

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**HIGH SCHOOL STUDENT ATHLETIC PACKET CHECKLIST FOR 2018-2019**

**Instructions:** The Sarasota County School District Athletic Program must comply with rules, policies, and procedures, set by the Florida High School Association (FHSAA) and The School Board of Sarasota County, Florida. Before participating in athletics, this entire packet must be completed and returned to the Head Coach of your athletic sport/Athletic Director's Office. No student is allowed to participate unless all of the necessary information is complete and required signatures are obtained. This packet will be filed in the Athletic Director's office. A new packet must be completed every year.

Student Legal Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle

2017-2018 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex  Male  Female  
(where student takes academic classes)

School student will be participating in sports \_\_\_\_\_ Are you a school choice student?  Yes  No

Are you a Home Education student?  Yes  No (Office only – EL7 and EL7V required)  
Home Educations students must contact the high school Athletic Director 3 weeks prior to the start of season.

List ALL high schools attended since beginning 9<sup>th</sup> grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports Interested In \_\_\_\_\_  
\_\_\_\_\_

**Initial box to indicate completion. All forms require both student and parent/guardian signatures. Specified forms require signatures be notarized.**

**Pre-Participation Physical (FHSAA EL2)**  
Page 1 must be signed and dated by student and parent/guardian. Page 2 is completed, signed, and dated by Physician. The physical is valid for 365 days from the date of the physician's evaluation.

**Consent and Release from Liability Certificate (FHSAA EL3)**  
Parent/guardian and student must sign and date each page.

**Parent/Guardian Release and Hold Harmless Agreement for HS Student Athletic Participation (026-01-DIS)**  
Signatures of student and parent/guardian must be notarized.

**Current insurance carrier information** (name of insurance company and policy number) must be included on the above two forms. Insurance is required to try out and participate. If the student athlete is not covered under a family plan, insurance can be purchased online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). **A copy of the insurance card must be submitted with this packet.**

**Affidavit of Compliance with the Policies on Athletic Recruiting and Non-Traditional Student Participation (FHSAA GA4)** Must be completed if you attend another school other than the school you participate in athletics (Example: a Pine View student participating in athletics at Riverview HS) OR if you are a Home Education student. Signatures of student and parent/guardian must be notarized.

**Acknowledgement of Standards for Participation in Athletic Activities (061-14-DIS)**

**Authorization to Release Medical Information for Athletics (062-14-DIS)**

**Emergency Medical/Treatment Field Trip Consent (063-96-DIS)**  
Include doctor name and contact information on form.

**Release for Out-of-County or Overnight Travel for Athletics and Field Trips (064-96-DIS)**  
Signatures of student and parent/guardian must be notarized and insurance carrier information completed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

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

<b>Office Use Only</b>	Non-Member Private School – EL12	All Non-Traditional Students – EL13S, EL13R (C2C)
Physical Date _____	Insurance: School Personal Football	GPA _____
School: Home Oak Park PV Polytech SMA	Other _____	



# Preparticipation Physical Evaluation (Page 1 of 3)

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

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

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

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

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

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



**Preparticipation Physical Evaluation (Page 2 of 3)**

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

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

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

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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- |                           |       |       |       |
|---------------------------|-------|-------|-------|
| MEDICAL                   |       |       |       |
| 1. Appearance             | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat  | _____ | _____ | _____ |
| 3. Lymph Nodes            | _____ | _____ | _____ |
| 4. Heart                  | _____ | _____ | _____ |
| 5. Pulses                 | _____ | _____ | _____ |
| 6. Lungs                  | _____ | _____ | _____ |
| 7. Abdomen                | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin                   | _____ | _____ | _____ |

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

\* – station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

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

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

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

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

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



# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

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

\_\_\_ Cleared without limitation

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

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

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

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

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

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Signature of Physician: \_\_\_\_\_

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



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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

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

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

**Concussion Information**

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

**Signs and Symptoms of a Concussion:**

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

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

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

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

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

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

**Return to play or practice:**

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

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

**Statement of Student Athlete Responsibility**

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at [www.nfhslearn.com](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 / /



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](http://www.nfhslearn.org). Please go to [www.fhsaa.org/departments/health](http://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    /    /
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

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

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

\_\_\_\_\_  
Date



THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR  
HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION**

**Instructions:** This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

School Name \_\_\_\_\_ School Year \_\_\_\_\_

Name of sport/activity this agreement governs \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

YES I/we will be purchasing the student accident insurance made available through the Sarasota School District.

NO I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Name of Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Dates \_\_\_\_\_

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) \_\_\_\_\_

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

Parent/Guardian Name (Print) \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA, SARASOTA COUNTY

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

\_\_\_\_\_  
Personally known \_\_\_\_\_ Produced identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Typed or Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_



Florida High School Athletic Association

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

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

## TO: STUDENT-ATHLETE

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

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

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

### What is athletic recruiting?

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

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

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

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

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

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



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

## **What is an impermissible benefit?**

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

## **What is a “third party”?**

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

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

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

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

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

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

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

A Non-Traditional student is eligible to participate provided:

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

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

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



Florida High School Athletic Association

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_/\_\_\_\_\_  
Signature of Student / Date

\_\_\_\_\_  
Printed Name of Student

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

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

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

NOTARY PUBLIC  
My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

Personally known to me \_\_\_\_\_

OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**ACKNOWLEDGEMENT OF STANDARDS  
FOR PARTICIPATION IN HIGH SCHOOL ATHLETIC ACTIVITIES**

**Instructions:** This form must be signed and returned to the Head Coach/Athletic Director's Office. This form should be filed in the Athletic Director's office. If you have questions pertaining to this form, contact the Athletic Director of your child's school.

