MEADOWLAWN MIDDLE SCHOOL
ATHLETIC REQUIREMENTS

Thank you for your interest in participating in our LANCER athletic program.Middle school athletics includes the following opportunities:

1. Cheerleading
2. Volleyball
3. Cross Country
4. Basketball
5. Soccer
6. Track & Field
7. Flag Football

In this packet you will find the forms and information needed in order to be eligible for ***tryouts*** on any of our athletic teams.

- **Requirement 1: Parent or Guardian-Complete the Middle School Participation Form** (linked and enclosed)
  - **https://resources.finalsite.net/images/v1760056325/pcsborg/saog9ksakespfb7x9ket/4-1891-B.pdf**

- **Requirement 2: Parent or guardian- Go online and purchase the mandatory student accident insurance.** This is separate/supplemental insurance. A copy of their regular medical insurance will not qualify. ($4 low option or $7 high option for Middle School)
  - **https://www.hsri.com/K12_Enrollment/Main/default.asp**

- **Requirement 3: Get a current Sports Physical signed by a physician** and provide a copy. New for 26-27 school year, the physical MUST be the EL2 form. Specifically Page 4 of the 4 page document. (enclosed)

- **Requirement 4: Meet academic eligibility** by having a 2.0 cumulative GPA.

Meadowlawn Middle School
6050 16th Street North
St. Petersburg, FL 33703
Ph: 727.570.3097
https://www.pcsb.org/meadowlawn-ms

PRINCIPAL
N. Trever Forbes

ASSISTANT PRINCIPALS
Kim Brown
Kelly Hicks

SCHOOL COUNSELORS
Megan Stifnell
Titus Dixon

Lancer Families:

Thank you for selecting to try out for one of our Lancer Athletic teams! This letter is to inform you of some basic information about our Middle School Athletic Program.

Beginning the 2026-2027 school year, Pinellas County Schools will charge participation fees for our athletic opportunities. The fees for middle school athletes are $50 per sport with a maximum of $200 per family in total for all student athletes taking part across any Pinellas County School. The payment is only required for those who make a roster and is not needed for tryouts. The PCS Middle School Athletics Program also does not provide busing or transportation for athletic teams to and from athletic events. Therefore, if your scholar is selected for a team, it is the family's responsibility to transport student athletes to and from away games and to pick up promptly after home games and practices. Typically, games begin around 4:30pm.

Communication about practices and games will be provided to the athletes and will be posted on the school website as well as the district athletic website.

Uniforms are supplied by the school to use for the **season**. Uniforms must be returned at the close of the season. If the uniform is not returned, your student will be charged the replacement value which according to the fees below. If failure to return or pay, the amount will be linked to your students' FOCUS account.

- Reversible Jersey: $58.00
- Shorts: $10.00
- Track/Cross Country Singlet: $18.00

Additionally, the district does charge admission for spectators to any of our games or meets. Athletic events at Middle School are $3 per person, 12yrs. and older. Tickets are electronic payment ONLY and can be purchased online through the PCS Pre Pass site. The site can be accessed using the QR code below.

The packet enclosed includes the requirements for trying out for any of our athletic teams. Please note that ALL paperwork must be turned in prior to trying out, **NO EXCEPTIONS!**

Kelly Hicks
Assistant Principal

PINELLAS COUNTY SCHOOLS

MIDDLE SCHOOL ACTIVITIES PARTICIPATION FORM

HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH A FEIC, AND SHOW PROOF OF IMMUNIZATION

********NOTICE********

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death! Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Parents or Guardians Must Complete This Section

Student Information: _____ _____ _____ ____/____/____

Special Programs | NAME AS IT APPEARS ON BIRTH CERTIFICATE | GENDER | GRADE | DATE OF BIRTH

Are you an Administrative Transfer (Check One) __ Yes __ No Do you have a Special Attendance Permit (Check One) __ Yes __ No

Residence of Parents or Legal Guardian: _____, _____ since ____/____/____

Street Address | City | Month Day Year

Residence (if Different from Parent(s) or Legal Guardian _____, _____

Street Address | City

Lived at this address since: ____/____/____

Month Day Year

Name(s) and Relationship of Person(s) you Live with if other than parent(s) or legal guardian: _____

