



## Sports Physical Packet

Checklist:

- Sports Physical Packet Completed: \_\_\_\_\_ A. Marchese, ATC
- Original Birth Certificate: \_\_\_\_\_ K. Esteban, AD



Archdiocese of Miami  
Department of Schools

**Athletic Consent and Release from Liability Certificate**

This completed form must be kept on file by the school

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

School \_\_\_\_\_

Sports in which student plans to participate: \_\_\_\_\_

- A. I/we hereby give consent for child/ward to participate in the interscholastic sports that I have listed above.
- B. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands 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/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami 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 my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my child/ward. I further 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.

**C. Insurance Information**

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000

Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:**

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

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



SAINT BRENDAN CATHOLIC HIGH SCHOOL  
HEALTH PHYSICAL PACKET



SECTION I - STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ FEMALE ☐ MALE ☐ SCHOOL YEAR \_\_\_\_\_ / \_\_\_\_\_ ID \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ GRADE \_\_\_\_\_  
ARE YOU A UNITED STATES CITIZEN YES ☐ NO ☐ SPORTS \_\_\_\_\_

SECTION II - PARENT/GUARDIAN INFORMATION & PARENT/GUARDIAN INSURANCE INFORMATION

FATHER \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
MOTHER \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
EMERGENCY CONTACT PHONE \_\_\_\_\_

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
INSURANCE COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
INSURANCE COMPANY ADDRESS: \_\_\_\_\_  
INSURANCE POLICY # \_\_\_\_\_  
GROUP # \_\_\_\_\_  
PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

WAIVER OF LIABILITY AND RELEASE

I, \_\_\_\_\_, hereby voluntarily release the Archdiocese of Miami, Volunteers, Saint Brendan High School, and the Saint Brendan High School Alumni Association, their agents and employees, and all related entities and individuals (hereinafter collectively referred to as "Saint Brendan", from any and all liability, claims, demands, actions or rights of action, which are related to, or are in any way connected with my participation in the health physicals taking place. This release includes specifically, but is not limited to, the negligent acts or omissions of Saint Brendan.

We further agree, promise and covenant to not sue, assert or otherwise maintain or assert any claim against Saint Brendan from any injury, death or damage to my person, arising from or connected with participating in the aforementioned health physicals or from any claim asserted against us by other third parties.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF I AM HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST SAINT BRENDAN, EVEN IF THEY, OR ANY OF THEM, NEGLIGENTLY CAUSED THE INJURY OR DAMAGE SUFFERED BY ME.

In case of a dispute arising out of or in any way related to the health physicals or the terms of this waiver and release, I agree that shall be limited to a court of competent jurisdiction in Miami-Dade County, Florida.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND IT COMPLETELY, AND, THAT I AGREE TO BE BOUND BY ITS TERMS.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PHONE NUMBER:

\_\_\_\_\_  
ADDRESS:



Archdiocese of Miami  
Department of Schools

**Athletic Pre-participation Physical Evaluation (Page 1 of 2)**

This completed form must be kept on file by the school

**Part 1. Student Information (to be completed by the parent).**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: \_\_\_\_\_ Grade in School \_\_\_\_\_ Sport(s) expected to play \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

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

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

**Part 2. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions for which you do not know the answer**

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

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

I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct.

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



Archdiocese of Miami  
Department of Schools

**Athletic Pre-participation Physical Evaluation (Page 2 of 2)**

This completed form must be kept on file by the school

**Part 3. Physical Examination (to be completed by physician).**

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

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

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

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
9. Neck	_____	_____	_____
10. Back	_____	_____	_____
11. Shoulder/Arm	_____	_____	_____
12. Elbow/Forearm	_____	_____	_____
13. Wrist/Hand	_____	_____	_____
14. Hip/Thigh	_____	_____	_____
15. Knee	_____	_____	_____
16. Leg/Ankle	_____	_____	_____
17. Foot	_____	_____	_____

\* - Station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN**

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

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

Name of Physician (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD, DO, DC, ARNP

**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  
\_\_\_\_ Not cleared for \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
\_\_\_\_ Referred to \_\_\_\_\_ For \_\_\_\_\_

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

Name of Physician (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD, DO, DC, ARNP

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



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

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

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

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

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

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

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

### List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

E. **I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.**

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

\_\_\_\_ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_ My child/ward is covered by his/her school's activities medical base insurance plan.

