BULLDOGS
ATHLETICS DEPARTMENT

✅ Etap pou Ranpli Pakè Elijibilite Atletik la atravè Aktivate

1. Enskripsyon pou Paran yo:

❑Ale nanwww.aktivate.com
❑Klike sou Konekte
❑Klike sou Kreye yon Kont (Ou sèlman bezwen YON kont, menm si ou gen timoun nan plis pase yon lekòl segondè ak/oswa yon lekòl segondè; Pa kreye yon lòt kont si ou te deja itilize Enskri Atlèt Mwen an)
❑Ranpli enfòmasyon kont pèsonèl la (sa ta dwe enfòmasyon pèsonèl paran an)
❑Ou pral itilize sit la kòm yon paran
❑Klike sou Soumèt

2. Apre ou fin gen yon kont:

❑Konekte
❑Anba tit Paran yo (Ble), klike bouton ki make "Klike la a pou kòmanse/konplete enskripsyon atlèt yo". (Premye fwa ou konekte, yap mande w pou w dakò ak tèm ak kondisyon yo)
❑Klike sou Kòmanse/Ranpli yon Enskripsyon (anlè agòch paj la)
❑Klike sou Kòmanse yon Nouvo Enskripsyon - se la wap antre tout enfòmasyon atlèt ou a.
❑Klike sou ba wouj yo pou w ranpli tout egzijans yo
❑Klike bouton zoranj ki anba agòch ekran an pou chat an dirèk oubyen voye yon imèl bay support@aktivate.com pou jwenn asistans.

3. Ranpli epi telechaje dokiman sa yo nan Aktivate:

Lis verifikasyon	
PBCSD 1588 - Elijibilite Atletik pou Elèv Lekòl Segondè • Prèv asirans konplè, si pa genyen ekri "pa gen asirans" • 10 inisyal, notarye • Siyati Elèv ak Paran, notarye • Telechaje tout kat paj yo **PBCSD 1589 - Konsantman Medikal Elèv pou Atletik** • Nimewo telefòn ijans konplè • Siyati Elèv ak Paran, notarye **PBCSD 2608 - Asirans Aksidan Atletik Entèskolè** • Siyati paran • Peman ki fèt sou schoocashonline.com oubyen chèk ki fèt pou DJGHS epi ki remèt nan Biwo Atletik la. • Resi peman telechaje ak fòm lan **FHSAA EL1 - Depistaj elektwokadyogram** **Nouvo fòm pou nouvo elèv ak nouvo atlèt sèlman** • Siyati paran • Siyati Doktè • Dokiman atache ki valide otorizasyon an telechaje sou Aktivate	**FHSAA EL2 - Evalyasyon fizik pre-patisipasyon** ***PA GEN SIBSTITISYON, VALAB POU 365 JOU APATI DAT LA*** • Telechaje paj 4, Elijibilite Medikal - Siyati Elèv ak Paran, yon pratikan medikal dwe mete so sou li. **FHSAA EL3 - Sètifika Konsantman ak Liberasyon anba Responsablite** • Paj 1 - 5, siyati elèv ak paran • Telechaje tout senk paj yo **Videyo NFHS (4)**- Ou dwe enprime epi mete l nan pakè a • Konmosyon serebral nan espò • Prevansyon Maladi Chalè • Arè kadyak toudenkou • Espòtif • Dwe nan non elèv atlèt la • Dwe ranpli pou ane lekòl aktyèl la (date apre 1ye jen 1926) **Bezwen èd? -**Itilize**Chat an dirèk** sou Aktivate oubyen voye yon imèl:**support@aktivate.com**

DISTRI LEKÒL REJYON PALM BEACH
EDIKASYON SEGONDÈ

Elijiblite Elèv Lekòl Segondè Nan Atletik

Paran, pou pitit/timoun ki sou siveyans kapab elijib pou l patisipe nan atletik nan lekòl segondè li a pandan ane lekòl k ap vini an, ou dwe ranpli fòm sa a epi siyen kote yo endike yo. **Fè sèten ou li chak paj avèk atansyon avan w siyenl** Yon paran oswa elèv la (si li adilt oswa li emansipe) dwe siyen papye yo an prezans yon notè. Nou **pa kapab** notarye okenn papye si yo vin jwenn nou tou deja siyen.

