

**St. Anastasia Catholic School  
Athletic Eligibility**

Dear Parents of Student Athlete:

Please read the Athletic Academic Eligibility policy listed below:

1. Students must have a minimum of a 2.0 (C) average in Math, Science, Social Studies, Religion, Language Arts, and P.E. This is determined on a grade point average system of 0-4 (5 for honors classes). A grade of "F" in any subject, communicated to the parent makes the student ineligible.

Academic ineligibility will last for two weeks. During these two weeks the student will not attend try-outs, practices, games, or tournaments. (Study is encouraged at this time.) A student's eligibility will be re-evaluated by the coaches and administration at the end of the two week period . It will be necessary for the student to go to the teacher or teachers of the class or classes he/she is doing poorly in, and ask that a reinstatement form be completed if warranted.

Please note that this policy will be enforced based on grades at the end of each quarter or 22 or more school days into the next quarter (mid way and beyond). Grades will be checked by the students homeroom teacher prior to tryouts. The student's homeroom teacher will print out a progress report of the child's grades and attach it to this form. The student athlete, homeroom teacher, and parent are required to sign this form and turn it into our athletic director prior to tryouts.

Please also note that in order for students to participate in a game or practice that they must be present for the entire school day.

I have read and understand the Athletic Academic Policy stated above and my homeroom teacher has printed out a progress report and attached it to this form:

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

Student Homeroom Teacher: \_\_\_\_\_

Student Sport: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Homeroom Teacher Signature: \_\_\_\_\_

**To be completed by the student's homeroom teacher:**

The student

\_\_\_\_\_ does meet academic eligibility and is able to play on the team.

\_\_\_\_\_ does not meet academic eligibility and is not able to play at this time. The student will be placed on a two week no play list. Their grades will be reevaluated on

\_\_\_\_\_

ST. ANASTASIA CATHOLIC SCHOOL ATHLETIC DEPARTMENT  
PLAYER/PARENT COMMITMENT AND CODE OF CONDUCT

The St. Anastasia Athletic Department wants participation in team sports to be fun and exciting and expects support from both parents and players to achieve this goal. We provide our sports programs to students can be given opportunities to fully achieve their potential in an organized and competitive environment. In order to help insure the success of the program, we must recognize that our actions and words can have a lasting effect upon others, both positive and negative. We need everyone to join us in being a positive role model.

As a St. Anastasia player, I understand that my success and growth requires extra effort, a positive attitude and the willingness to learn. So that I can be the best player and teammate for the success of my team, my parents and I promise to do the following:

PLAYER

1. I promise to come to every practice on time. If I am going to be late or cannot attend, I promise to contact my coach.
2. I promise to work hard at practice to improve my skills and understanding of the game.
3. I promise to give my coach my full attention during practice and games.
4. I promise to do whatever is asked of me for the good of the team.
5. I promise to always encourage, and never criticize my teammates-at practice, during a game and at school.
6. I promise to always hustle and never quit for myself and my teammates.

There is a joy in winning, but pride develops in doing your best whether winning or losing. This is known as team spirit, which will be remembered and cherished more than the team's record.

PLAYER (print name) \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PARENTS

1. I understand this program requires a commitment to practices and games that will involve evenings and travel. The team concept is important and I know the other players and coaches are counting on my child's full participation.
2. I will guide my child in proper management of time and responsibilities related to school work, family expectations, etc. to avoid interference with the team's schedule and commitment.
3. I understand that playing time is at the coaches' discretion.
4. I will be a positive role model for my child and encourage good sportsmanship by showing respect and courtesy, and demonstrating positive support for all players, coaches, officials and spectators at every game or practice.
5. I will praise my child for competing fairly and giving their best effort.
6. I will help my child learn the right lessons from winning and losing, and from individual accomplishments and mistakes.

7. I will never question or confront a coach at a game or practice, and will take time to speak with the coach at an agreed upon time and place.

8. I will pick up my child on time at the scheduled end of practice or games.

As a parent, I pledge my support for my child in meeting this commitment. Please sign our Parent Code of Conduct to show support for a positive program.

PARENT (print name) \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

St. Anastasia Catholic School

Parent and Student Athletic Handbook Acknowledgement Form

Please sign and return to the school office within five days of making the athletic team. This is required for participation.

