BULLDOGS
ATHLETICS DEPARTMENT

☑ Pasos para completar el paquete de elegibilidad atlética a través de Aktivate

1. Inscripción para padres:

❑ Ir a www.aktivate.com
❑ Haga clic en *Iniciar la sesión*
❑ Haga clic en *Crear una cuenta* (solo necesita UNA cuenta, incluso si tiene hijos en más de una escuela secundaria y/o preparatoria; no cree otra cuenta si ha utilizado *Registrar a mi atleta* en el pasado)
❑ Complete la información de la cuenta personal (esta debe ser la información personal del padre)
❑ Utilizarás el sitio como padre.
❑ Haga clic en *Enviar*

2. Después de tener una cuenta:

❑ Iniciar la sesión
❑ En la sección "Padres" (azul), haga clic en el botón *"Haga clic aquí para iniciar/completar el registro de atletas"*. (La primera vez que inicie sesión, se le pedirá que acepte los términos y condiciones).
❑ Haga clic en *Iniciar/Completar un registro* (esquina superior izquierda de la página)
❑ Haga clic en *Iniciar un nuevo registro*: aquí es donde ingresará toda la información de su atleta
❑ Haga clic en las barras rojas para completar todos los requisitos.
❑ Haga clic en el botón naranja en la parte inferior izquierda de la pantalla para chatear en vivo o envíar un correo electrónico a support@aktivate.com para obtener ayuda.

3. Complete y cargue los siguientes documentos en Aktivate:

Lista de verificación

PBCSD 1588 - Elegibilidad deportiva para estudiantes de secundaria
- Comprobante de seguro completo, si no tiene ninguno escriba "sin seguro"
- 10 iniciales, notarizadas
- Firma del estudiante y del padre, notarizadas
- Subir las cuatro páginas

PBCSD 1589 - Consentimiento médico para estudiantes atletas
- Número de teléfono de emergencia completo
- Firma del estudiante y del padre, notariada

PBCSD 2608 - Seguro contra accidentes en los deportes interescolares
- Firma del padre/madre
- Pago realizado en schoocashonline.com o cheque a nombre de DJGHS entregado en la Oficina de Deportes,
- Comprobante de pago subido con formulario

FHSAA EL1 - Detección de electrocardiograma
Nuevo formulario sólo para estudiantes de primer año y atletas nuevos
- Firma del padre/madre
- Firma del médico
- Archivo adjunto que valida la autorización cargado en Aktivate

FHSAA EL2 - Evaluación física previa a la participación
SIN SUSTITUCIONES, VÁLIDO POR 365 DÍAS A PARTIR DE LA FECHA
- Cargar página 4, Elegibilidad médica: firma del estudiante y del padre, debe estar sellada por un médico.

FHSAA EL3 - Certificado de consentimiento y exención de responsabilidad
- Páginas 1 a la 5, firmas del estudiante y del padre
- Subir las cinco páginas

Vídeos de la NFHS (4)- Debe imprimirse e incluirse en el paquete.
- Conmoción cerebral en los deportes
- Prevención de enfermedades causadas por el calor
- Paro cardíaco repentino
- Espíritu deportivo
- Debe estar a nombre del estudiante atleta.
- Debe completarse para el año escolar actual (con fecha posterior al 1 de junio de 1026)

¿Necesita ayuda? -Usar **Chat en vivo** en *Aktivate* o correo electrónico: **soporte@aktivate.com**

DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH
EDUCACIÓN SECUNDARIA

Elegibilidad Deportiva para Estudiantes de Secundaria

Padres, para que su Hijo/Protegido sea elegible para participar en deportes en su escuela secundaria durante el próximo año escolar, deben completar este formulario y firmar donde se indica. **¡Asegúrense de leer cada página cuidadosamente antes de firmar!** Un padre o el estudiante (si es adulto o emancipado) deberá firmar los documentos ante un notario. No podemos certificar ante notario ningún documento si nos llega ya firmado.