Non Konplè Elèv al (prenon, Inisyal dezyèm prenon, siyati)				# ID Elèv la	Dat Jodl a
Laj	Klas Aktyèl	Ane Lekòl	Dat Nesans	Paran/Responsab Legal	
Adrès Elèv la (ri, # apatman, vll, eta, kòd postal)				# Telefòn	
Premye Lekòl li te Ale Ane sa a			Lekòl LI te Ale Ane Pase		
Non Moun pou Kontakte nan Ka Ijans			Relasyon I avèk Elèv la		
Adrès Moun pou yo Kontakte nan Ka Ijans (ri, # apatman, vil, eta, kòd postal)				# Telefòn Lakay nan Ka Ijans	
# Telefòn Travay	Doktè Pèsonèl Elèv la			# Telefòn Doktè a	
Lis Espò					

PRÈV ASIRANS POU ELÈV

Non Moun ki sou Asirans la (Kontra asirans kl kouvri elèv la)	Relasyon moun kl aslre a avèk elèv la	Kote moun ki asire a ap travay
Non Konpayi Asirans la (Kontra Asirans kl kouvri elèv la)		# Kontra Asirans la

AFIDAVI REZIDANS ELIJIBLITE ENTÈSKOLÈ

M ap viv ak (tcheke youn☐ Toude paran ☐ Manman Sèlman ☐ Papa Sèlman ☐ Responsab legal Lòt mou _____

Relasyon youn ak lòt moun _____ M ap viv avèk moun(yo) ki endike anwo a depi _____

Si opsyon nou prezante anba la a pa dekri sitlyasyon rezidans ou kòrèkteman, atache yon nòt eksplikasyon.

☐ M ap viv nan zòn ki deziyen pou lekòl sa a.

☐ Mwen ale lekòl sa a daprè yon transfè yo te apwouve (se Espesyalis transfè a ki dwe apwouve transfè a)

☐ Se Depatman Edikasyon Elèv Espesyal ki te plase mwen lekòl sa a.

☐ Yo te aksepte mwen nan yon Pwogram Chwa.

Lekòl	Diretè/trls Atletik	# Telefòn

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KONDISYON ELIJIBLITE ELEV SEGONDÈ NAN ATLETIK
Selon Manyèl/Règleman Entèn FHSAA, Atik 9

Inisyal Paran

_____ • 9.1.1.1 Patisipasyon nan Atletik Entèskolè, se yon Prlvilèj. Patisipasyon yon elèv nan pwpgram atletik Entèskolè se yon privilèj, se pa yon dwa. Yo egzije elèv k ap patisipe yo pou satisfè kondisyon yo etabli nan lwa eta a, règleman FHSAA, ak lekòl respektif yo

_____ • 9.1.1.1 Règleman Lokal yo kapab pi Rijid. Lekòl yo ak/oswa distri lekòl yo kapab adopte règleman ki pi rijid pou elèv ki anba sipèvizyon yo. Okenn lekòl, oswa distri lekòl, sepandan, pa kapab adopte règleman ki mwen rijid pase règleman FHSAA yo

_____ • 9.1.2.2 Falsifiksayon Enfòmasyon. Yon elèv ak/oswa paran/responsab legal yon tribinal ki genyen jiridiksyon ki konpetan deziye, ki falsifye enfòmasyon pou jwenn elijiblite ta dwe deklare inelijib pou reprezante nenpòt lekòl kl manm pou yon peryòd yon ane apati dat yo te dekouvri sa

_____ • 9.1.2.3 Elijiblite Elèv yo Rekrite. Yo kapab deklare yon elèv inelijib daprè vyolasyon règleman rekritman si: (a) Yon tribinal ki genyen jirldiksyon konpetan te deziyen paran elèv la/responsab legal te falsifye nenpòt doklman pou enskripsyon oswa pou elijiblite; oubyen (b) Yon tribinal ki genyen jiridiksyon konpetan te deziyen, elèv la oswa paran/responsab legal te aksepte nenpòt benefis oswa nenpòt pwomès benefis, si benefis sa a pa jeneralman dlsponib pou elèv lekòl la oswa manm fanmi yo; oubyen (c) Benefis la oswa pwomès benefis la baze nan nenpòt fason sou enterè nan atletik, kapasite, oswa pèfomans

