



PINELLAS PARK HIGH SCHOOL

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James Adams
Assistant Principal
For Athletics
Shane DeMartino
Athletic Director

PINELLAS PARK HIGH SCHOOL ATHLETIC PARTICIPATION AND ELIGIBILITY PAPERWORK 2023-2024

PLEASE TAKE NOTE:

All of the pages in this packet must be filled out completely both sides and all signatures from student and parents must be complete on all pages requiring signatures.

You must have a Cumulative GPA of a 2.0 to Participate in Athletics, please check your Cumulative GPA on Focus before you take the time to fill out this packet.

All incoming Freshman are eligible the first semester of their freshman year.

- **All PHYSICALS** for Athletics must be done on the **EL2 form** by both the parent and DOCTOR. You must have an up to date physical for the school year. The doctor has to sign and date the form with his Practice information as well.
- **You must acquire School Insurance online follow the directions on the last page.** Make sure you print out a verification sheet that you have it.
- Once you have this packet completely filled out return it to your coach or to the Athletic Director Mr. DeMartino in room F3. Do not return it to the front office for any reason it could be misplaced and if Mr. DeMartino doesn't receive this from you or your coach you will have to repeat the process.)

You may not participate in Conditioning, try-outs, or Practice if this paper work is not turned in.

PINELLAS COUNTY SCHOOLS

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, Sex, religion, national origin, marital status, age, sexual orientation or disability, in any of its programs, services or activities



Florida High School Athletic Association Clearance for Participation Form

GA7
Revised 08/18

To be completed by the student: Please **PRINT** all information clearly.

Student's OFFICIAL Full Name

Date of Birth (mm/dd/yy)

School Attended the Previous School Year

Current Grade Level

Sport (a separate form MUST be used for each sport)

To be completed by school official only:

ELIGIBLE: [] YES [] NO

Athletic Office Staff

REASON NOT ELIGIBLE: [] GPA [] LIMIT EXPIRED [] PROOF OF AGE NEEDED

MISSING FORM (if applicable): [] EL4 [] EL7/EL7V [] EL12/EL12V [] EL14

PHYSICAL ON FILE (EL2 Form)

Date of Exam

Athletic Office Staff

CONSENT/RELEASE ON FILE (EL3 Form)

Athletic Office Staff

[] GA4 (if applicable)

Athletic Office Staff

[] STUDENT HAS BEEN ADDED TO
THE Home Campus DATABASE

Athletic Office Staff



PINELLAS COUNTY SCHOOLS
APPLICATION FOR ATHLETIC PARTICIPATION

Name as it appears on birth certificate		School	School Year
Street Address		Home phone	Date of birth
City/State/Zip code		Parent work phone	Parent cell phone
Sex (circle one) M F	Student number		
Date entered ninth grade	Current grade	Date form is submitted	Age on this date

Pinellas County School in membership with the Florida High School Athletic Association (FHSAA) promotes athletics as a vital part of education. In order to participate in athletic activities, students must meet eligibility requirements established by the FHSAA and Pinellas County Schools. Additionally, required documents must be completed and on file with the school administration before a student is permitted to participate in interscholastic athletic practice which includes any and all forms of physical conditioning, both aerobic and anaerobic regardless of whether such conditioning occurs in the preseason, off-season, summer season, or during the period of permissible organized practice.

FHSAA regulations can be found on line at www.fhsaa.org. Pinellas County School athletic regulations are part of the School Board Policy manual and can be found on line at www.pcsb.org. Click on the Departments tab, then click on Athletics.

Please carefully read the following information, attach proof of county required insurance, complete the forms, and provide signatures and notarization where required. Return this form to the Athletic Coordinator.