**Parent**

I acknowledge that I have read the St. Anastasia Catholic School Parent and Student Athletic Handbook and agree to abide by the rules and expectations.

Print Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student**

I acknowledge that I have read the St. Anastasia Catholic School Parent and Student Athletic Handbook and agree to abide by the rules and expectations.

Print Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_

Grade \_\_\_\_\_



Diocese of Palm Beach  
Field Trip Consent and Release

Entity: Remember to keep Field Trip Consent and Release Forms on file for 4 years.

EVENT: <u>Interscholastic Sports Activities</u>	
DESTINATION: <u>on your schedule</u>	
DATE(S): <u>on your schedule</u>	
NAME OF PARTICIPANT:	CELL PHONE:

PARENT/GUARDIAN:	PHONE NUMBER:	
PARENT/GUARDIAN ADDRESS:		
CITY:	STATE:	ZIP:

EMERGENCY CONTACT INFORMATION		
NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

SPECIAL NEEDS INCLUDING FOOD ALLERGIES:		
If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.		

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold \_\_\_\_\_ (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents' or my guardians') expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home

at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:	Date:
Print Name:	

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	Date:
Print Name:	

### PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to Sponsor 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, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of Participant:	Date:
Print Name:	

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	Date:
Print Name:	

## ST. ANASTASIA CATHOLIC SCHOOL

### PARENTAL CONSENT AND RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, a student at \_\_\_\_\_ ("School") for myself and the above-named student, our legal representatives, next of kin and assigns (hereinafter jointly referred as "Student") request that Student be permitted to participate in a school-recognized sports program ("Program"). I understand that as a condition of participating in the Program, Student must have a physical examination by a doctor clearing the student for physical activity. By signing this Consent and Release, I hereby:

1. Certify that Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to the school signed by the doctor which clears Student to participate in said Program prior to him/her engaging in any activity;
2. In the alternative, I agree to allow my son/daughter to be examined at School by a person or persons arranged by School. I hereby acknowledge that the person or persons arranged by School are independent contractors who are not employed, controlled or operating for the benefit of School. School is acting to facilitate the examination for the benefit of Student and with Student's consent and release;
3. Release, discharge, indemnify and covenant not to sue School, the Diocese of Palm Beach and their employees, agents and volunteers ("Releasees") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such program or the medical examination;
4. Indemnify and hold harmless Releasees and each of them from any loss, liability, damage, claim or cost they may incur incident to Student's participation in the above, whether caused in whole or part by the negligence of Releasees or otherwise;

I further represent that Student is covered by accident and health insurance apart from any coverage provided by School which is primary to any other coverage, and I agree to maintain coverage in full force and effect while Student participates in the Program.

I further agree that School, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Program.

I acknowledge that the Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the Program. I agree that Student may participate in the Program regardless of its inherently dangerous nature.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_





## Diocese of Palm Beach Field Trip Consent and Release

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address and Telephone Number of Parent/Guardian:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Information (Include telephone number and address):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Field Trip/Activity:

**Interscholastic Sports Activities – 2017-2018**

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold St. Anastasia School, Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor=s control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize

Sponsor at its discretion, to place me at my own (or my parents= or my guardians=) expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor=s terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of participant: \_\_\_\_\_  
(Students in grades 3 through 8 are required to sign above)

Name: \_\_\_\_\_  
Please Print

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

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant=s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

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

**Photograph and/or Videotape Consent & Release**

I hereby grant to Sponsor 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, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of participant: \_\_\_\_\_  
(Students in grades 3 through 8 are required to sign above)

Name: \_\_\_\_\_  
Please Print

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

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant=s leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

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

## SPORT EMERGENCY FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have allergies and/or special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Father's Name \_\_\_\_\_

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

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, please notify:

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

The following person(s) may not pick up my child/ren:

Name(s) \_\_\_\_\_

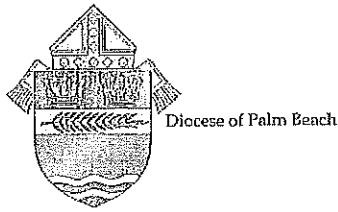
\_\_\_\_\_

### Medical Permission Slip

In case of a medical emergency, I hereby give permission to have my child transported to a doctor or hospital for proper treatment with the understanding that I will be contacted as soon as is reasonably possible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Mother's Signature



## Diocese of Palm Beach Schools Concussion Information Sheet

### Parent/Caregiver:

Your student athlete was removed from sports activity today after sustaining an injury to his/her head.

