

## **Don Estridge High Tech Middle Dragons**

2021/2022 Athletic Eligibility Packet

Updated May 14, 2021

**The attached pages must be completed in full prior to participation – including tryouts – in athletics at Don Estridge each year. If physicals are dated after May 15, 2021, this packet will be sufficient for all sports during the 2021/2022 school year. Please be sure to include all information on all forms.**

The bullets below are intended to assist you with completion of the packet. At the top right of each page is a red number that we use in order to make reference to those pages easier.

- Pages 3 and 7 MUST be notarized.
- Complete page 4 fully, and explain any yes answers in the space provided at the bottom of the page.
- Page 5 or 6 MUST be completed and signed by a licensed physician. Page 6 is needed if your primary physician refers to another physician, otherwise it can remain blank.
- Please be sure to complete every page and box, even if it seems redundant.
- Make sure every student signature line is signed by the student, and every parent line is signed by at least one parent.
- On page 12 you only need to complete SECTION 2.
- Parents who are planning to drive student/athletes – including their own – to the contest sites, MUST complete Page 13. If you are unsure, please fill it out.
- If something does not apply mark it N/A.



- The pages with this logo at the top include editable blanks. If you use Acrobat or Preview to view this document you should be able to click inside the blanks and type in your own data before you print.
- If you have questions, please feel free to contact Athletic Director Kirk Pokela, at 561-989-7882 or [kirk.pokela@palmbeachschools.org](mailto:kirk.pokela@palmbeachschools.org). You can also speak to your team's coach.

**We are excited to have your children participate in  
Don Estridge Dragon's Athletics!**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF SECONDARY CURRICULUM

## Athletic Eligibility for Middle School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign in front of a notary. We cannot notarize any papers if they come to us already signed.

Student Name (first, mi, last)				Student ID#	School Year	Date
Birth Date	Age	Gender	Current Grade	Name of Parent/Legal Guardian		
Student Address (street, apt. #, city, state, zip code)					Student Phone #	
First School Attended This Year			School(s) Attended Last Year			
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Phone #	
Emergency Work #	Name of Student's Physician				Physician Phone #	
List Sports						
<b>PROOF OF INSURANCE FOR STUDENT</b>						
Name of Medical Insurance Company (policy that covers student)					Insurance Policy #	
Name of Policy Holder (policy that covers student)			Policy Holder's Relationship to Student		Policy Holder's Place of Employment	
<b>ATHLETIC ELIGIBILITY REQUIREMENTS FOR MIDDLE SCHOOL STUDENTS</b>						

**TRANSFER STUDENTS AND NEW STUDENTS** must have transcripts\* on file before an athlete is eligible to participate.

**ALL STUDENT OBLIGATIONS** must be met before participation in athletics/activities is allowed.

**ALL SECTIONS OF THIS FORM** must be filled out, signed and **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.

**ALL STUDENTS MUST HAVE** a Birth Certificate\* on file in the Athletic Office.

**A STUDENT WHO HAS ATTAINED THE AGE OF 15** prior to September 1st of the current school year may submit a hardship waiver to the school's Athletic Director to be considered for participation.

**ALL STUDENTS MUST SHOW** proof of insurance coverage or purchase student accident insurance which will provide minimal medical reimbursement. The School District is **NOT** responsible for accidental interscholastic athletic injuries.

**A STUDENT MAY** participate for three consecutive years from the time he/she first successfully completes the fifth grade.

**FAILURE IN MORE THAN ONE (1) SUBJECT** during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine eligibility. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

*\* If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
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**INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT**

I live with (check one)    Both Parents    Mother Only    Father Only    Guardian   Other \_\_\_\_\_

Relationship to other \_\_\_\_\_ I have lived with the person(s) stated above since \_\_\_\_\_

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school.                       I have been accepted into a Choice Program.
  
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist).
  
- I have been assigned to this school by the Department of Exceptional Student Education.

**CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING**

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the National Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. **In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons.** I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

Other sports added to form by school:

\_\_\_\_\_

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

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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) for:		
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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Preparticipation Physical Evaluation (Page 2 of 3)

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

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

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

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

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

MUSCULOSKELETAL

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

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

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

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

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

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

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

Handwritten mark resembling the number 5



Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 3 of 3)

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

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

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

I hereby certify that the examination(s) for which referred was/were performed 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.*



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# Student Medical Consent for Athletics

Print Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

\_\_\_\_\_  
*Signature of Student* \_\_\_\_\_  
*Date*

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

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

\_\_\_\_\_  
*Telephone or cell number to call in case of emergency*

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## NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

\_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

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





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

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

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

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

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

What to do if your student-athlete collapses:

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

FHSAA Heat-Related Illnesses Information

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

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

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

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

Who's at Risk?

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

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nflslcarn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) Signature of Student-Athlete Date

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

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



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

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

## Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. **Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible.** (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date





THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Volunteer Driver Information**

PRINT OR TYPE

This form is to be completed by the volunteer/parent before the described event or activity. The completed and signed form must be given to a school official along with a copy of your current insurance card, signed for approval, and filed with the school. Parents/volunteers may not be able to know the final list or names of students who will be riding in their car until the day of the trip.

Thank you for volunteering to be a driver on a school district related field trip(s) or activity. The information requested by this form is required from each of our drivers. This is for your protection and the safety of the children.

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

Teacher: \_\_\_\_\_ Grade Level \_\_\_\_\_

Destination(s)(be specific) \_\_\_\_\_

Date(s) of Trip \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

**PROOF OF INSURANCE AND DRIVER'S LICENSE:** As a volunteer driver I am providing the above named school with proof of current automobile insurance and will, if requested, provide proof to the parents/guardians of the students traveling in the vehicle. I understand that the School Board does not provide insurance or any protection for damage to vehicles operated by volunteers. I have been informed that based on current Florida law, the School Board is not responsible for the negligence of volunteer drivers. To my knowledge, my vehicle has no unsafe conditions and is in good repair. I have also shown the school a copy of my current driver's license.

Note that volunteer drivers are required to carry minimum insurance requirements as specified in Florida Statutes §§ 324.021 (\$10,000/20,000) and 627.736 (PIP), and volunteers are to be cleared through RAPTOR and complete the School Volunteer (VIPS) application (PBSD 0887) online if not already done so this school year.

Name of Driver \_\_\_\_\_

If driver is a parent of student(s) attending field trip/activity, List name(s) of student(s)

\_\_\_\_\_  
 \_\_\_\_\_

Make of Car \_\_\_\_\_ Color of Car \_\_\_\_\_ Year of Car \_\_\_\_\_

Tag Number \_\_\_\_\_ Tag State \_\_\_\_\_ Tag Expiration Date \_\_\_\_\_

Driver's License State \_\_\_\_\_ Driver's License Expiration Date \_\_\_\_\_

Vehicle Holds Maximum Number of Passengers \_\_\_\_\_ Number of Passenger Seat Belts in Vehicle \_\_\_\_\_

Number of car seats available (if applicable) \_\_\_\_\_

Signature of Driver/Parent \_\_\_\_\_ Date \_\_\_\_\_ Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

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