FOR SCHOOL USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Participation form signed
<input type="checkbox"/> EL3
<input type="checkbox"/> Physical complete and signed
<input type="checkbox"/> Proof of insurance provided
<input type="checkbox"/> Addendum to Participation Form
<input type="checkbox"/> EL-7 | <input type="checkbox"/> Birth certificate verified
<input type="checkbox"/> Relevant information page signed
<input type="checkbox"/> Policy on Recruiting
<input type="checkbox"/> GPA |
|---|---|

RELEVANT INFORMATION REGARDING EXTRACURRICULAR ATHLETICS

Students who move during the school year may remain at the current school until the end of that school year. Contact school administration for details.

Participation in extracurricular athletics is voluntary and carries certain inherent risks and possibilities of serious injury and even death. I understand the possible risks, and that medical expenses resulting from injuries incurred during District or school sponsored extracurricular athletics are the responsibility of the parents/guardians of the student(s).

Transportation of students participating in extracurricular athletic competitions, practices and other District or school sponsored athletic events will not always be provided or arranged by schools or the Pinellas County School Board.

I hereby agree to waive, release, discharge, indemnify, and hold the school and the Pinellas County School Board harmless 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 transportation of the student(s) to District or school sponsored extracurricular athletic competitions, practices and other District or school sponsored athletic events that is provided or arranged by the student or their parents or guardians.

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 participants actions during this voluntary activity.

Each student participating in District sponsored Extracurricular Athletics is required to purchase mandatory student accident insurance from the insurance carrier currently contracted with the Pinellas County School Board. This is not intended as primary insurance. This requirement CANNOT be waived, and the insurance must be purchased before any level of participation can occur. Proof of purchase of the appropriate student accident insurance coverage from the currently contracted insurance carrier must be attached to this form.

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.

Football players cannot alter, in any way, protective gear. Any alterations must be made with the permission of the head coach and must be within the approved specifications of the equipment manufacturer.

A certified Athletic Trainer will be assigned to each school and will attend all football games and can treat students from any school.

A student who transfers from one school to another during the school year must follow the transfer process, except as otherwise allowed by law. See FHSAA bylaw 9.3 Transfers.

Eligibility requirements are designated by the FHSAA and the Pinellas County School Board adopts such requirements as it's own. It is the student's responsibility to confirm his/her eligibility prior to trying out for a team or investing money in insurance.

Participation in extracurricular athletics is a privilege and can be suspended or revoked by the school's administration when deemed necessary.

A student who accepts a position as a member of an athletic team shall be considered a member of that team until the team has completed the final competition in which it is eligible to participate, including all playoff games. Any student who leaves the team for any reason prior to the end of the season shall be ineligible to participate in any other sport until the season of the team she/he left has been completed, except as otherwise allowed by law.

An athlete must be in good standing with the team and the school at the completion of the sport season to be eligible for a letter or any other award. The athlete must meet county and the FHSAA requirements in order to receive a letter or award. A student who leaves the team early or does not participate through the end of the season will not be considered in good standing.

Athletes and teams that qualify to advance in the state series playoffs must participate on the next level of competition qualified for or be assessed a fine from the FHSAA. An athlete that fails to participate in a state series playoff after qualifying will be considered "not in good standing" and therefore not qualified to letter or receive awards.

Relevant information regarding extracurricular athletics.

Students may use the school choice options approved in School Board Policies 5120 - Assignment of Students and 5210.01 - Controlled Open Enrollment to attend a non-zoned school. Once a student is assigned to a non-zoned school the student is eligible to participate in athletics immediately, provided they have not participated in the same sport and the previously attended school in the same year, except as otherwise allowed by law.

Student signature

Parent/guardian signature

Date



PINELLAS COUNTY SCHOOLS
HIGH SCHOOL ACTIVITIES PARTICIPATION FORM
 HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH THE DISTRICT 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.

Student Information:

NAME AS IT APPEARS ON BIRTH CERTIFICATE _____ GENDER _____ GRADE _____ DATE OF BIRTH _____ / _____ / _____

Are you an Administrative Transfer (Check One): Yes No **Birth Certificate:** Yes No

Parent(s) or Guardian(s) Must Complete This Section

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:
Name(s) and Relationship of Person(s) you live with if other than parent(s) or legal guardian
 _____ / _____ / _____
Name Month Day Year

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 <http://www.pcsb.org> site shortcuts PE, Athletics & Extracurricular Activities. 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.