Nombre Completo del Estudiante (nombre, inicial del segundo nombre, apellido)				# del Estudiante	Fecha de Hoy
Edad	Grado Actual	Año Escolar	Fecha de Nacimiento	Padre/Tutor Legal	
Dirección del estudiante (calle, # del apto, ciudad, estado, código de área)					# Telefónico
Primera Escuela a la que Asistió Este Año				Escuela a la que Asistió el Año Pasado	
Nombre de una Persona a Contactar en Caso de Emergencia				Relación con el Estudiante	
Dirección de la Persona a Contactar en Caso de Emergencia (calle, # del apto, ciudad, estado, código de área)					# Telefónico Residencial de Emergencia
Número Telefónico del Trabajo en Caso de Emergencia			Médico Personal del Estudiante		# Telefónico del Médico
Haga una Lista de los Deportes					

PRUEBA DE SEGURO PARA EL ESTUDIANTE

Nombre del Titular de la Póliza (Póliza de Seguro que cubre al estudiante)	Relación del Titular de la Póliza con el Estudiante	Lugar de Empleo del Titular de la Póliza
Nombre de la Compañía de Seguro Médico (Póliza de Seguro que cubre al estudiante)		# de la Póliza de Seguro

DECLARACIÓN JURADA DE RESIDENCIA DE ELEGIBILIDAD INTERESCOLAR

Vivo con (marque uno) ☐ Ambos Padres ☐ Solo la Madre ☐ Solo el Padre ☐ Tutor Otro _____

Relación con otros _____ He vivido con la(s) persona(s) mencionada(s) arriba desde _____

Si las opciones presentadas a continuación no describen adecuadamente su situación de residencia, adjunte una nota explicativa.

☐ Vivo en el área de asistencia asignada para esta escuela.

☐ Asisto a esta escuela con una reasignación de estudiante aprobada (la reasignación requiere la aprobación del Especialista en Reasignación)

☐ El Departamento de Educación para Estudiantes Excepcionales me asignó a esta escuela.

☐ Me aceptaron en un Programa de Especialización .

Escuela	Director Deportivo	# Telefónico

REQUISITOS DE ELEGIBILIDAD DEPORTIVA PARA ESTUDIANTES DE ESCUELA SECUNDARIA
Según el Manual/Operativo de la FHSAA Por Ley, Artículo 9

Iniciales del Padre

_____ • 9.1.1.1 La Participación en Deporte Interescolar Es Un Privilegio. La participación de un estudiante en programas deportivos interescolares es un privilegio, no un derecho. Los estudiantes que participan deben cumplir con los requisitos establecidos en la ley estatal, los reglamentos *FHSAA* (por sus siglas en inglés) y por sus respectivas escuelas.

_____ • 9.1.1.1 Las Reglas Locales Pueden Ser Más Estrictas. Las escuelas y/o distritos escolares pueden adoptar reglas más estrictas para los estudiantes bajo su supervisión. Sin embargo, ninguna escuela o distrito escolar puede adoptar reglas que sean menos estrictas que las de *FHSAA*.

_____ • 9.1.2.2 Falsificación de Información. Un estudiante y/o padre/tutor legal designado por un tribunal de jurisdicción competente falsifica información para obtener la elegibilidad será declarado no elegible para representar a cualquier escuela asociada por un período de un año a partir de la fecha del descubrimiento.

_____ • 9.1.2.3 Elegibilidad de los Estudiantes Reclutados. Un estudiante puede ser declarado no elegible por violación de las reglas de reclutamiento si: (a) El estudiante o el padre/tutor legal designado por un tribunal de jurisdicción competente ha falsificado cualquier documento de inscripción o elegibilidad; o (b) El estudiante o padre/tutor legal designado por un tribunal de jurisdicción competente aceptó cualquier beneficio o promesa de beneficio si dicho beneficio no está generalmente disponible para los estudiantes o miembros de la familia de la escuela; o (c) El beneficio o la promesa de beneficio se basa de alguna manera en el interés, el potencial o el rendimiento atlético.