\_\_\_\_\_

Date	Location	Time
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Please read the information below to familiarize yourself with the recommendation we suggest following a brain injury (concussion).

### Concussion (Definition/Description)

A concussion is a serious injury to the brain resulting in a disturbance of brain function. You cannot see a concussion; however, you may be able to recognize the signs and symptoms your athlete may experience after sustaining a concussion.

By definition, a concussion is an injury to the brain that can cause both short-term and long-term problems.

**IMPORTANT:** please be aware that concussion symptoms may be delayed between 24-72 hours, therefore the totality of the injury may not be recognized for up to 3 days after the injury.

### Symptom Checklist (not meant to be all-inclusive)

Circle symptoms or complete the blank.

- |                      |                       |                    |                     |
|----------------------|-----------------------|--------------------|---------------------|
| Headache             | Feeling Foggy         | Irritable Behavior | Sleep Changes       |
| Nausea/Vomit         | Light Sensitivity     | Clumsy             | Personality Changes |
| Balance Problems     | Noise Sensitivity     | ringing in Ears    | _____               |
| Dizziness            | Slurred Speech        | Slow to Answer     | _____               |
| Blurry/Double Vision | Memory Problems       | Stiffness in Neck  | _____               |
| Confusion            | Loss of Consciousness |                    | _____               |

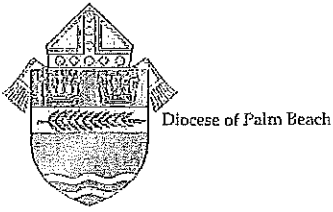
Evaluated By:

\_\_\_\_\_

Name, Title/Position

\_\_\_\_\_

Phone Number



For official use only: Name of Athlete: _____ Sport/Season: _____ Date Received: _____
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## Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_ and \_\_\_\_\_ the parent(s)/guardian(s) of  
Parent/Guardian Parent/Guardian

\_\_\_\_\_, acknowledge that I have received information on all of the following:  
Name of Student/Athlete \_\_\_\_\_

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

Parent/Guardian \_\_\_\_\_  
PRINT NAME

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

Student Athlete \_\_\_\_\_  
PRINT NAME

Student Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE

*It's better to miss one game than the whole season.*



### 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.

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

#### Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

#### Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s): \_\_\_\_\_

#### List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such 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 football insurance through my child's/ward's school.

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

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Name of Student (printed) \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



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

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

School: \_\_\_\_\_

### Concussion Information

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

#### Signs and Symptoms of a Concussion:

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

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

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

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

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

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

#### Return to play or practice:

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

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

#### Statement of Student Athlete Responsibility

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at [www.nfhslearn.com](http://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





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

### Sudden Cardiac Arrest Information

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

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

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

### FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at [www.nfhslearn.com](http://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)

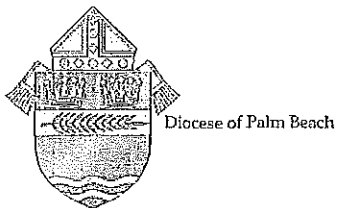
Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water 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



## Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular activity.

### Student Information

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

Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_

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

Has student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Has student ever received medical attention for a head injury? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes \_\_\_ No \_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

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

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

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_
Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_
Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_
Person to Contact in Case of Emergency: \_\_\_\_\_
Relationship to Student: \_\_\_\_\_ 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.

Table with 2 columns: Question, Yes/No. Contains 46 medical history questions. Includes a section for 'If yes, check appropriate blank and explain below:' with body parts listed. Includes a 'FEMALES ONLY (optional)' section with questions 42-46.

Explain "Yes" answers here: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Preparticipation Physical Evaluation (Page 2 of 3)

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

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_ (\_\_\_/\_\_\_, \_\_\_/\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_ F \_\_\_ left: P \_\_\_ F \_\_\_

Visual Acuity: Right 20/\_\_\_ Left 20/\_\_\_ Corrected: Yes No Pupils: Equal Unequal

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

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

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



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.

**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.*