Mandatory Football Insurance _____ **Mandatory Student Accident Insurance** _____
Date Purchased 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 school sponsored athletics, activities and travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company(s) providing primary and/or excess coverage for the above named student.
 * Please see attached FHSAA Pre-participation Physical Evaluation Form for 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. Circle the sport(s) the student intends to play:

- | | | | | | | | |
|------------|---------------|---------------|--------|-----------------|--------|------------|----------|
| Baseball | Cross Country | Football | Soccer | Swimming/Diving | Track | Volleyball | Lacrosse |
| Basketball | Cheerleading | Flag Football | Golf | Softball | Tennis | Wrestling | Bowling |

_____ **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: _____

The FHSAA web site, www.fhsaa.org, and your school's Athletic Director can best explain student eligibility requirements. If you have any questions about eligibility, please make an appointment with your schools' Athletic Director **before completing this form or trying out**. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

List schools attended by above named student during:
 9th grade: _____
 10th grade: _____
 11th grade: _____
 12th grade: _____

If you have any questions regarding eligibility, meet with your school's Athletic Director **BEFORE** trying out.

Please read both pages and retain a copy of this form before signing and returning to your school or coach

Please read both pages and retain a copy of this form before signing and returning 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.

Parent(s) and/or Guardian(s) of Prospective Interscholastic Athletics:

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

Parent(s) or Guardian(s) must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Student Accident Insurance. Your student will not be allowed to practice or participate until this form is completed and is on file at the school. After all eligibility requirements have been met, the FHSAA requires a minimum five (5) day waiting period before a student may participate in an athletic contest.

The Pinellas County School Board requires students participating in extracurricular sports and certain designated activities to purchase Mandatory Student Accident Insurance (Pinellas County School Board Policy 8760) regardless of your existing insurance coverage. Information on student accident insurance plans is available on the Pinellas County School Board's website, www.pcsb.org under the site shortcuts PE, Athletics & Extracurricular Activities.

The football insurance plan made available by the Pinellas County School Board must be purchased in order for a student to participate in varsity or junior varsity football.

The first time a student participates in athletics at a school, he/she must submit an original certified copy of his/her birth certificate. The birth certificate will NOT be retained by school personnel. (Photo static or duplicated copies of documents are NOT acceptable in lieu of a birth certificate.)

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 for Activities 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

Home Educated students must be assigned through the district office.

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 the regular school provided the student meets all FHSAA eligibility requirements.

Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid by the student/parent/guardian to his/her school. The fine may range from fifty (\$50) to two hundred fifty (\$250), determined by the FHSAA, for gross unsportsmanlike conduct. An athlete who is ejected or disqualified for unsportsmanlike conduct will not participate in or represent the school in any future athletic contests until all fines assessed have been paid to the school.

FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. REGULATIONS IN BRIEF

Academic Eligibility:

- An incoming 9th grade student must have been regularly promoted to be eligible during the first semester.
 - Eligibility is based on an unweighted cumulative GPA in all courses taken since first entering the 9th grade.
 - Eligibility status is determined at the end of each semester (18 weeks) to determine if a student is eligible or ineligible. This means a student who maintains a cumulative 2.0 grade point average is eligible for an entire semester (18 weeks). If a student does not maintain a cumulative 2.0 grade point average, he/she is ineligible for an entire semester (18 weeks). This applies to 11th and 12th grade students.
- PLEASE CONTACT YOUR SCHOOLS' ASSISTANT PRINCIPAL FOR ACTIVITIES OR YOUR SCHOOLS' ATHLETIC COORDINATOR IF YOU HAVE QUESTIONS.**

A student will be ineligible if they reach the age of 19 years before September 1st.

Students have four consecutive years of high school eligibility from the date they first enter the 9th grade. Beginning with students entering grade 9 in 2018-2019, and thereafter, a student who reached 19 on or after September 1st, and who has not exceeded his/her four year limit of eligibility, may participate in Interscholastic athletics during that school year.