_____ • 9.2.1 El Estudiante Puede Participar en la Escuela a la que Asiste por Primera Vez Cada Año Escolar. Un estudiante debe asistir a la escuela y es inmediatamente elegible para participar en los programas deportivos interescolares patrocinados por la escuela a la que asiste cada año escolar que es: (a) La escuela donde el estudiante asiste a clases por primera vez (es decir, establece su residencia escolar); o (b) La escuela donde el estudiante participa por primera vez en actividades deportivas o después de la fecha oficial de inicio de esa temporada deportiva antes de asistir a clases en cualquier escuela (es decir, establece residencia escolar); o (c) La escuela a la que se transfiere el estudiante después de asistir previamente a otra escuela (Estatuto de referencia 9.3.2)

_____ • 9.3.4 Un Estudiante Inelegible no puede Trasferirse para ser Elegible. Un estudiante transferido que se considera no elegible por un período de tiempo no puede transferirse de escuela y volverse elegible. Asistir a una nueva escuela al comienzo del año escolar no disminuye ni elimina el período de inelegibilidad

_____ • 9.4.1 Se Requiere un *GPA* de 2.0 para la Elegibilidad Académica. Un estudiante de secundaria debe tener un promedio de calificaciones acumulativo de 2.0 en una escala no ponderada de 4.0 o su equivalente, al final de cada semestre para ser académicamente elegible durante el siguiente semestre. Las calificaciones finales obtenidas previamente por el estudiante de otra escuela no se cambiarán utilizando la escala del Estatuto 9.4.2

_____ • 9.4.1.3 Se Requiere Asistencia Durante los Dos Semestres Consecutivos Anteriores. Un estudiante no puede ser elegible académicamente si no ha asistido a la escuela y no ha recibido calificaciones en todos los cursos tomados durante los dos semestres consecutivos anteriores.

_____ • 9.4.1.9 El Estudiante No Es Elegible para Un Semestre Completo si No Se puede Obtener el Expediente Académico. Un estudiante cuya escuela anterior no puede o no quiere proporcionar un expediente académico oficial sellado no será elegible en la nueva escuela hasta que haya asistido durante un semestre completo y haya establecido un *GPA* acumulativo. La escuela debe presentar un informe escrito a la Oficina de *FHSAA* que incluya el nombre del estudiante, la fecha de la primera asistencia a la escuela y las fechas de inicio y finalización del semestre anterior.

_____ • 9.5.1 El Estudiante de Secundaria Tiene Cuatro Años de Elegibilidad. Un estudiante está limitado a cuatro años escolares consecutivos de elegibilidad a partir del año escolar en el que comienza el noveno grado por primera vez. Esto no implica que el estudiante tenga cuatro años de participación. Después de cuatro años escolares consecutivos, el estudiante no es elegible permanentemente

_____ • 9.6.1 Límite de Edad para la Escuela Secundaria. Un estudiante que cumpla 19 años antes del 1 de julio quedará permanentemente inelegible

YO/NOSOTROS HEMOS LEÍDO, Y HEMOS PUESTO NUESTRAS INICIALES EN CADA REQUISITO DE ELEGIBILIDAD DE LA FHSAA PARA ESTUDIANTES DE ESCUELA SECUNDARIA Y RECONOCEMOS QUE NUESTRO HIJO/PROTEGIDO DEBE CUMPLIR CON LOS ESTÁNDARES DE LA FHSAA PARA SER CONSIDERADO ELEGIBLE PARA EL DEPORTE INTERESCOLAR

ESTADO DE FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito ante mí este _____ el día de _____, _____, por _____.

