

# **ANNUAL SPORTS AND SELECTED ACTIVITY PARTICIPATION**

(Includes All Sports, JROTC, Competitive Dance Teams, Marching Band and Guard)

STUDENT INFORMATION		Date:
Student Name:	Student ID#:	Date of Birth:
OCPS School Name:		Grade:

#### **NOTICE TO PARENT/LEGAL GUARDIAN**

The School Board of Orange County, Florida ("SBOC") offers a variety of athletic sports and other physical activities to registered students and endeavors to have each high school and middle school be an active member of Florida High School Athletics Association in order for student athletes to participate in sanctioned sport competitions. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named student athlete participating in sports and selected activities: including but not limited to pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, and hereby gives permission for the named student to participate in sports and selected activities (JROTC, Competitive Dance Teams, Marching Band and Guard) as a student athlete and/or participant in other selected activities.

#### NOTICE OF RESPONSIBILITY OF STUDENT ATHLETE OR PARTICIPANT AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student athlete who will be participating in sports and selected activities held by SBOC athletic and other programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

#### QUALIFICATIONS TO PARTICIPATE

- a) Sports Screening Physical Exam of student athlete/participant is required and the results shall be provided to the school athletics department designee (usually the Athletic Trainer) annually in accordance with FHSAA rules and guidelines. Physicals must be performed by a medical provider licensed in the State of Florida with no family relation to the student athlete. Athletics shall prevent the student athlete/participant from participating if all required paperwork is not received 48 hours prior to deadline/try-outs.
- b) The student athlete/participant is required to have an electrocardiogram ("ECG") prior to participation in any conditioning, practice or game. Failure to have an ECG will result in the denial of the student athlete's/participant's ability to participate in sports and selected activities. The result of such ECG must demonstrate no abnormalities before the student athlete/participant is allowed to participate in any conditioning, practice and game. If the student athlete/participant has an abnormal ECG, the student athlete/participant shall not be allowed to participate in any conditioning, practice and game until such time as a pediatric cardiologist or a cardiologist clears the student athlete/participant for full participation. The student athlete/participant will be required to provide his/her athletic trainer with written clearance that the student athlete/participant is allowed to fully participate in conditioning, practices and games prior to being allowed to participate after an abnormal ECG result. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, arising out of the ECG examination and/or any injury and/or death arising out of participation in any conditioning, practices and games after the ECG examination is completed. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, for any injury and/or death arising out of participation in conditioning, practices or games after a student athlete/participant is fully cleared to participate by a pediatric cardiologist or a cardiologist after an abnormal ECG. A student will only be required to have one ECG during his/her four years of participation while enrolled at OCPS.
- c) Attendance to all practices and games, including timely arrival and coming prepared, is a commitment by the parent/legal guardian and student athlete to his/her team, school, and the sport. The student athlete/participant and parent/legal guardian agree to follow school directives regarding the student athlete's participation in the sports activities.

School Use: filed on: \_\_\_\_\_ Retention: 2 years RM\_SAW\_042023



## **ANNUAL SPORTS AND SELECTED ACTIVITY PARTICIPATION**

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- d) Arrival and departure from sports activities is the responsibility of the parent/legal guardian, unless specific SBOC designated transportation is provided. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability arising from SBOC releasing the student athlete/participant from the sports and selected activities for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/herself, friend, relative, or other persons at the student athlete's/participant's discretion.
- e) The student athlete's/participant's eligibility to participate in sports activities and other selected activities shall be determined by the school administration, in accordance with SBOC Code of Student Conduct, including but not limited to, the student athlete/participant maintaining satisfactory grades, appropriate behavior, and compliance with team rules.
- f) Report immediately to SBOC Athletic Trainer or Athletic Director any and all injuries, changes in medical conditions, and/or medical treatments that occurred as a result of student athlete participating in sports activities or that may affect his/her ability to continue to participate in sports and selected activities. Upon request, the student athlete/participant will seek medical treatment and provide SBOC with medical provider records on eligibility to participate in sports and selected activities. Participation in any sport activity or selected activity may be withheld by SBOC at any time deemed appropriate and the student athlete/participant shall not be allowed to resume sport or selected activities without satisfactory medical provider note or records.
- g) If any sports document, physical exam form, or signature on such document has been falsified, misrepresented, or intentionally excluded, the student athlete/participant shall be immediately suspended from the sports team/group and declared as ineligible status from all sports or selected activities. Ineligible status and sport suspension shall be effective for one calendar year from the date of disclosure.
- h) The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner. The ECG results must be interpreted by a pediatric cardiologist or a cardiologist.

#### PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or the named student athlete may be exposed to or infected by COVID-19 as a result of participation in the extracurricular activities, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), SBOC staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and the named student athlete being able to participate in the extracurricular activities, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Orange County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or the named student athlete, or my or our representatives, sustain during or related to student athlete's participation or involvement in the activities.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with the named student athlete; understand and agree to be bound by the terms on behalf of myself and the named student athlete.

Parent/Legal Guardian Signature	Parent/Legal Guardian Name (Printed)	Date	

School Use: filed on: \_\_\_\_\_ Retention: 2 years RM\_SAW\_042023



Student's Full Name: \_\_

## **PREPARTICIPATION PHYSICAL EVALUATION** (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

\_\_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ /\_\_\_ /\_\_\_\_



## **MEDICAL HISTORY FORM**

Student Information (to be completed by student and parent) print legibly

Scho	ol:				Gı	rade in Sc	hool: Sport(s):			
Hom	e Address:		_City/Sta	ate:			Home Phone: ()			
Nam	e of Parent/Guardian:				E-m	ail:				
Perso	on to Contact in Case of E	Emergency:			_ Rela	tionship t	o Student:			
Emer	gency Contact Cell Phon	e: ()	Wo	ork Phone	e: (	)	hool: Sport(s): Home Phone: () o Student: Other Phone:	()		
Famil	ly Healthcare Provider: _		C	City/State:	:		Office Phone:	()		
List p	east and current medical	conditions:								
Have	you ever had surgery? If	f yes, please list all surgical	procedu	ires and d	lates:					
Medi	icines and supplements (	please list all current presc	ription n	nedicatio	ns, ov	er-the-co	unter medicines, and supplem	nents (herbal	and nutr	ritional):
Do yo	ou have any allergies? If	yes, please list all of your al	lergies (	i.e., medi	cines,	pollens, f	food, insects):			
	ent Health Questionaire of the past two weeks, how	version 4 (PHQ-4) v often have you been both	ered by	any of the	e follo	wing prob	olems? (Circle response)			
		Not at all		Sever	al day	S	Over half of the days	Nearl	y everyda	ау
	ling nervous, anxious, on edge	0			1		2		3	
	being able to stop or trol worrying	0			1		2		3	
	e interest or pleasure oing things	0			1 2				3	
	ling down, depressed, opeless	0			1		2		3	
Expl	NERAL QUESTIONS ain "Yes" answers at the end e questions if you don't kno		Yes	No		ART HEAL ntinued)	TH QUESTIONS ABOUT YOU		Yes	No
1	Do you have any concerns the your provider?	at you would like to discuss with			8		tor ever requested a test for your hear electrocardiography (ECG) or echocard			
2	Has a provider ever denied or sports for any reason?	r restricted your participation in			9		et light-headed or feel shorter of breat uring exercise?	h than your		
3	Do you have any ongoing me	dical issues or recent illnesses?			10	Have you	ever had a seizure?			
HEA	ART HEALTH QUESTIONS	ABOUT YOU	Yes	No	HEA	ART HEAL	TH QUESTIONS ABOUT YOUR	FAMILY	Yes	No
4	Have you ever passed out or exercise?	nearly passed out during or after			11	had an ur	amily member or relative died of heart nexpected or unexplained sudden deat Iding drowning or unexplained car cras	:h before age		
5	Have you ever had discomfor your chest during exercise?	t, pain, tightness, or pressure in			12	as hypert	one in your family have a genetic hear rophic cardiomyopathy (HCM), Marfar ogenic right ventricular cardiomyopath	Syndrome,		
6	Does your heart ever race, flu (irregular beats) during exerc	utter in your chest, or skip beats ise?			12	long QT s	yndrome (LQTS), short QT syndrome (Se, or catecholaminerigc polymorphic volia (CPVT)?	SQTS), Brugada		
7	Has a doctor ever told you th	at you have any heart problems?			13	Has anyo	ne in your family had a pacemaker or a	an implanted		



#### **PREPARTICIPATION PHYSICAL EVALUATION** (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



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

BON	IE AND JOINT QUESTIONS	Yes	No	MEI	DICAL QUESTIONS (continued)	Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEI	DICAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Exp	olain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?			 			
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?	·					

#### This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name:	(printed) Student-Athlete Signature:	Date:	_/	_/
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date:	./	./
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date:	/	/



## PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



#### PHYSICAL EXAMINATION FORM

Student's Full Name:	Date of Birth: / /	School:	
PHYSICIAN REMINDERS: Consider additional questions on more sensitive issues.			
Do you feel stressed out or under a lot of pressure?	Do you ever feel sad, hopeless	, depressed, or anxiou	ıs?
Do you feel safe at your home or residence?	During the past 30 days, did you	ou use chewing tobacc	co, snuff, or dip?
Do you drink alcohol or use any other drugs?	<ul> <li>Have you ever taken anabolic supplement?</li> </ul>	steroids or used any o	ther performance-enhancing
<ul> <li>Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li> </ul>			
Verify completion of FHSAA EL2 Medical History (pages 1 and 2), recardiovascular history/symptom questions include Q4-Q13 of Medical History			f your assessment.
EXAMINATION			
Height: Weight:			
BP: / ( / ) Pulse: Vision: R 20/	L 20/	<b>Corrected:</b> Yes	No
MEDICAL - healthcare professional shall initial each assessment  Appearance  • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, prolapse [MVP], and aortic insufficiency)  Eyes, Ears, Nose, and Throat	hyperlaxity, myopia, mitral valve	NORMAL	ABNORMAL FINDINGS
<ul><li>Pupils equal</li><li>Hearing</li></ul>			
Lymph Nodes			
Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)			
Lungs			
Abdomen			
Skin  Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus A	Aureus (MRSA), or tinea corporis		
Neurological			
MUSCULOSKELETAL - healthcare professional shall initial each assessm	ent	NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder and Arm			
Elbow and Forearm			
Wrist, Hand, and Fingers			
Hip and Thigh			
Knee			
Leg and Ankle			
Foot and Toes			
Functional  • Double-leg squat test, single-leg squat test, and box drop or step drop test			
This form is not considered valid	unless all sections are con	nplete.	
*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnorm Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with you			
Name of Healthcare Professional (print or type):			
Address: Phone: ()	E-mail:		
Signature of Healtheare Professional:	Crodontials		

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and/or cardio stress test.

## PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.



## **MEDICAL ELIGIBILITY FORM**

<b>Student Information</b> (to be completed by s			D:	5.	( 0 :	, ,
Student's Full Name:		Sex Assigned at	Birth: Ag	ge: Date	e of Birth:	_//
School:	City/State:	Grade in School	I: Sport(s	.):		
Name of Parent/Guardian:	City/State:	mail:	. Home Phone. (	/		
Person to Contact in Case of Emergency:	Rel	lationship to St	udent:			
Person to Contact in Case of Emergency: Emergency Contact Cell Phone: ()	Work Phone: (	)	Oth	ner Phone: (	)	
Family Healthcare Provider:	City/State:		Offi	ce Phone: (	)	
☐ Medically eligible for all sports without restrictio	n					
☐ Medically eligible for all sports without restriction	n with recommendations for furth	her evaluation or	treatment of: (us	e additional sh	eet, if necessar	y)
☐ Medically eligible for only certain sports as listed	below:					
☐ Not medically eligible for any sports						······································
Recommendations: (use additional sheet, if necessary,	)					
I hereby certify that I have examined the above- the conclusion(s) listed above. A copy of the ex- conditions that arise after the date of this med professional prior to participation in activities.	am has been retained and car lical clearance should be prop	n be accessed be perly evaluated	by the parent as I, diagnosed, an	s requested. And treated by	Any injury or an appropria	other medical ate healthcare
Name of Healthcare Professional (print or type):						
Address:				Phone: (	)	
Signature of Healthcare Professional:	<del></del>	Creder	ntials:	Licen	ise #:	
SHARED EMERGENCY INFORMATION - compl	eted at the time of assessme	nt by practition	er and parent			
Check this box if there is no relevant mediparticipation in competitive sports.	ical history to share related to		Provider S	Stamp (if requ	iired by schoo	ol)
Medications: (use additional sheet, if necessary)						
List:						
Relevant medical history to be reviewed by athle ☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Con Explain:	cussion Diabetes Heat II	Iness  Orthop	oedic 🗖 Surgical	-		☐ Other
Signature of Student:	Date:// Signature	of Parent/Guardi	ian:		Dat	te://
We hereby state, to the best of our knowledge the in	formation recorded on this form	is complete and	correct. We unde	erstand and ack	knowledge tha	t we are hereby

This form is not considered valid unless all sections are complete.

advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO),



## PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL



This form is valid for 365 calendar days from the date signed below.