Insurance Students participating in voluntary extracurricular athletics and activities, as defined by Pinellas County School Board Policy 8760, must purchase the Mandatory Student Accident Insurance made available by the School District. Purchase of a student accident insurance policy for football covers football and all other sports and activities requiring mandatory student accident insurance. Purchase of a (non-football) student accident insurance policy covers all (non-football) school related sports and activities requiring mandatory student accident insurance. Insurance may be purchased on-line at www.pcsb.org under the quick link for student accident insurance. Note: This is excess Insurance. It is provided to cover some of the out-of- pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.

_____
Date Purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

1) Allergies and/or special medical problems (list medications carried by student):

_____

_____

2) Date of last Tetanus shot _____ 3) Family Physician _____ Phone _____

Please attach Physical Evaluation Form and any pertinent medical conditions.

Student Participation Permission

********PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY EVEN DEATH. ********

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. I hereby agree to waive, release and discharge the School and the Pinellas County School Board from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary school sponsored extracurricular athletics. I agree to indemnify and hold harmless the School and the Pinellas County School Board from claims of any nature including costs, expenses and fees arising out of or as a result of the participant's actions during this activity. This permission includes team travel for local or out-of-town trips.

STATEMENT: I do herby certify that I have read both sides of this form and understand the rules contained herein, and that the information supplied is true and accurate to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future change of this information.

_____ School Attended last year: _____

Student's Signature

_____ ____/____ _____ _____

Signature of Parent/ Guardian | Home/work phone | Date | Relationship to the Student

_____ ____/____ _____ _____

Signature of Parent/ Guardian | Home/work phone | Date | Relationship to the Student

If only one Parent/Guardian signature above, explain reason: _____

Physical Examination **(to be completed by physician).**
Physical evaluation must be documented on a form provided by the physician or the FHSAA.

Please read both pages of this form before returning it to your school or coach.

Please read both pages of this form before returning it to your school or coach.

***** NOTICE******

Participation in competitive athletics, including cheerleading may result in severe injury, including paralysis, or even death! Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Failure to purchase the appropriate student accident insurance policy, or, failure by the Pinellas County School Board to verify that this requirement has been met, does not transfer responsibility for payment of any and all injury related claims and expenses from the student/parent/guardian to the Pinellas County School Board.

Parents and/or Guardians of Prospective Interscholastic Athletes:

Before trying out for an interscholastic sport a student must be certified as eligible, in accordance with the Florida High School Athletic Association rules and the policies of the School Board of Pinellas County.

Parents or Guardians must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Insurance. Your student will not be allowed to practice until this form is completed and is on file at the school.

The Pinellas County School Board requires students participating in extracurricular activities to purchase the Mandatory Student Accident Insurance (School Board Policy 8760) regardless of your existing insurance coverage.

The following are excerpts of the athletic eligibility rules required by the Florida High School Athletic Association and the School Board of Pinellas County. If further clarification of these rules is required, contact the Assistant Principal at your school. This form is no longer available in three (3) part carbonless sheets; therefore it must be duplicated when completed. The school must keep the original and the parent and coach must have a copy.

PINELLAS COUNTY SCHOOL BOARD POLICY IN BRIEF

Students must attend the school they are assigned.

Students whose residences are outside the zone may enroll in a school through the open enrollment process.

Students who change school assignment between the end of one school year and the beginning of the next school year, are eligible to participate at the newly assigned school provided they are enrolled and attending at the newly assigned school as of the first day of the school year.

Home educated students must be assigned to a school through the Student Reservation System at any school.

Students administratively transferred to another regular school for disciplinary reasons shall be ineligible for athletic participation for a period of the remaining of the school year.

Students returning to any regular school from a successful reassignment/expulsion shall be eligible upon return to any regular school.

Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid to his/her school. The fine is $50 or $250 for gross unsportsmanlike conduct.