_____ • 9.2.1 Elèv Kapab Patisipe nan Lekòl li te Ale an Premye a Chak Ane Lekòl. Yon elèv dwe ale lekòl epl li elljib touswit pou l patislpe nan pwogram atletik entèskolè lekòl li ale a patwone chak ane, swa: (a) lekòl kote elèv la te sulv kou an premye a (sa vie di lekòl ki koresponn ak adrès kote li rete a); oswa (b) lekòl kote elèv la te patlsipe an premye nan aktivte atletik nan dat oswa apre dat oflsyèl sezon espò a te kòmanse a, avan li ale nan klas nan nenpòt lekòl (sa vie di lekòl ki koresponn ak adrès kote Il rete a); oswa (c) Lekòl kote elèv la transfere a, apre li te fin ale nan yon lòt lekòl (Referans règleman 9.3.2)

_____ • 9.3.4 Elèv ki Pa Elljib Pa Kapab Transfere pou yo Vin Elijib. Yon elèv kl transfere epi yo konsidere ki pa elijib pou yon peryòd, pa kapab transfere epi vin elijib. Ale nan yon nouvo lekòl nan kòmansman ane lekòl la pa dlminye oswa elimine peryòd Inelijiblite a

_____ • 9.4.1 2.0 GPA (Mwayèn Jeneral) Obligatwa pou Elijiblite Akademik. Yon elèv lekòl segondè dwe akimile yon total Mwayèn Jeneral (GPA) 2.0 nan yon echèl ki pa konsidere nivo difikilte 4.0, oswa ekivalan li, nan fen chak semès, pou li kapab elijib akademikman nan pwochen semès la. Yo pa ta dwe konvèti nòt final elèv la te genyen avan nan yon lòt lekòl nan itilize echèl ki nan Règleman 9.4.2

_____ • 9.4.1.3 Prezans Pandan De (2) Premye Semès Konsekltif Obligatwa. Yon elèv pa kapab elijib akademikman si li pa t ale lekòl epi jwenn nòt pou tout kou li te pran pandan de (2) premye semès konsekitif yo

_____ • 9.4.1.9 Elèv la Pa Elijib pou Yon Semès Konplè si yo pa Kapab Jwenn Relvednòt li. Yon elèv ansyen lekòl li pa kapab oswa pa pral bay yon relvednòt ofisyèl, p ap elijib nan nouvo lekòl la jiskaske li prezan pandan yon semès konplè epi li genyen yon mwayèn jeneral total GPA. Lekòl la dwe soumèt yon rapò alekri bay biwo FHSAA ki enkli non elèv la, dat li te premyer antre nan lekòl la, ak dat semès avan an te kòmanse epl fini

_____ • 9.5.1 Elèv Lekòl Segondè Genyen Elijlblite pou Katran. Yo limite elijiblite yon elèv pou kat ane lekòl konsekltif, apati ane lekòl li te antre nan nevyèm ane pou premye fwa. Sa pa vie di elèv la genyen katran pou li patisipase. Apre kat ane lekòl konsekitlf, elèv la ap inelijib yon fason pèmanan

_____ • 9.6.1 Laj Limit pou Lekòl Segondè. Yon elèv ki vin genyen 19 an avan 1ye jiyè ap definitivman inelijib

MWEN/NOU TE LI, EPI NOU TE METE INISYAL SOU KOTE CHAK KONDISYON ELIJIBLITE FHSAA POU ELÈV LEKÒL SEGONDÈ, EPI NOU DAKÒ PITIT/TIMOUN KI ANBA SIVEYANS NOU AN DWE SATISFÈ NÒM FHSAA YO POU YO KAPAB KONSIDERE LI ELIJIB POU ATLETIK ENTÈSKOLÈ

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____, by _____.
(Parent/Guardian or Adult/Emancipated Student)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

_____
Signature of Notary Public - State of Florida

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SÈTIFIKA KONSANTMAN AK RENONSMAN RESPONSABLITE - LI L BYEN AVAN W SIYEN