\_\_\_\_ I have purchased supplemental football insurance through my child's/ward's school.

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

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

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

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

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





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

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

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

### Concussion Information

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

### Signs and Symptoms of a Concussion:

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

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

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

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

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

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

### Return to play or practice:

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

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

### Statement of Student Athlete Responsibility

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" 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.nfhslearn.com](http://www.nfhslearn.com). I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.**

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date





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

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

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

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

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

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

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

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

## STUDENT ACKNOWLEDGEMENT AND CONSENT

I have read and signed the Florida High School Athletic Association (FHSA) *Consent and Release from Liability Certificate* (EL3) and I have also read the St. Brendan Student Handbook. I also agree to comply with the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers.

I agree to follow the rules of St. Brendan, the GMAC, and the FHSA and 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 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, including the responsibility of reporting my injuries and illnesses to the appropriate St. Brendan staff, including the symptoms of concussion.

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 St. Brendan, the schools against which it competes, the contest officials, GMAC, and FHSA 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 parties named 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 FHSA 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 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. I understand and agree that such use (of my name, image or other information) by St. Brendan or any entity authorized by it shall be without compensation to me. 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. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I/we have read and signed the Florida High School Athletic Association (FHSA) *Consent and Release from Liability Certificate* (EL3) and I/we have also read the St. Brendan Student Handbook. I/we also agree that my child will comply with M-DCPS Board Rules and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers. I/we know of, and acknowledge, that my/our child/ward knows of, the risks involved in interscholastic athletic competition, 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, including the responsibility of reporting my/our child's/ward's injuries and illnesses to the appropriate St. Brendan staff, including the symptoms of concussion.

With the full understanding of the risks involved, I/we for ourselves, and for our child/ward, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT(S) NOT TO SUE St. Brendan, its officers, employees, agents, representatives, insurers, and assigns (referred to as "releases"), from any and all liability to the undersigned, his/her parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we for ourselves and for our child/ward, HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/we hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my/our child's/ward's school, to the FHSA, upon its request, of all the records relevant to his/her athletic eligibility including, but not limited to, his or her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness.** In addition, I/we grant the releases the right to photograph and/or videotape my/our 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. I understand and agree that such use (of my name, image or other information) by the St. Brendan or any entity authorized by it shall be without compensation to me. The released parties, however, are under no obligation to exercise said rights herein.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics. **I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

\_\_\_\_\_  
Name of Parent Printed

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I/we have read and understood the previous information. Furthermore, I/we have reviewed my/our child's medical history form (EL2) and agree that it is accurate and complete. I/we give consent for my/our child to participate in ImPACT Testing: Cognitive Testing and Post Concussion Testing. I/we give consent for the medical staff to perform the pre-season sport physical examination on my/our child, which I/we understand is not a substitute for regular check-ups and care from our own family physician. I/we also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my/our child, if necessary, at any physical, practice, or game upon my/our absence. My/our signature in the space(s) below indicates that the requirements have been carefully read and permission is granted for my/our child to participate in all interscholastic athletics, with the exception of

\_\_\_\_\_  
(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_  
(Please print name) (Please print name)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father Mother Guardian

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father Mother Guardian

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_, WHO PRODUCED A LEGAL IDENTIFICATION OR IS PERSONALLY KNOWN TO ME.

NOTARY NAME \_\_\_\_\_  
(Please print name)

NOTARY SIGNATURE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



NOTARY SEAL