

**SPACE COAST JR/SR HIGH SCHOOL
6150 BANYAN ST. COCOA, FL 32927
OFFICE: (321) 638-0750 FAX: (321) 638-0766**

**ALL FORMS AND INFORMATION SHEETS IN THIS PACKET ARE
REQUIRED FOR PARTICIPATION IN CONDITIONING, TRYOUTS,
PRACTICES OR CONTESTS.**

NO SUBSTITUTE FORMS CAN BE ACCEPTED!!

Dear Parent/Guardian of a Space Coast Athlete,

All forms in this packet must be completed in full in order for your son/daughter to participate in athletics for Space Coast during the 2017-18 school year.

Florida State Statute mandates that every student-athlete must have a Pre-participation Physical Evaluation form (EL2) and a Consent and Release from Liability Certificate, Concussions, Sudden Cardiac Arrest, and Heat-Related Illness form (EL3) completed each school year. Space Coast requests that the physical be completed after June 1st each year in order to be valid for the entire school year. You may get the physical evaluation completed by the physician/physician's assistant/licensed chiropractic physician/registered nurse practitioner of your choice.

You will need to turn in all forms in this packet BEFORE your child may participate in athletic tryouts, practices and conditioning (including summer and pre and post season conditioning) for Space Coast High School.

In addition to the required FHSAA EL2 and EL3 forms, Space Coast requires each student athlete and their parent/guardian to sign our Athlete Code of Conduct form. Brevard Public Schools also require the athlete and parent to sign the attached "transportation waiver" form each school year.

Thank you for your support in this effort and support of the SC Athletic Department. We are looking forward to a great year of Viper Athletics!

Sincerely,



**Eusebio Solis
SCHS Athletic Director**

SPACE COAST JR/SR HIGH SCHOOL

STUDENT – ATHLETE CODE OF CONDUCT AND ELIGIBILITY REQUIREMENTS

Printed Name of Student Athlete: _____

Philosophy

The Space Coast Jr/Sr High School Athletic Program strives to develop a well rounded student-athlete. We view interscholastic athletics as an extension of the classroom where life-lessons are learned. Sportsmanship, scholarship and physical development are promoted and developed through a wide variety and level of interscholastic sports.

Student Eligibility

- All students are required to complete all required forms required by the Florida High School Athletic Association (FHSAA), Brevard Public Schools and Space Coast JSHS **PRIOR** to being allowed to participate in off season conditioning, practices, tryouts or contests. The State Statute required physical exam must be completed on the FHSAA EL2 form and the "Consent and Release from Liability Certificate" on the FHSAA EL3 form.
- A High School Student-Athlete has to maintain a minimum 2.0 state unweighted cumulative grade point average (GPA), which is based on semester grades, beginning in ninth grade. Middle School Student-Athletes playing a middle school sport, must have a cumulative 2.0 GPA based on semester grades, beginning in Grade 7. Middle School Student Athletes playing a high school sport must have a 2.0 GPA from the previous semester only.
- **Unexcused absences, chronic tardiness to class or discipline problems may result in declaring a student-athlete ineligible at any time by the head coach, athletic director or the Principal.**
- Brevard Public School athletic policy stipulates that a student must be in attendance a minimum of four hours of instructional time to be considered present each school day in order to participate in practice or contests. The principal or principal's designee may excuse an athlete for prescheduled activities such as driver's test, medical appointment, court appearances or an unforeseen family emergency. Chronic abuse of prescheduled activities will not be tolerated and may result in the athlete being kept from participation in after school activities, including athletic contests. School sponsored field trips are part of the school program and are considered excused absences.
- Athletes who are enrolled in a physical education class must actively participate in class on the day of a practice or contest. They may not wear the athletic uniform for physical education.
- Participation in athletic activities (practices or contests) will not be permitted when a student is serving an out of school suspension. A suspension ends the next school day morning after the last day of a suspension. **A second out of school suspension during a season will result in immediate dismissal from the athletic team for the remainder of the season as per Brevard Public School athletic policy.**

Individual Sports

A student-athlete who qualifies in a state series meet as an individual is expected to compete on successive levels of the state series unless ill, injured or suspended due to disciplinary action. This includes sports such as cross country, swimming, track, wrestling, bowling, golf and tennis. Athletes who fail to appear will be responsible for the fine levied by the FHSAA.

Ejections

Athletes and Coaches who are ejected from FHSAA contests will be responsible for the payment of any fines that the FHSAA issues to Space Coast as a result of the ejection.

Social Media

The inappropriate use of social media may affect a student-athlete's status with their team.