(Padre/Tutor o Adulto/Estudiante Emancipado)

Personalmente conocido _____ O Identificación proporcionada _____

Tipo de identificación proporcionada _____

_____

Firma del Notario Público - Estado de Florida

CERTIFICADO DE CONSENTIMIENTO Y EXENCIÓN DE RESPONSABILIDAD - LEA DETENIDAMENTE ANTES DE FIRMAR

Yo (el estudiante) y nosotros (los padres/tutores legales) hemos leído las Reglas de Elegibilidad (resumidas) de la Asociación Deportiva de Escuelas Secundarias de Florida *(FHSAA)* y entendemos que son una sinopsis de los Estatutos de la *FHSAA*. Yo/ nosotros también entendemos que una copia completa de los Estatutos de la *FHSAA* está disponible para mí/nosotros para revisar en la oficina administrativa de mi escuela (la del estudiante). No conocemos ningún motivo por el cual yo (el estudiante) no sea elegible para representar a mi escuela en una competencia deportiva. Si soy aceptado como representante, aceptamos seguir las reglas de mi escuela y de la *FHSAA* y cumplir con sus decisiones. Yo/nosotros sabemos que la participación es un privilegio. Se nos ha informado y conocemos los riesgos involucrados en la participación deportiva, entendemos que es posible sufrir lesiones graves e incluso la muerte en dicha participación y elegimos aceptar dichos riesgos. Yo (el estudiante) acepto voluntariamente toda responsabilidad por mi propia seguridad y bienestar mientras participo en deportes, con total comprensión de los riesgos involucrados. Yo/nosotros eximimos de toda responsabilidad y liberamos a la escuela del estudiante, a los empleados y agentes del distrito escolar, a las escuelas contra las cuales se compite, al Distrito Escolar del Condado de Palm Beach y a los funcionarios del concurso, a la Federación Nacional de Asociaciones de Escuelas Secundarias Estatales (*NFHS*) y a la *FHSAA* de toda responsabilidad por cualquier lesión o reclamo que resulte de dicha participación deportiva, y aceptamos no tomar ninguna acción legal contra cualquiera de las entidades mencionadas anteriormente debido a cualquier accidente o percance que involucre la participación deportiva del estudiante. Yo/nosotros autorizamos además **TRATAMIENTO MÉDICO DE EMERGENCIA** para mí/nuestro hijo/protegido en caso de que surja la necesidad de dicho tratamiento mientras yo/mi hijo/protegido esté bajo la supervisión de la escuela. **Teniendo en cuenta que se me permite participar en los programas deportivos interescolares, yo/nosotros, en nombre de mis/nuestros herederos, ejecutores y administradores, exoneramos y liberamos para siempre a LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA, sus agentes, representantes y empleados de toda responsabilidad, reclamaciones, acciones, daños, costos o gastos que yo/nosotros podamos tener contra ellos que surjan o estén relacionados de alguna manera con mi participación (la del estudiante) en un programa deportivo interescolar, incluidos los viajes asociados con el programa deportivo. Yo/ Nosotros entendemos que esta renuncia incluye cualquier reclamo basado en negligencia, acción o inacción de cualquiera de las entidades y personas mencionadas anteriormente.** Por la presente doy/damos permiso a la escuela o al Distrito para usar fotografías, imagen de video, escritura, grabación de voz, nombre, nivel de grado, nombre de la escuela, descripción de participación y estadísticas del estudiante en actividades y deportes oficialmente reconocidos, peso y altura como miembro de un equipo deportivo, fechas de asistencia, diplomas y premios recibidos, fecha y lugar de nacimiento y escuela anterior más reciente a la que asistió, en periódicos, producciones escolares, sitios web, etc. y/o publicaciones similares patrocinadas por la escuela o el distrito o en entrevistas, videos, artículos y fotografías de los medios de comunicación aprobados por la escuela o el distrito.
Las partes liberadas, sin embargo, no tienen obligación de ejercer dichos derechos aquí. Por la presente doy/damos consentimiento para que mi/nuestro hijo/pupilo participe en los siguientes deportes interescolares que NO HEMOS MARCADO. Deportes: Béisbol, Baloncesto, Bolos, Porristas Competitivas, Carrera a Campo Traviesa, Fútbol Americano de 11 hombres, Fútbol Americano de Bandera, Golf, Lacrosse, Fútbol, Softbol de Lanzamiento Rápido, Natación y Clavados, Tenis, Atletismo, Voleibol, Waterpolo, Levantamiento de Pesas, Lucha Libre.