Student athletes and parent(s)/guardian(s) must comply with the following standards for athletes and cheerleaders representing The School Board of Sarasota County, Florida. These standards apply to all cheerleading and athletic activities. The School Board of Sarasota County, Florida, maintains high expectations for academic achievement and appropriate behavior. All students must comply with The School Board of Sarasota County, Florida Code of Student Conduct and all school-specific behavior expectations.

To be eligible to play or to participate in either a practice or an event/game, a student must

1. meet all eligibility requirements as set by the Florida High School Athletic Association (FHSAA) and The School Board of Sarasota County. Included in the Florida High School Athletic Association rules is the expectation that student athletes maintain a minimum 2.0 cumulative GPA.
2. be present in school for at least one-half (1/2) of the academic day unless excused by an administrator and approved by the Athletic Director.
3. attend required practices prior to an event or game unless excused by a coach, trainer, teacher, or administrator.
4. not have left another sport during that season.

These are the minimum expectations set by the Athletic Department. A Coach/Principal may add additional rules to those listed above that he/she feels are in the best interest of the program.

The following violations will result in immediate suspension from a team:

1. The confirmed use of tobacco or alcohol\*
2. The sale or use of any illegal drugs\*
3. Being charged with a felony\*
4. Failure to adhere to the attendance policy of The School Board of Sarasota County, Florida
5. Failure to adhere to the discipline policy of The School Board of Sarasota County, Florida
6. Any act of unsportsmanlike conduct at practice or game/event
7. Any act that brings embarrassment to the school

\*Automatic suspension for the remainder of the season

By signing below, you acknowledge the rules and responsibilities as specified above.

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

School Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

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

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR ATHLETICS**

**Instructions:** This form is required to allow Athletic Trainers from Agility Physical Therapy & Sports Performance, LLC. to release protected medical information for student athletes to The School Board of Sarasota County, Florida, coaching staff. This form must be returned to the Head Coach or Athletic Secretary. The original will be given to the Athletic Trainer and a copy will be maintained in the Athletic Director's office. This authorization is not valid unless signed and dated by the athlete or legally authorized representative. If you have questions pertaining to this form, contact the Athletic Director of your child's school.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Agility Physical Therapy & Sports Performance, LLC., is required to provide the patient, the patient's parent, or legally authorized representative with the Notice of Privacy Practices describing how they use and disclose patient health information. If you have not received a copy of the Notice of Privacy Practices, it is available through the Athletic Trainer at your High School.

**Authorization of Disclosure**

Student Name (Print) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_

I authorize Agility Physical Therapy & Sports Performance, LLC. to release/disclose the following protected health information from my student athlete records including information regarding my medical condition, injuries, prognosis, diagnosis, athletic participation status, treatment and care information, and related personal identifiable health information. I certify that this authorization has been made voluntarily. This information is to be released/disclosed to the Athletic Director, Team Physician, School Health Professional, or coaching staff for The School Board of Sarasota County, Florida, for the purposes of my care as a student athlete.

**Possibility of Re-disclosure**

I understand that any information provided under this release may be subject to re-disclosure by the recipient under circumstances no longer protected by state and federal regulations.

**Expiration and Revocation**

I understand that this authorization is valid for 14 months from the date I sign it. I understand that I have the right to revoke this authorization in writing at any time. The revocation will take effect on the day it is received except to the extent it has already been acted upon.

**Conditions of Treatment**

I understand that Agility Physical Therapy and Sports Performance cannot condition my treatment upon my signing this authorization.

Acknowledgement of receipt of Notice of Privacy Practices (initial) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

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

\*Legally Authorized Representative Name (Print) \_\_\_\_\_

Legally Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If other than student athlete signing, state relationship \_\_\_\_\_

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS  
AND/OR OTHER AFTER SCHOOL ACTIVITIES**

**Instructions:** Return completed form to your child's school. If you have questions pertaining to this form, contact your child's school.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Last First Middle \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Street City Zip

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address of above (if different) \_\_\_\_\_ Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List a person other than the parent or guardian who could be contacted in case of emergency below:

Emergency Contact Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Is above student allergic to foods, medications, or insects?  Yes  No

If Yes, list what they are and emergency medication/treatment, if any. \_\_\_\_\_

Does the above student have any chronic medical problems (such as asthma, diabetes, seizures)?  Yes  No

If Yes, list and describe medical requirements for field trip \_\_\_\_\_

Does the above student take any daily medication(s)?  Yes  No

If Yes, complete the medication treatment authorization form (if not previously on file in the school Health Room) and list the medication(s) and time to be administered \_\_\_\_\_

Family Physician Name (Print) \_\_\_\_\_ Physician Phone \_\_\_\_\_

In case of non-life threatening emergency, list hospital preference \_\_\_\_\_

In case of serious illness or injury where immediate care is needed, the school or its representative has my permission to contact the appropriate emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child. I then request that I be notified of the situation. The undersigned will be responsible for emergency treatment cost.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where (s)he is unable to remain at the field trip, I request that the school contact me or my designee to arrange transportation for my child. If the school is unable to contact me, I request that the other person listed on this form be contacted and requested to care for my child.

**I understand that I must notify the school in writing if there are any changes in this health emergency information. I understand that this statement remains in effect until the end of this school year unless revised or cancelled by me in writing to the school.**

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

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS**

**Instructions:** Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Group Number \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

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

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school.
2. I/We, will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, 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, parents, or guardian 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 by the student identified herein.
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 approved school related trip. **This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of Sarasota

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_  
(Name of Person Making Statement)

The foregoing instrument was acknowledged by \_\_\_\_\_ personally know to me, or \_\_\_ produced Identification/Type of Identification \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Name of Notary Public: Print, Stamp, or Type as Commissioned \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission Number \_\_\_\_\_