ELIGIBILITY REQUIREMENTS

Academic Eligibility

Beginning for the 2024-25 school year middle School students must have a 2.0 or above cumulative GPA at the end of each semester to play middle school sports. The student's GPA will be calculated after each semester. An appeal can be submitted for students who have below a cumulative 2.0 GPA but earned a 2.0 or above for the semester. **PLEASE CONTACT YOUR SCHOOLS' ATHLETIC CONTACT IF YOU HAVE QUESTIONS.**

- Seven calendar days after the end of the grading period is when a student becomes eligible or ineligible.
- A student may participate one (1) year as a 6th grader, one (1) year as a 7th grader, and one (1) year as an 8th grader for a maximum of 3 years.
- A student is ineligible if they turn 15 before July 1st – as of last year.
- Physicals are good for 365 days from the date they are given. Once the date has passed the student becomes ineligible.

PINELLAS COUNTY SCHOOLS

ENROLL ONLINE for K-12 STUDENT ACCIDENT INSURANCE
by typing www.pcsb.org/StudentInsurance in your Web Address Bar

2026-2027 School Year

All students participating in the following athletic and extracurricular activities are required by School Board Policy 8760 to purchase student accident insurance. This supplemental accident insurance will coordinate with any other health insurance you may have.

Baseball
Basketball
Bowling
Construction Technology
Cheerleading
Color Guard
Cross Country
Dance Team
Diving
Drama
Drum Line
Flag Football
Football, Varsity & JV
Golf
Intramurals
JROTC
Lacrosse
Majorettes
Marching Band
Powder Puff Football
Soccer
Softball
Swimming
Technical Theatre
Tennis
Track
Veterinary Asst. Program
Volleyball
Weight Lifting
Wrestling

Questions? Need Help? Call 727-656-6980
See reverse side for enrollment procedure.

Para asistencia en Espanol, llamada HSR 1-866-409-5733

SRC
Southeastern Risk Consultants

ENROLL ONLINE NOW at www.K12StudentInsurance.com
HSR K-12 STUDENT INSURANCE PLANS
How to Enroll: Go to www.K12StudentInsurance.com
INSCRIBIRSE EN LÍNEA AHORA en www.pcsb.org/studentinsurance · HSR K-12 PLANES DE SEGURO PARA ESTUDIANTES

- **To View the Plans & Rates**
  - Go to ***#1 Check Rates***
    - **Select your State:**
    - **Select your School District:**
- **To Purchase Coverage**
  - Go to ***#2 Enroll Now***
  - **Add Student & Coverage**
    1. Enter your Student's First Name.
    2. Select State Where your Student's School is Located:
    3. Select your Student's School District:
    4. Select your Student's Campus: Pick Campus from Drop Down
    5. Select your Student's Campus Type:
    6. Click the "Add Student" button.
    7. Select your Student's Coverage:
  - ***Continue*** to add each student by clicking on the "Add Another Student" button until all your students are added.
    - Click the "Next" button when all your students are added.
    - Enter the First Name, Last Name, Email Address and Mailing Address of the Account Holder (Parent/Guardian Details).
    - Enter the Student Details for each student *(Note: for Grade, select **Other**)* then click the "Next" button.
    - Create a new account or login to your existing one. *(Note: You will be able to reuse your account each school year).*
    - Review the Selected Plans and Payable Amount, then click the "Pay Now" button. "PK-12 At School Coverage" includes all sports and activities other than football. Your one-time payment covers multiple sports for the entire school year. Football coverage (JV and Varsity) includes participation in all other sports.
    - Enter your Credit Card details then click the "Pay Now" button. If you do not have a credit or debit card, call 727-656-6980 for assistance.
    - Click the "Download ID Card" button to download your ID Card(s) and/or print the page to save a copy of your receipt.

HSR

K12 Accident Plans available through your school include:
At-School Accident Only, 24-hour Accident Only, Extended Dental & Football.
If you have questions, please call us at **1-866-409-5733**.

Accident coverage underwritten by Mutual of Omaha Insurance Company, Omaha Nebraska.

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.

LANCER ATHLETICS

Purchase Tickets Here

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PCS PrePass