Yo/nosotros entendemos que la participación puede requerir una salida temprana de clases. Yo/nosotros damos mi consentimiento para que la escuela de mi/nuestro hijo/protegido publique ante la *FHSAA*, previa solicitud de ésta, todos los registros financieros, escolares y de asistencia detallados (deportivos o de otro tipo) de dicha escuela relacionados con mi/nuestro hijo/protegido.

ANEXO AL CONSENTIMIENTO Y PUBLICACIÓN

Este formulario fue creado para cumplir con las disposiciones de la § 744.301 de los Estatutos de Florida en lo que se refiere a la aplicabilidad de una renuncia o liberación ejecutada por un padre/tutor en nombre de su hijo/protregido. Este anexo se aplica a los padres/tutores que renuncien al derecho de un niño/pupilo antes de la participación del niño/pupilo en una actividad.

AVISO AL TUTOR NATURAL DEL NIÑO MENOR

LEA ESTE FORMULARIO COMPLETAMENTE Y CUIDADOSAMENTE. USTED ACEPTA QUE SU HIJO(A) MENOR PARTICIPE EN UNA ACTIVIDAD POTENCIALMENTE PELIGROSA. USTED ACEPTA QUE AUNQUE LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA UTILIZA EL CUIDADO RAZONABLE AL PROPORCIONAR ESTA ACTIVIDAD, EXISTE LA PROBABILIDAD DE QUE SU HIJO PUEDA SUFRIR LESIONES GRAVES O MUERTE AL PARTICIPAR EN ESTA ACTIVIDAD PORQUE EXISTEN CIERTOS PELIGROS INHERENTES A LA ACTIVIDAD QUE NO SE PUEDEN EVITAR NI ELIMINAR. AL FIRMAR ESTE FORMULARIO, USTED RENUNCIA AL DERECHO DE SU HIJO Y A SU DERECHO DE QUE LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA, LO INDEMNICE EN UNA DEMANDA POR CUALQUIER DAÑO PERSONAL, INCLUYENDO LA MUERTE, A SU HIJO O CUALQUIER DAÑO A LA PROPIEDAD QUE RESULTE DE LOS RIESGOS QUE SON PARTE NATURAL DE LA ACTIVIDAD. USTED TIENE DERECHO A NEGARSE A FIRMAR ESTE FORMULARIO, Y LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA TIENE EL DERECHO A NEGARSE A PERMITIR QUE SU HIJO PARTICIPE SI USTED NO FIRMA ESTE FORMULARIO.

HE/HEMOS LEÍDO ESTO CUIDADOSAMENTE, LO ENTENDIMOS Y SABEMOS QUE CONTIENE UNA COMUNICACIÓN
Cuando corresponda, ambos padres/tutores legales deben firmar.

Nombre del Estudiante en Letra de Molde	*Firma del Estudiante*	*Fecha*
Nombre de uno de los Padres o Tutor Legal en Letra de Molde	*Firma de Uno de los Padres o Tutor Legal*	*Fecha*
Nombre de uno de los Padres o Tutor Legal en Letra de Molde	*Firma de Uno de los Padres o Tutor Legal*	*Fecha*

ESTADO DE FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito ante mí este_____ día de _____, _____, por _____.

(Padre/Tutor o Adulto/Estudiante Emancipado)

Personalmente conocido _____ O Identificación Proporcionada _____

Tipo de Identificación Proporcionada _____

_____

Firma del Notario Público - Estado de Florida

The Department of Multicultural Education Spanish Translation Team certifies that this is a true and faithful translation of the original document. (561) 434-8620 July 2024- CY24-1158

DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

Consentimiento Médico para Estudiantes Atletas

Nombre del estudiante _____ Fecha de nacimiento _____

El estudiante, conocido por este medio como el paciente, y su padre(s) o tutor(es) legal, cuyas firmas se adjuntan más adelante, consienten por este medio a todas y cada una de las emergencias médicas o tratamiento quirúrgico incluyendo anestesias y operaciones que pueden ser aconsejadas por los médicos o cirujanos del paciente. Siendo la intención de la presente el otorgar autorización para administrar y realizar todos y particularmente exámenes, tratamientos, anestesias, operaciones y procedimientos de diagnosis los cuales pueden ser considerados recomendables o necesarios. También acordamos que el paciente, una vez admitido, debe permanecer en el hospital hasta que su médico recomiende darle de alta. (Adjunte páginas adicionales si es necesario, incluyendo cualquier disposición importante contenida en el Plan Individual de Educación o en el Plan según la seccion 504 del estudiante). En caso de emergencia, se harán esfuerzos razonables para informar a los padres. Esto no impedirá que el proveedor de cuidados de salud de emergencia actúe en el mejor interés de su hijo.

En constancia de nuestro consentimiento y acuerdo en los asuntos indicados anteriormente, hemos suscrito nuestras firmas a continuación.

_____ _____

Firma del estudiante *Fecha*

_____ _____

Firma del padre o tutor *Fecha*

_____ _____

Firma del padre o tutor *Fecha*

_____

Número de teléfonos para llamar en caso de emergencia

NOTARIZACIÓN DE LA FIRMA DEL PADRE O TUTOR LEGAL O ESTUDIANTE ADULTO O EMANCIPADO

ESTADO DE LA FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito delante de mí, este _____ día de _____ del_____,

por _____.

_____

(padre o tutor o estudiante adulto o emancipado)

_____

Firma del notario público - Estado de la Florida

Conocido personalmente _____ **o** presentó identificación _____

Tipo de identificación presentada _____

The Department of Multicultural Education Spanish Translation Team certifies that this is a true and faithful translation of the original document. (561) 434-8620 - September 2011 - SY11-1161

DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH
DEPARTAMENTO DE ADMINISTRACIÓN DE BENEFICIOS Y RIESGOS LABORALES

Seguro contra Accidentes en los Deportes Interescolares

Se requiere que todos los deportistas interescolares de secundaria contribuyan con $75.00 para el costo del seguro contra accidentes en los deportes interescolares. La contribución de este año escolar se utilizará para ayudar a compensar el costo del Distrito Escolar para proporcionar un seguro contra accidentes de calidad a nuestros deportistas. La conbertura puede comenzar ***DESPUÉS*** de que la cobertura de su seguro primario procese la demanda. Los deportistas ***TIENEN QUE*** primero usar su Red de Seguro Primaria, antes de usar el seguro escolar. Revisen el *Summary of Insurance* para los términos y condiciones en forma más completa que están disponibles en https://schoolinsuranceofflorida.com o llamen al 1-800-432-6915.

Opciones de Pago

☐ **OPCIÓN 1**: Un solo pago de $75.00 por año escolar

☐ **OPCIÓN 2**: Un pago para pruebas de $10.00, cuando sea aceptado por el equipo hay un costo adicional de $65.00

Asegurado: En una actividad deportiva interescolar DE TEMPORADA (incluyendo competencias, prácticas y pruebas)
Asegurado: Condicionamiento de FUERA DE TEMPORADA en el año escolar
NO Asegurado: Prácticas de Habilidades/Entrenamientos "específicos a ciertos deportes" o actividades en "instalaciones abiertas" FUERA DE TEMPORADA
NO Asegurado: actividades durante el VERANO
Estos pagos NO SON REEMBOLSABLES y, una vez pagados, continuarán proporcionando seguro para deportes adicionales.