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

## **MEDICAL ELIGIBILITY FORM - Referred Provider Form**

<b>Student Information</b> (to be completed by s	. ,,	5 ,			
Student's Full Name:		Sex Assigned at Birth:	Age:	Date of Birth: _	//
School:		Grade in School:	_ Sport(s):		
Home Address:	City/State:	Home	Phone: (	)	
Name of Parent/Guardian:		E-mail:			
Person to Contact in Case of Emergency:		_ Relationship to Student:			
Emergency Contact Cell Phone: ()	Work Phone	e: ()	Other Pho	one: ()	
Family Healthcare Provider:		:	Office Pho	one: ()	
Referred for:		Diagnosis:			
I hereby certify the evaluation and assessment for whathe conclusions documented below:	ich this student-athlete was r	eferred has been conducted b	y myself or a clin	ician under my direct	supervision with
☐ Medically eligible for all sports without restriction	on as of the date signed below	N			
☐ Medically eligible for all sports without restriction	on after completion of the fol	lowing treatment plan: (use a	dditional sheet, i	f necessary)	
☐ Medically eligible for only certain sports as listed	d below:				
☐ Not medically eligible for any sports					
Further Recommendations: (use additional sheet, if no	ecessary)				
Name of Healthcare Professional (print or type)	:			Date:	//
Address:			Pho	one: ()	
Signature of Healthcare Professional:		Credentials: _		License #:	
Provider Stamp (if required by school)					
, , , , , , , , , , , , , , , , , , ,					



# Consent and Release from Liability Certificate (Page 1 of 5)



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:		Sch	ool District (if applicab	ole):	
Part 1: Student Acknowle I have read the (condensed) FHSAA Eligil represent my school in interscholastic ath know that athletic participation is a privile death, is possible in such participation, an with full understanding of the risks involving school, the schools against which it co such athletic participation and agree to ta disclosure of my individually identifiable h to my athletic eligibility including, but not I hereby grant the released parties the rig publicity, advertising, promotional, and co I understand that the authorizations and school. By doing so, however, I understand	pility Rules printed on page 5 pletic competition. If accepted ige. I know of the risks involved d choose to accept such risks. ed. Should I be 18 years of ag impetes, the school district, the ke no legal action against the ealth information should treat limited to, my records relating to photograph and/or video in mercial materials without rerights granted herein are volu	of this "Consent and Red as a representative, I ag d in athletic participation. I voluntarily accept any age or older, or should I be contest officials, and FI FHSAA because of any actment for illness or injury to enrollment and attendate me and further to use servation or limitation. Tuntary and that I may rev	elease from Liability Certifice gree to follow the rules of no, understand that serious in and all responsibility for my elemancipated from my part dSAA of any and all respons cident or mishap involving become necessary. I hereby dance, academic standing, a use my name, face, likeness, the released parties, however oke any or all of them at a	cate" and know of no my school and FHSAA a njury, including the pot own safety and welfar rent(s)/guardian(s), I h ibility and liability for a my athletic participati y grant to FHSAA the ri age, discipline, finance , voice, and appearancer, are under no obligat	and to abide by their decisions. cential for a concussion, and ever re while participating in athletics ereby release and hold harmless any injury or claim resulting from ion. I hereby authorize the use or ight to review all records relevant s, residence, and physical fitness ie in connection with exhibitions tion to exercise said rights herein
Part 2: Parent/Guardian C the bottom; where divorced or sep-		_		eted and signed by	parent(s)/guardian(s) at
A. I hereby give consent for my child/wa	ard to participate in any FHSAA	A recognized or sanction	ed sport EXCEPT for the follo	owing sport(s):	
List sport(s) exceptions here  B. I understand that participation may r C. I know of and acknowledge that my one in such participation and choose to accept release and hold harmless my child's/walliability for any injury or claim resulting from participation of my child/ward. As require in F.S. 456.001, or someone under the direct school. I further hereby authorize the use consent to the disclosure to the FHSAA, use and attendance, academic standing, age, and further to use said child's/ward's nar without reservation or limitation. The relection is the same property of the potential danger of the po	child/ward knows of the risks in the any and all responsibility for the schools agains of the schools against	involved in interscholasti r his/her safety and welf- st which it competes, the and agree to take no lega ally authorize healthcare e practitioner, should the ard's individually identifi: relevant to my child's/wa- e, and physical fitness. I gappearance in connection and consider no obligation to exer-	are while participating in at a school district, the contest action against the FHSAA be services to be provided for need arise for such treatment ble health information should be active the training and the released parties the new with exhibitions, publiciticise said rights herein.	thletics. With full under the officials, and FHSAA because of any acciden my child/ward by a he ent, while my child/war buld treatment for illner diding, but not limited the right to photograph my, advertising, promoting	erstanding of the risks involved, of any and all responsibility and it or mishap involving the athletic ealthcare practitioner, as defined it is under the supervision of the ess or injury become necessary. to, records relating to enrollment and/or videotape my child/ward tional, and commercial materials
once such an injury is sustained without <u>p</u> READ THIS FORM COMPLETELY AN ACTIVITY. YOU ARE AGREEING THA	ID CAREFULLY. YOU ARE				
THE CONTEST OFFICIALS, AND FH SERIOUSLY INJURED OR KILLED BY CANNOT BE AVOIDED OR ELIMINA FROM YOUR CHILD'S/WARD'S SCH IN A LAWSUIT FOR ANY PERSONA RISKS THAT ARE A NATURAL PART THE SCHOOLS AGAINST WHICH IT	PARTICIPATING IN THIS TED. BY SIGNING THIS FO OOL, THE SCHOOLS AGA IL INJURY, INCLUDING DE OF THE ACTIVITY. YOU H	ACTIVITY BECAUSE DRM, YOU ARE GIVIN INST WHICH IT COM EATH, TO YOUR CHIL HAVE THE RIGHT TO I	THERE ARE CERTAIN D G UP YOUR CHILD'S/W PETES, THE SCHOOL DI D/WARD OR ANY PRO REFUSE TO SIGN THIS F	DANGERS INHEREN VARD'S RIGHT AND ISTRICT, THE CONT DPOERTY DAMAGE FORM, AND YOUR	IT IN THE ACTIVITY WHICH DYOUR RIGHT TO RECOVER EST OFFICIALS, AND FHSAA E THAT RESULTS FROM THE CHILD'S/WARD'S SCHOOL
YOUR CHILD/WARD PARTICIPATE I E. I agree that, in the event we/I pursue FHSAA State Series contests, such action s F. I understand that the authorizations my child's/ward's school. By doing so, hov G. Please check the appropriate box(es My child/ward is covered under our Company:  My child/ward is covered by his/her	elitigation seeking injunctive rehall be filed in the Alachua Cossiand rights granted herein are vever, I understand that my chossiand the manner plan, family health insurance plan,	relief or other legal action ounty, Florida, Circuit Cou e voluntary and that I ma hild/ward will no longer b which has limits of not le	rt. y revoke any or all of them e eligible for participation i	at any time by submit	tting said revocation in writing to
☐ I have purchased supplemental foot		ld's/ward's school.	ASE (only one parent/g	juardian signature	is required)
Name of Parent/Guardian (printed			Guardian		to
ivame or Parent/Guardian ( <i>printed</i> )	•	oignature of Parent/0	Judi Uldi I	Dat	.e