Mwen (elèv la) ak nou (paran/responsab legal la [yo] nou te li (rezime) Règleman Elijiblite Asosyasyon Atletik Lekòl Segondè Florid (*Florida High School Athletic Association* (FHSAA) epi konprann se yon rezime Règleman FHSAA yo. Mwen/nou konprann tou nou kapab jwenn yon kopi konplè Règleman FHSAA pou mwen/nou repase, nan direksyon lekòl (pitit) mwen an. Nou pa okouran okenn rezon poukisa mwen (elèv la) pa elijib pou reprezante lekòl mwen nan konpetisyon atletik. Si yo aksepte li kòm yon reprezantan, nou dakò pou suiv règleman lekòl la ak règleman FHSAA yo epi respekte desizyon yo. Mwen/nou konnen patisipasyon se yon privilèj. Yo te enfòme mwen/nou epi konnen risk ki genyen nan patisipe nan atletik, nou konprann blesi grav, ak menm lanmò, posib nan patisipasyon sa yo epi nou chwazi pou aksepte risk sa yo. Mwen (elèv la) volontèman aksepte nenpòt ak tout responsablite pou pwòp sekirite mwen ak byennèt mwen pandan m ap patisipe nan atletik, ak bonjan konpreyansyon sou risk ki genyen yo. Mwen/nou renonse pou nou rann lekòl elèv la, anplwaye distri lekòl la ak ajan yo, lekòl l ap jwe kont yo, Komite Dlrijan Distri Lekòl Rejyon Palm Beach la, ak oflsyèl konpetlsyon yo, Federasyon Nasyonal Asosyasyon Lekòl Segondè Eta a, (NFHS) ak FHSAA, responsab nenpòt ak tout responsablite legal pou nenpòt blesi oswa reklamasyon pou patisipasyon nan atletik, epi dakò pou pa pran okenn aksyon legal kont okenn nan antite nou site pi wo yo pou nenpòt aksidan oswa malè ki gen rapò avèk patisipasyon elèv la nan espò.Mwen/nou otorize anplis **TRETMAN MEDIKAL NAN KA IJANS** pou mwenmenm/pitit nou/timoun ki anba siveyans nou, nan ka li ta bezwen tretman konsa pandan mwen/pitit mwen/ timoun ki anba siveyans mwen ki anba sipèvizyon lekòl la. **Pou yo pèmèt patisipasyon nan pwogram Atletik Entèskolè, mwen/nou, pou mwen, eritye nou, ekzekitè ak administratè nou renonse epi dechaje pou toutan KOMITE DIRIJAN DISTRI LEKÒL REJYON PALM BEACH, FLORID, ajan li yo, reprezantan ak anplwaye li yo tout responsablite legal, reklamasyon, aksyon, domaj, frè oswa depans mwen/nou ta kapab genyen kont yo, ki ta genyen rapò avèk patisipasyon m (elèv la) nan pwogram Atletik Entèskolè, enkli vwayaj kl asosye ak Pwogram Atletik la. Mwen/nou konprann dispans sa a enkli nenpòt reklamasyon ki baze sou neglijans, aksyon oswa inaksyon nenpòt moun ak antite yo site anwo a.** Mwen/nou bay pèmisyon pou lekòl la oswa Distri a pou ltilize foto elèv la, imaj videyo, disètasyon, anrejistreman vwa, non, nivo klas, non lekòl, deskripsyon patisipasyon ak estatitik nan aktivite ak espò yo rekonèt ofisyèlman, wotè ak pwa kòm yon manb ekip atletik la, dat patisipasyon, diplòm ak rekonpans yo resevwa, dat ak kote li fèt, ak lekòl resan mwen te ye avan, nan jounal, pwodiksyon lekòl, sit entènèt, elatriye, ak/oswa plblikasyon kl similè lekòl oswa Dlstri a patwone, oswa nan jounal, medya, entèvyou,videyo, atik ak fotograf Dlstri a apwouve. Sepandan, pati yo ki renonse yo pa genyen okenn obligasyon pou yo egzèse dwa ki site la yo. Mwen/nou bay pitit nou/timoun ki anba siveyans mwen an/nou pèmisyon pou li patisipe nan espò entèskolè yo PA BIFE YO. Espò: Bizbòl, baskètbòl, *bowling*, konpetisyon majorèt (Competitive Cheerleading), *Cross Country*, *11-man Tackle Football, Flag football*, Gòlf, *Lacrosse*, foutbòl, *Fast Pitch Softball*, natasyon ak plonjon, tenis, *Track & Field* (kous), volebòl, *Water polo*, Leve pwa (weight -Lifting), Lit.

Mwen/nou konprann patisipasyon li, kapab nesesè pou elèv la lage nan klas avan lè. Mwen/Nou bay lekòl pitit/timoun ki anba siveyans mwen/nou an, pèmisyon pou pibliye bay FHSAA, lè li mande yo, tout detay (espò oswa lòt) finans, akademik ak dosye prezans nan lekòl sa a, konsènan pltit/tlmoun ki anba slveyans mwen/nou an.

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SIPLEMAN POU KONSANTMAN AK RENONSMAN

Yo kreye fòm sa a pou respekte pwovizyon Lwa Florid § 744.301 konsènan aplikasyon yon egzanpsyon oswa renonsman yon paran/ responsab egzekite nan non pitit/timoun ki anba siveyans yo. Sipleman sa a aplike pou paran/responsab ki renonse ak dwa yon timoun/timoun ki anba siveyans alavans pou timoun/timoun ki anba siveyans patisipe nan yon aktivite.