Devuelvan este formulario como parte del **Paquete Deportivo** con toda la información requerida y su pago adjunto. Haga su cheque o su giro postal pagable a nombre de la siguiente escuela:

# de Identificación del Estudiante	Nombre del Estudiante	Apellido	Fecha de Nacimiento	Fecha Actual
Nombre de la Escuela				
Deporte	Deporte	Deporte		

Costo del Seguro contra Accidentes en las Pruebas para Deportes Interescolares

Opción 1: Un estudiante deportista puede seleccionar pagar UN SOLO COSTO de $75.00.
Opción 2: Puede enviar un costo no reembolsable de $10.00 para **hacer las pruebas** de cualquiera de los equipos deportivos. Una vez ya en el equipo, el estudiante deportista es responsable por el envio del balance de $65.00 antes de participar en prácticas o juegos/ eventos adicionales. Hasta que el límite anual de $75.00 se haya logrado, el estudiante deportista debe pagar un pago adicional de $10.00 para hacer las pruebas en cada deporte.
Para más información sobre los pagos o cuotas, comuníquense con el director deportivo de su escuela secundaria.

☐ **OPCIÓN1**: *Un pago de $75.00 - No se permite el pago en efectivo*

Fecha de Recibido: _____ *School Cash Online:* _____ Cheque #: _____ $: _____ Giro Postal #: _____ $: _____

☐ **OPCIÓN 2**: Un pago de *$10.00 para hacer pruebas; con un balance de $65.00 - No se permite el pago en efectivo*

Fecha de Recibido: _____ *School Cash Online:* _____ Cheque #: _____ $: _____ Giro Postal #: _____ $: _____

Fecha de Recibido: _____ *School Cash Online:* _____ Cheque #: _____ $: _____ Giro Postal #: _____ $: _____

Additional Information (For Athletic Director Use Only)

_____ _____ _____

Escriba en Letra de Molde el Nombre de uno de los Padres/Tutores Legales *Firma de uno de los Padres/Tutores Legales* *Fecha*

PBSD 2608 SP (Nuevo 5/21/2018) ORIGINAL - Escuela COPIA- Padres

The Department of Global Education and Community Outreach Translation Team certifies that this is a true and faithful translation of the original document. (561) 434-8620 - May 2018 - SY18-1165

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 of exam.

EL2

Revised 2/26

MEDICAL HISTORY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

	GENERAL QUESTIONS Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
	HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

	HEART HEALTH QUESTIONS ABOUT YOU *(continued)*	**Yes**	**No**
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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

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 of exam.

EL2

Revised 2/26

Student's Full Name: _____ Date of Birth: ___/___/_____ School: _____

	BONE AND JOINT QUESTIONS	Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
	MEDICAL QUESTIONS	**Yes**	**No**
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
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?		

	MEDICAL QUESTIONS *(continued)*	Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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: ___/___/___

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ /___ /_____ School: _____

HEALTHCARE PROFESSIONAL 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 anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION		
Height: **Weight:**		
BP: / (/) **Pulse:** **Vision:** R 20/ L 20/ **Corrected:** Yes No		
MEDICAL - healthcare professional shall initial each assessment	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	**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 complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ /___ /_____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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 of exam.

EL2
Revised 2/26

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

_____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

_____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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.

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction after clearance by medical specialist for: _____

(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

_____

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/____
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is only required one time if used as a supplement to the EL1.

This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

EL1/2S

Revised 2/26

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticiption Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

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

Student's Full Name: _____ Biological Sex: _____ 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: (_____) _____ Other Phone: (_____) _____

Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

☐ Medically eligible for all sports without restriction as of the date signed below

☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

_____

☐ Medically eligible for only certain sports as listed below:

_____

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

_____

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*

ELECTROCARDIOGRAM (ECG) SCREENING (Page 1 of 1)
SUBMIT THIS CLEARANCE FORM TO THE SCHOOL

EL1
Revised 2/26

ELECTROCARDIOGRAM (ECG) SCREENING FORM

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

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___/___/_____

School: _____ Grade in School: _____ Student ID: _____

Parent/Guardian: Review the FHSAA EL3 Consent and Release form for details on Sudden Cardiac Arrest. Per §1006.20, F.S. (Second Chance Act), effective July 1, 2026, all first-time high school participants in FHSAA athletics must have an Electrocardiogram (ECG) screening before participation. This applies to students with no cardiac symptoms. Students with cardiac symptoms should consult their healthcare provider. An ECG completed within two (2) years prior to July 1 of the participation year satisfies this requirement. If the ECG requires further evaluation, the student must be cleared by a licensed medical practitioner trained in the diagnosis, evaluation and management of ECGs before participating in FHSAA athletic competition, practice, tryouts, or workouts.