Quitting a Team

When a student-athlete quits a team, they may not tryout or practice with any other athletic team until the conclusion of the sport they quit. When extenuating circumstances exist, a coach may release the athlete.

Season Overlap

When seasons overlap (fall/winter and winter/spring) athletes must finish the first sport before trying out for a sport in the following season. A coach may use his/her discretion to release an athlete for tryouts prior to the conclusion of their season. Athletes will have an opportunity to try out for the second sport at the conclusion of their current season.

Lettering

Coaches determine lettering policy for their sport; however all athletes must finish their season in good standing in order to attend the banquet, letter, or receive any type of award.

Student- Athlete Standards

1. Maintain academic and scholastic eligibility according to SCHS and FHSAA policies.
2. Display behavior that will add to the good name of the Space Coast Jr/Sr High Athletic Department.
3. Maintain good school and community relations.
4. Comply with **all** school rules and policies without hesitation.
5. Take a leadership role in demonstrating good sportsmanship at all times.
6. Dress appropriately at all times. All student- athletes are expected to follow their coach's guidelines on dress.
7. Follow any additional team specific standards.

Alcohol/Tobacco/Controlled Substances Policy

The use of alcohol, tobacco, illegal drugs and controlled substances including steroids is an extremely serious health issue. Such use places the quality of life for the student-athlete in jeopardy. If the student-athlete is using alcohol, tobacco or drugs he/she is placing herself/himself at risk and may compromise the safety of team members. Mandatory discipline action will occur when a student is determined to be in violation of school policy related to the use of alcohol, tobacco, illegal drugs and controlled substances including steroids. If the illegal use, distribution or possession of alcohol or drugs is verified, he/she will be subject to suspension, exclusion, police referral and expulsion.

Care of Team Equipment, Uniforms and Locker Rooms

- All athletic gear is on loan to the athlete and he/she is personally responsible for its care and return to the appropriate head coach at the time requested.
- Lost uniforms and equipment must be reported immediately and if not found the athlete will be charged the replacement cost for it.

Your signature below indicates that you have read all parts of the agreement. Failure to comply with the above guidelines may result in the student-athlete's suspension or dismissal from the team.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Space Coast High School

2017-18 School Year (Please fill all that is applicable)

STUDENT NAME _____

Last

First

Middle

GRADE _____ DOB _____ SEX _____ RACE _____ CLASS OF _____

Do you live with the same parent or legal guardian as last school year? _____

Parent/ Guardian name? _____

Address _____

City _____ Zip Code _____ Phone _____

Have you attended any other high school since entering the 9th grade? _____

Previous schools since ENTERING 8th grade _____

IF YOU ARE ATTENDING SCHS FOR THE FIRST TIME, HAVE YOU EVER PLAYED ON A CLUB/TRAVEL/LEAGUE TEAM COACHED BY ANYONE ON THE CURRENT SCHS STAFF? _____

If yes, name of SCHS Coach _____

Name of Club/Travel/League Team _____

Dates of Participation with the SCHS Coach _____

Do you live in the Space Coast High attendance zone with your parents and/or legal guardian? _____

Are you attending Space Coast on an out of area assignment? _____

Are you enrolled in our Viper Accelerated Program or one of our Academics of Choice Programs? _____

If yes, identify which program _____

Are you a home school student, foreign exchange or international student? _____

Are you a U.S citizen? _____

List sports you plan to play in at SCHS this school year _____

Parent/Guardian & Spectator Code of Conduct

1. I will not force my child to participate in sports.
2. I will inform the coach or athletic trainer of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game including all FHSAA guidelines.
4. I (and my guests) will be positive role models for my child and encourage sportsmanship by showing respect at contests, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice, or other sporting events.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, and taunting; refusing to shake hands or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athlete.
7. I will teach my student to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my student treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex, or ability.
9. I will never ridicule any player or other participants for making a mistake or losing a competition.
10. I agree not to criticize, belittle, antagonize, berate, or otherwise incite the opposing team, its players, coaches, cheerleaders, fans, or officials/judges by word of mouth or by gestures.
11. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
12. I will respect the officials/coaches and their authority during games and will never question, discuss, or confront officials/coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
13. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sport events.
14. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
15. I will park my car only in assigned parking spots and not in illegal areas such as emergency lanes or handicapped sports or other reserved parking areas.
16. I agree to abide by all requests from the school and district administrators, security, and volunteers and if I fail to abide by the above rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
 - a. Verbal warning by official, head coach, security and/or administrator
 - b. Written warning by head coach and/or administrator
 - c. Parental game suspension
 - d. Parental season suspension
 - e. No trespass warning issued for Brevard Public School Property for any school event.