AVI POU RESPONSAB LEGAL NATIRÈL YON TIMOUN KI MINÈ

LI FÒM SA A ANN ANTYE AK ATANSYON. W AP BAY KONSANTMAN W POU KITE PITIT OU KI MINÈ ANGAJE NAN YON AKTIVITE KI KAPAB DANJERE. OU DAKÒ MENM SI KOMITE DIRIJAN LEKÒL REJYON PALM BEACH, FLORID BAY SWEN REZONAB LÈ LI OFRI AKTIVITE SA A, GENYEN CHANS POU PITIT OU A KAPAB BLESE SERYEZMAN OSWA MOURI PANDAN L AP PATISIPE NAN AKTIVITE SA A PASKE GENYEN KÈK DANJE NAN AKTIVITE A YO PA KAPAB EVITE OSWA ELIMINE. LÈ OU SIYEN FÒM SA A, W AP RENONSE AK DWA PITIT OU AK DWA PA W POU REKLAME NAN MEN KOMITE DIRIJAN REJYON PALM BEACH, FLORID, NAN YON PWOSÈ, POU OKENN BLESI, ENKLI LANMÒ, POU PITIT OU OSWA NENPÒT DOMAJ PWOPRIYETE KI TA SOTI NAN RISK KI SE YON PATI NAN AKTIVITE A. OU GEN DWA REFIZE SIYEN FÒM SA, EPI KOMITE DIRIJAN REJYON PALM BEACH, FLORID GEN DWA POU L REFIZE KITE PITIT OU PATISIPE SI OU PA SIYEN FÒM SA A.

MWEN/NOU TE LI AK ATANSYON, KONPRANN LI, EPI KONNEN LI GENYEN YON RENONSMAN
Toude paran/responsab legal (yo) dwe siyen kote ki apwopriye yo.

Non Elèv la an lèt detache	*Siyati Elèv la*	*Dat*
Non Paran/Responsab Legal an lèt detache	*Siyati Paran/Responsab Legal*	*Dat*
Non Paran/Responsab Legal an lèt detache	*Siyati Paran/Responsab Legal*	*Dat*

STATE OF FLORIDA
COUNTY OF _____

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DISTRI LEKÒL REJYON PALM BEACH

Konsantman Medikal pou Elèv ki nan Aktivite Atletik

Non elèv la _____ Dat nesans_____

Elèv non li site la a, ki idantifye kòm yon pasyan, ak paran oswa responsab legal li (yo),ki poze siyati yo pi ba sou fòm sa a bay konsantman yo pou asepte nenpòt ak tout ijans medikal ak/oswa tretman chirijikal ki enkli anestezi doktè ak/oswa chirijyen pasyan an ta kab rekòmande. Entansyon ki eksprime la a se pou kapab otorize kèlkeswa fòm egzamen, tretman, anestezi, operasyon oswa mòd dyagnostik ki nesesè pou pasyan an. Nou asepte tou pou pasyan an, lè li entène lopital, rete lopital jiskaske doktè l rekòmande pou l egzeyate. (Tache ak fòm sa a nenpòt lòt paj anplis ki nesesè, enkli nenpòt konsiderasyon ki soti nan plan IEP oswa 504 elèv la.) Nan ka gen yon ijans, y ap fè tout dilijans pou kontakte paran an plizyè fwa si nesesè. Sa pa dwe anpeche moun oswa enstitisyon k ap pran swen oswa k ap swaye elèv la pran desizyon ki nan pi bon enterè elèv la.

Nan temwayaj konsantman avèk akò nou sou pwen ki te mansyone nan fraz anvan yo, nou poze siyati nou anba la a:

_____ _____
Siyati elèv la *Dat*

_____ _____
Siyati Paran/Responsab la *Dat*

_____ _____
Siyati Paran/Responsab la *Dat*

_____
Telefòn oswa nimewo pòtab pou rele nan ka ijans

SIYATI NOTARYE PARAN/RESPONSAB LEGAL OSWA ELÈV EMANSIPE KI GEN LAJ MAJÈ

ETA FLORID

REJYON _____

Deklarasyon solanèl ki siyen anprezans mwen nan dat _____ jou mwa _____ ane _____

ak siyati _____.