Physical Evaluation: The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner. A physical evaluation is valid for one year (365 calendar days) from its date. For example, if a physical is on May 1 it is valid through the following April 30.



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

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

EL2

Revised 3/23

MEDICAL HISTORY FORM

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

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
 School: Pinellas Park High 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		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				<i>(continued)</i>			
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			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)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			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)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

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 signed below.

EL2

Revised 3/23

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

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

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

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

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

PHYSICAL EXAMINATION FORM

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

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or 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?	

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

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 signed below.

EL2

Revised 3/23

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
School: Pinellas Park High 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: (____) _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

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

I hereby certify that I have examined the above-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: ___/___/___

Address: _____ Phone: (____) _____

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

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.

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



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

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

EL2

Revised 3/23

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

MEDICAL ELIGIBILITY FORM - Referred Provider Form

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

Student's Full Name: _____ Sex Assigned at Birth: ____ Age: ____ Date of Birth: ____/____/____
 School: Pinellas Park High 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: ____/____/____

Address: _____ Phone: (____) _____

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

Provider Stamp *(if required by school)*



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: Pinellas Park High School School District (if applicable): Pinellas County

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



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: Pinellas Park High

School District (if applicable): Pinellas County

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



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: Pinellas Park High School District (if applicable): Pinellas County

Sudden Cardiac Arrest Information

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

How common is sudden cardiac arrest in the United States?

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

Are there warning signs?

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

What are the risks 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%.

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

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

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

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

What is an electrocardiogram (ECG or EKG)?

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

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

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

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

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

Removal from play/return to play

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

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

Signature lines for Parent/Guardian, Student, and Date.



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: Pinellas Park High School District (if applicable): Pinellas County

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just is not enough. Heat-related illnesses can be serious and life-threatening. Very high body temperatures may damage the brain or other vital organs and can cause disability and even death. Heat-related illnesses and deaths are preventable.

What are some common heat-related injuries in sports?

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

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

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

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

is my student at risk?

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

What is the FHSAA doing to keep my student safe?

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

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

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

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

Signature lines for Name of Parent/Guardian (printed), Signature of Parent/Guardian, Date, Name of Student (printed), Signature of Student, Date.



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: Pinellas Park High School District (if applicable): Pinellas County

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.
3. Must not provide false information to his/her school or to the FHSAA to gain eligibility.
4. Must be regularly enrolled in and in regular attendance at your school.
5. Must attend school within the first ten (10) days of the beginning of each semester to be eligible during that semester.
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.
7. Must not have graduated from any high school or its equivalent.
8. Must not have enrolled in the 9th grade for the first time more than eight consecutive semesters ago.
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.
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.
11. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school.
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.
13. Must not participate in an all-star contest in a sport prior to exhausting his/her high school eligibility in that sport.
14. Youth Exchange, Other International, and Immigrant students must be approved by the FHSAA Office prior to participation.
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

ADDENDUM TO HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

This Addendum to the High School Activities Participation Form provides additional acknowledgements and releases required by the Florida High School Athletic Association ("FHSAA") and must be fully executed in conjunction with the High School Activities Participation Form (PCS form 4-1891-A).

Student Acknowledgement and Release (to be signed by student)

I know the risk involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risk. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risk 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 any school, the schools against which it competes, the school district, the school district (sic), 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 individual identifiable health information should treatment for illness or injury become necessary. I hereby grant to the 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 use my name, face, likeness, void and appearance in connection with exhibitions, publicity, advertising, promotion, and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorization and rights granted herein are voluntary, and that I may revoke any and 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.

Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign)

I, we understand that participation may necessitate an early dismissal from classes. I/we know of, and acknowledge that my child/ward knows of the risk 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/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individual identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure by my child's/ward's school, to the FHSAA upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotion and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand the authorization and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

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

Signature of Student

Signature of Parent

Print Student's Name

Print Parent's Name

Date



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

2021-2022 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 | Dance Team | Golf | Swimming |
| Basketball | Diving | Intramurals | Technical Theatre |
| Bowling | Drama | JROTC | Tennis |
| Construction Technology | Drum Line | Lacrosse | Track |
| Cheerleading | Flag Football | Majorettes | Veterinary Asst. Program |
| Color Guard | Football, Varsity & JV | Marching Band | Volleyball |
| Concession Stand | FPSA (Florida Public Services Association) | Powder Puff Football | Weight Lifting |
| Cross Country | | Soccer | Wrestling |
| | | Softball | |



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

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



Southeastern Risk Consultants

HSR K-12 STUDENT INSURANCE PLANS

HSR's Student insurance products help protect kids from the bumps & bruises of growing up.

How to Enroll

Enrolling online is easy. Type www.pcsb.org/StudentInsurance in your Web Address Bar. Scroll to the bottom of the page, click **HERE to Enroll**.

For those without internet access, assistance will be provided by calling Customer Service at 727-656-6980.

1. **"Browse Rates"**, then **"Pick your State"**, select **Pinellas County Schools**. Click **"Brochure"** at the bottom of the page if you would like to view plan benefits (English and Spanish).
2. **"Open New Account"** - Create a User ID and Password (new account for each school year). Keep for future reference and to reprint ID cards.
3. **"Add Student"**. Complete each field, then **"Save New Student"**. If purchasing for more than one participant, click **"Add Student"** and repeat.
4. Select your plan, then use the drop-down box to choose the activity. **"Add selected items to shopping cart"**.
5. **"Check out"**. Select payment type, enter billing information then **"Continue Checkout"**. If you do not have a credit or debit card, call 727-656-6980 for assistance.
6. **"Checkout"** after reviewing purchase information.
7. **"Pay and View Receipt"** to complete your purchase.

You will receive an ORDER CONFIRMATION and ID CARD by email. Provide a copy of the CONFIRMATION to the Coach as proof of enrollment, keep the ID CARD in case of injury.

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 727-656-6980.

Accident coverage underwritten by Mutual of Omaha Insurance Company

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.

The following form

Only needs to be filled out

If you are a transfer to PPHS

from another

High School



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a "Non-Traditional" student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. *This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a "Non-Traditional" student at a member school.**
- Due date:** Must be received by the school prior to participation in the first sport in which the student wishes to participate,
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a "Non-Traditional" student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a "Non-Traditional" student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to "adopt bylaws that specifically prohibit the recruiting of students for athletic purposes." Florida law also regulates the participation in interscholastic athletics by "Non-Traditional" students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by "Non-Traditional" students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a "Non-Traditional" student by signing the attached "Affidavit of Compliance". The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school's athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school's athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school's athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is "a representative of the school's athletic interests?"

Any person, business or organization that participates in, assists with, and/or promotes a school's athletic program is considered to be a representative of the school's athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school's athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school's interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a "third party"?

A "third party" is an independent person, business or organization who may or may not be a representative of the school's athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of "Non-Traditional" students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, **prior to participation** in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school's insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding "Non-Traditional" student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school on or before the first day of practice for the first sport in which the student wishes to participate, as established on the FHSAA Calendar. Submission of this form DOES NOT grant eligibility. The student must be ELIGIBLE in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student {full legal name} _____ ("THIS STUDENT"), who was born on {date} _____, 19/20 _____, and who is currently in the {number} _____ th grade, now attends or wishes to participate for {school now attending/participating for} _____ ("THIS SCHOOL"), commencing on {date} _____, 20 _____.

THIS STUDENT has previously attended/participated for {list all previous secondary schools beginning with the most recent and working back in time} _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit", or I have read and understand the regulations regarding participation as a "Non-Traditional" student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a "Non-Traditional" student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms prior to participation in the first sport in which the student wishes to participate.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

_____/_____
Signature of Student / Date

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Student

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