Student Name: _____ Parent/Guardian Signature _____

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR
OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

Space Coast Jr/Sr High 365 Days from Signature Date
School Name Date

All Athletics
Student's Name (please print) Name of Sport(s)

Activity / Event: Athletic Practices, Contests, + Conditioning
(List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

Eusebio Solis (321) 638-0750 Ext. 2114
School Athletic Director Phone Number

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking
- School Bus
- Commercial Carrier (bus)
- Privately Owned Vehicle
- Leased Vehicle
- County Vehicle
- None
- Other Self-Driven
(Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Student (other than self)
- Parent or Volunteer
- Teacher or Staff Member
- Other: Will Vary
(Describe: student will drive self, aunt, uncle, etc.)

TYPE OF ACTIVITY (Check all that apply)

- Interscholastic game or competition
- Interscholastic practice(s)
- Other Will Vary

Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:

Name Appropriate SC Coach Telephone: (321) 638-0750 () - N/A
Coach or Sponsor in Charge (School Number) (Mobile Phone)

**ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

1. I understand that participation in athletics is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus athletic activity.
3. The parent or guardian and student understand that the School District, its officers, agents or employees are not responsible for the student during the time s/he is traveling to or from the off-campus activity, unless the school is providing transportation.

4. The parent or guardian, and student will assume the liability for the student's participation in the off-campus activity and will indemnify and hold the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extra-curricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in athletics' off school property; therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. I certify that my child is in good health and may participate, but in the event of medical emergency, I/We authorize the coach in charge of the off-campus athletic activity to seek emergency medical treatment for my child at my expense.
8. Some trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury, and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip.

Granted Denied Granted with the following exceptions: _____
(Describe)

Students Signature - Date
(Required for all)

Parent/Guardian Signature-- Date
(Required for all)

2/04
9/09

STUDENT MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

School Year _____

Name of Student: (Please print) _____

Address _____

Home Phone (____) _____ - _____ Date of Birth ____ / ____ / ____ Place of Birth _____

Parent's Work Phone (____) _____ - _____ Other Emergency Phone (____) _____ - _____

This agreement to travel and participate in activities or events sponsored by the Brevard County schools is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the School Board of Brevard County and the school.

The School Board of Brevard County, its school principals, and its teachers desire that students and parent(s) or guardian(s) of students have a thorough understanding of the implications involved in a student's participating in a voluntary extra-curricular activity. For this reason, it is required that each student in the Brevard County schools and his/her parent(s) or guardian(s) read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trips.

1. I/We, the undersigned, as parent(s) or guardian(s), give my/our consent for the student identified herein to participate in activities as a representative of his/her school.
2. I/We will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
3. I/We understand that all school officials will complete required accident insurance forms, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student's insurance policy and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost, stolen, or damaged.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the School District or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any school related trip by bus or privately owned motor vehicle driven by a licensed driver employed or not employed by the District. This statement remains in effect until the end of this school year unless cancelled by me/us in writing to the school.

7. Some extra-curricular activities may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable and unforeseeable causes. I/We give permission for my child to participate in these activities when supervised by a sponsor(s) and I will indemnify and hold the School Board of Brevard County harmless for any accident or injury; and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while my child is engaged in the water related activity (ies).

Student's Signature

Mother's or Guardian's Signature

Date

Father's or Guardian's Signature

(OFFICIAL SEAL)

State of Florida, County of _____

Sworn to and subscribed before
me this _____ day of
_____, 20 _____ by

_____, who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public

Typed, Printed, or Stamped Name of Notary

My Commission Expires

Notary Public Commission Number

2/04
9/09



Consent and Release from Liability Certificate (Page 1 of 4)

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

School: _____ School District (if applicable): _____

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

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

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

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

List sport(s) exceptions here

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



Florida High School Athletic Association

Consent and Release from Liability Certificate for

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

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

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

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

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

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

FHSAA Heat-Related Illnesses Information

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

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

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

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

Who's at Risk?

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

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. 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



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 be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (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



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.

Medical history questions 1-41 with Yes/No columns. Includes a list of body parts to check for injuries: Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Hip, Thigh, Knee, Shin/Calf, Ankle, Foot.

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 I of this form to be re-submitted.

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

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

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

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

MUSCULOSKELETAL

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

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

____ Cleared without limitation
____ Disability: _____ Diagnosis: _____
____ Precautions: _____
____ Not cleared for: _____ Reason: _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

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

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____

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