Please complete only ONE section (Section A or Section B, as applicable)

SECTION A: PARENT/GUARDIAN ATTESTATION (Select one and sign below)

☐ ECG completed by Who We Play For, a hospital in the state of Florida, or another healthcare organization and electronically signed by a licensed physician; attach normal result documentation from health record or the email received from provider.

Date of NORMAL ECG Result: ___/___/___ **Organization Performing ECG:** _____

OR

☐ Medical Exception - Attach FHSAA Form ME1

☐ Religious Objection - I object to an ECG for my child based on religious reasons allowed by law

Parent/Guardian Signature: _____ **Printed Name:** _____ **Date:** ___/___/___

SECTION B: LICENSED PRACTITIONER ATTESTATION - ECG Interpretation by healthcare provider

In accordance with §1006.20(2)(c), F.S., I certify I am a licensed practitioner (Ch. 458, 459, 460, 464.012, 464.0123 F.S. or equivalent) familiar with the "International Criteria for ECG interpretation in student-athletes". If the ECG is normal, complete the section below. If further evaluation is required, the student should be referred to a practitioner trained in the diagnosis, evaluation and management of ECGs.

☐ Normal ECG (no additional evaluation required)

☐ Normal variant ECG based on the International Criteria (no additional evaluation required)

☐ Further evaluation by a licensed medical professional is required, and an EL1/2S must be completed

Provider Signature: _____ **Printed Name:** _____ **Date:** ___/___/___

Credentials: _____ **License#:** _____ **Phone:** (_____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

If your ECG requires further evaluation and you need help accessing cardiology follow-up care, please visit www.whoweplayfor.org.

Please retain a copy for your records.

Florida High School Athletic Association

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

EL3

Revised 1/26

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 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release *(to be completed and signed by 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. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of 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's/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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's 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 signature is required)*

Name of Student *(printed)*	Signature of Student	Date

Florida High School Athletic Association

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

EL3

Revised 1/26

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)*: _____

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

Consent and Release from Liability Certificate (Page 3 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: _____ **School District** *(if applicable)*: _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. SCA 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 of 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%.

Florida law now requires student-athletes to undergo an electrocardiogram (ECG/EKG) prior to playing sports.

In accordance with §1006.20, Florida Statutes ("The Second Chance Act"), effective July 1, 2026, all students in grades 9–12 participating for the first time in any interscholastic athletic activity sanctioned by the Florida High School Athletic Association (FHSAA) must successfully complete an electrocardiogram (ECG) screening prior to engaging in any tryout, practice, workout, or other physical activity associated with participation on an athletic team.

ECG Exceptions: A student shall be granted an exception to the electrocardiogram requirement if the parent of the student objects in writing to the student receiving an electrocardiogram because the electrocardiogram is contrary to his or her religious tenets or practices, or if a licensed physician in good standing with the Board of Medicine or Board of Osteopathic Medicine, as applicable, provides a certificate of medical exception, or if a school district is unable to secure a public or private partnership that can provide a low cost ECG for the student.

Liability clause: In the case of any such exception or objection, there shall be no liability on the part of any person or entity in a position to otherwise rely on the results of such medical evaluation or electrocardiogram for any damages resulting from the student's injury or death arising directly from the student's participation in interscholastic athletics where an undisclosed medical condition that would have been revealed in the medical evaluation or electrocardiogram is a proximate cause of the injury or death.

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 is an ECG/EKG beneficial to a young athlete?

Adding an ECG/EKG screening 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 to screen 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 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.nfhslearn.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

Florida High School Athletic Association

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

EL3

Revised 1/26

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)*: _____

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.nfhslearn.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	Date

Information on this form is credited to: https://ksi.uconn.edu/

Florida High School Athletic Association

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EL3

Revised 1/26

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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:

1. 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)*
7. 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)*
9. 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