_____
(siyati paran/responsab la oswa elèv emansipe ki gen laj majè a)

_____
Siyati Notè piblik la - Eta Florid

Koni pèsonèlman _____ OSWA Prezante idantifikasyon li _____

Kalite pyès idantite li te prezante _____

PBSD 1589 (Rev. 3/31/2010) ORIJINAL - Pou lekòl la

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THE SCHOOL DISTRICT OF PALM BEACH COUNTY
RISK & BENEFITS MANAGEMENT

Asirans pou Aksidan nan konpetisyon Entèeskolè

Yo mande pou tout atlèt lekòl segondè k ap patisipe nan chanpyona entè-eskolè pou kontribye $75.00 nan depans pou peye asirans pou aksidan konpetisyon entèeskolè. Y ap itilize kontribisyon pou ane sa a pou ede konpanse depans Distril lekòl la nan founi atlèt nou yo bon kalite asirans aksidan. Kouvèti a dwe kòmanse ***APRÈ*** yo fin fè yon reklamasyon sou pwosesis kouvèti plan asirans regilye ou la. Atlèt yo ***DWE*** itilize ajan asirans ki nan gwoup yo an premye, avan pou yo itilize asirans lekòl la. Gade seleksyon lis Asirans la pou jwenn tèm ak kondisyon disponib ki pi konplè nan https://schoolinsuranceofflorida.com oswa rele 1-800-432-6915.

Opsyon pou Peman

☐ **OPSYON 1**: Yon sèl peman $75.00 pou chak ane eskolè

☐ **OPSYON 2**: frè esè $10.00, osito yo fin òganize ekip la w ap dwe yon frè adisyonèl $65.00

Kouvri: aktivite atletik Entèeskolè (enkli konpetisyon, praktik ak esè) nan SEZON
Kouvri: li depann sou kondisyon ane lekòl la nan SEZON KONJE
PA kouvri: "aktivite espòtiv-espesifik" seleksyon/talan oswa "louvri fasilite" nan SEZON KONJE
PA kouvri: aktivite granvakans ete yo
Frè sa yo PA RANBOUSAB epi, yon fwa ou peye, y ap kontinye ofri kouvèti pou aktivite espòtif adisyonèl.

Retounen fòm sa a kòm yon pati nan **Pake Atletik** la avèk tout enfòmsyon ak peman yo te mande yo atache ansanm. Fè chèk oswa chèk sètifye a (money order) peyab pou lekòl anba a:

# ID elèv la	Prenon elèv	Siyati	Dat Nesans	Datjodi a
Non lekòl la				
Espò	Espò	Espò		

Frè pou Esè Asirans pou Aksidan nan konpetisyon atletik

Opsyon 1: Yon elè atlèt kapab chwazi peye frè $75.00 YON SEL FWA.
Opsyon 2: Yo kapab soumèt yon frè $10.00 non-ranbousab pou nenpòt ekip k ap fè **esè**. Osito ekip la fòme, elèv-atlèt yo responsab pou peye balans $65.00 avan yo patisipe nan plis aktivite pratik oswa jwèt. Elèv atlèt la dwe peye frè adisyonèl $10.00 esè pou chak aktivite espò, jiskaske li rive peye limit frè anyèl $75.00 a.
Pou plis enfòmasyon konsènan peman oswa frè, kontakte direktè espò lekòl segondè w la.

☐ **OPSYON 1**: Yon *peman $75.00 - Yo pa aksepte kach*

Dat yo te Reseva li:_____ Lekòl Kach sou entènèt:_____ # chèk _____ $:_____ # Chèk sètifye _____ $:_____

☐ **OPSYON 2**: *$10.00 Frè esè; Rete $65.00 - Yo pa aksepte peman kach*

Dat yo Resevwa li: _____ lekòl Kach sou entènèt:_____ # Chèk _____ $:_____ # Chèk sètifye _____ $:_____

Dat yo Resevwa li: _____ Lekòl Kach sou entènèt:_____ # chèk _____ $:_____ # Chèk sètifye _____ $:_____

Enfòmasyon Adisyonèl *(Pou Direktè Espò a itilize sèlman)*

_____ _____ _____

Ekri Non Paran/Responsab legal la avèk lèt detache *Siyati Paran/Responsab Legal* *Dat*

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: ___ / ___ / ___

PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date of exam.

EL2

Revised 2/26

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

ProviderSignature: _____ **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 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 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

Florida High School Athletic Association

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

EL3

Revised 1/26

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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

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

Florida High School Athletic Association

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

EL3

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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