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student signature is required)

Date

Date



## **Consent and Release from Liability Certificate** (Page 2 of 5)



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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 cannot 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 figitability
- 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 healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or 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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from 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 student 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 an 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. 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 or participation for myself and that of my child/ward.

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date	
Name of Parent/Guardian ( <i>printed</i> )	Signature of Parent/Guardian	Date	
Name of Student (printed)	Signature of Student		



## **Consent and Release from Liability Certificate** (Page 3 of 5)



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School:	l:S	School District (if applicable):	

#### Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

#### How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

#### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

#### What are the risks or practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

# FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

#### Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- . Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

#### What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

#### Why request an ECG/EKG as part of the annual preparticipation physical examination?

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

### Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nghslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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



## Consent and Release from Liability Certificate (Page 4 of 5)



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School:	School District (if applicable):

#### **Heat-Related Illness Information**

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

#### What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
- EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

**Heat Exhaustion (EHI):** Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

#### Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

#### What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

#### How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf
- Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
- Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
- · Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
- · Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

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

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



## **Consent and Release from Liability Certificate** (Page 5 of 5)



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School:	School District (if applicable):

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

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

- Must complete an EL3 for each school at which the student participates; this form is non-transferable.
- 2. 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)
- 3. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
- 4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. Home Education students and students attending a non-member private school must complete additional paperwork prior to participating. (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
- 5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
- 6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
- Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
- 8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
- Must not turn 19 before July 1st to participate at the high school level; must not turn 16 before July 1st to participate at the junior high school level; and must not turn 15 before July 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- 10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
- 11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
- 12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- 13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
- 14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (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 acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

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

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<sup>\*</sup>See <u>Section 1006.20(</u>2)(c), Florida Statutes.

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