite the DSBPC's reasonable efforts to reduce the spread of the virus.

READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ATTEND OR ENGAGE IN AN ACTIVITY AT WHICH THEY MAY BE EXPOSED TO AND CONTRACT COVID-19. YOU ARE AGREEING THAT, EVEN IF THE DISTRICT SCHOOL BOARD OF PASCO COUNTY AND ITS EMPLOYEES AND AGENTS (HEREINAFTER, DSBPC) USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY CONTRACT COVID-19 AND MAY BE SERIOUSLY INJURED OR KILLED BY COVID-19 BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY AND THE VIRUS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE DSBPC 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 AND THE VIRUS, AND FOR RISKS ARISING FROM THE NEGLIGENCE OR RECKLESSNESS OF THE RELEASED PARTIES, INCLUDING, BUT NOT LIMITED TO, THE DSBPC. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE DSBPC HAS THE RIGHT TO REFUSE TO

# LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my
child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim,
liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s
engagement in or attendance at a DSBPC sponsored event. On my behalf, and on behalf of my children, I hereby
release, covenant not to sue, discharge, and hold harmless the DSBPC, of and from the claims, including all liabilities,
claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that
this release includes any claims based on the actions, omissions, or negligence of the DSBPC, whether a COVID-19
infection occurs before, during, or after participation in any DSBPC sponsored event.

Signature of Parent/Guardian	Date	
PRINT Name of Parent/Guardian	Student(s) Name	





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

- Concussion in Sports
- Concussion for Students
- Heat Illness Prevention
- Sudden Cardiac Arrest

## **Course Ordering**

Step 1: Go to www.nfhslearn.com.

<u>Step 2</u>: "Sign In" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, "Register" for an account.

Step 3: Click "Courses" at the top of the page.

<u>Step 4</u>: Scroll down to the specific course from the list of courses.

Step 5: Click "View Course".

Step 6: Click "Order Course."

Step 7: Select "Myself" if the course will be completed by you.

Step 8: Click "Continue" and follow the on-screen prompts to finish the checkout

process. (Note: There is no fee for these courses.)

### **Beginning a Course**

Step 1: Go to www.nfhslearn.com.

<u>Step 2</u>: **"Sign In"** to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

<u>Step 3</u>: From your "Dashboard," click "My Courses".

<u>Step 4</u>: Click "Begin Course" on the course you wish to take.

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