



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: Sex: Age: Date of Birth: School: Grade in School: Sport(s): Home Address: Home Phone: Name of Parent/Guardian: E-mail: Person to Contact in Case of Emergency: Relationship to Student: Home Phone: Work Phone: Cell Phone: Personal/Family Physician: City/State: Office Phone:

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Medical history questions 1-46 with Yes/No columns. Includes questions about medical illness, injuries, allergies, and family history. Includes a section for females only (42-46) regarding menstrual periods.

Explain "Yes" answers here:

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 medical evaluation required by s.1006.20, Florida Statutes, 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 (EKG), echocardiogram (ECC) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

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Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____

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

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

____ Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



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

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

School: _____ School District (if applicable): _____

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

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

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

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

List sport(s) exceptions here

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

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

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

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

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

G. Please check the appropriate box(es):

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

Company: _____ Policy Number: _____

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

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

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

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

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

Name of Student (printed) _____ Signature of Student _____ Date ____/____/____



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

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

School: _____ School District (if applicable): _____

Concussion Information

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

Signs and Symptoms of a Concussion:

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

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

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

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

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

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

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.afhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

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

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nflslearn.org. Please go to www.fhsaa.org/department/health for further instructions to view the courses. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



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

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

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

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

1. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
2. **Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)**
3. **Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)**
4. **Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)**
5. **Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)**
6. **Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)**
7. **Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)**
8. **Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)**
9. **Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).**
10. **Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)**
11. **Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)**
12. **Must display good sportsmanship and follow the rules of competition before, during and after every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)**
13. **Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)**
14. **Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)**
15. **Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.**

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

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

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

SPORTS CONCUSSION TESTING PROGRAM and RELEASE OF INFORMATION

I understand that pre-concussion baseline testing and post-concussion testing will be administered at my son/daughter's high school, and is part of the procedure for guiding their return to sports participation after the injury. This testing is only one part of the criteria that will be used to determine the student's ability to return to play.

Procedures

- If my son/daughter sustains a concussion, the post-injury test will be administered by the athletic trainer when my son/daughter is asymptomatic. This post-injury test result will be compared with the baseline test.
- The post-injury test results will be reviewed by the certified athletic trainer with the authorized consulting Health Care Provider to advise a next course of action.
- Upon written request, a copy of the post-injury test results will be sent to me.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery. The athletic trainer will work with this consultant to coordinate care.

Limitations on Use of Information

- I understand that the concussion baseline is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.
- It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor as soon as possible to address any other medical concerns.

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Manatee County School District (MCSD) will appropriately safeguard protected individually identifiable health information made available to or obtained by MCSD from its students. MCSD will comply with applicable legal requirements relating to protected Health Information.
- Only the following individuals will have access to the test results: School athletic trainer, consulting neuropsychologist, Coordinator of Facilities, Athletics and Activities, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor, school psychologist, and/or teachers to provide temporary health or academic support.
- Upon written request, a copy of the post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. I understand that this testing program is a mandatory requirement of sports participation except for the sports of corollary sports, cross country, golf, tennis, indoor track, and outdoor track with the exception of the pole-vault and high jump events. The concussion testing program is available on a voluntary basis to those students not mandated to be tested. I consent to the administration of the concussion testing of my child under this program and to the release of my child's testing information and related protected health information to the individuals specified in this form.

Name of student: _____

Name of parent or guardian: _____

Signature of Parent or guardian: _____ Date _____

Official Use Only

Last Name: _____ DOB: _____

Grade: _____ Sport: _____

Participation in the Mandatory Random Drug-Testing Program

This form must be completed and signed by each high school student-athlete and his/ her parent or legal guardian. This form is required for all students who participate in any FHSA-sanctioned athletic competition, to include cheerleading. Eligibility for participation will not be granted until this form has been signed and returned to the student's school.

Student-Athlete Name _____ Sex _____

School _____ Grade Level _____

Statement of Mandatory Random Drug-Testing Consent

By signing this form, I affirm that I am aware of the School Board of Manatee County's Mandatory Random Drug-Testing Program, which requires the following for any student-athlete who is found to have used any tested drug or substance:

- A first positive test will require the student-athlete to enroll in the District's Substance Abuse Family Education (SAFE) program or a comparable private treatment/counseling program (as approved by the SAFE Coordinator at the family's expense).
- Failure to attend any SAFE class (not excused by Principal) or failure to test clean by the end of the SAFE program results in suspension from athletic competition for 30 calendar days; however, the student will be allowed to remain on the team and practice.
- Students who test positive will be entered into a probationary period for the remainder of that academic year and will be subject to regular monthly testing.
- Any further positive test results either through monthly probationary guidelines or future random testing will result in the sanctions identified in the penalties section of the policy governing this program.

I affirm that I was provided an opportunity to review the procedures for the testing program that accompanied this form and understand the test procedures, penalties for a positive finding and my child's (student-athlete's) rights to challenge a positive finding or appeal the penalties imposed as a result of a positive finding.

I agree to allow the certified testing technician provided through the Safe and Drug-Free Schools program to test my child if his/her corresponding number is randomly chosen in order to remain eligible for participation in any FHSA-sanctioned sport.

I agree that my child will provide a urine sample to the testing technician upon request. I understand that if my child fails to do so, he/she will be immediately suspended from interscholastic competition for a period of 30 calendar days. However, there will be a 24-hour window in which my child may request to be tested after speaking with his/her parents and/ or coaches, with no penalty.

I understand that this consent form and the results of any drug tests are completely confidential and will be shared only with the testing technician, testing lab, athletic director, coach, principal, the student-athlete and their parents. No records will leave this school district; the records will be destroyed upon graduation.

I understand that test results will not be made a part of my child's permanent school record and cannot be used as evidence in any criminal proceeding.

Name of student: _____

Signature of student: _____ Date: _____

Name of parent(s): _____

Signature of parent (1) _____ Date: _____

Signature of parent (2) _____ Date: _____

Home address: _____ City: _____ Zip Code _____

The completed and signed consent form must be submitted prior to participation in any competitive FHSA event.

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT/ STUDENT
PARTICIPATION, STATEMENT, AND PARENTAL APPROVAL FORM

DATE: _____ (This form is to be filed annually.)

Name of Student: _____ Date of Birth: _____ Gender: M F Grade: _____

Address: _____

This application to compete in athletics for _____ High School is made with the understanding that I am not in violation of any of the eligibility rules (FHSAA), and have been assigned by the School Board to attend or live within the school district of _____ High School. I understand that eligibility is established by attending a practice or enrolling in the school at the beginning of the school year. Any subsequent transfers within the school year will be subject to FHSAA eligibility rules. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

Phone Number: _____ Signature of Student: _____

PARENTS OR GUARDIAN'S PERMISSION AND CERTIFICATION

I hereby give my consent for the above named student (1) to represent this school in athletic activities, except those crossed out on the Health Examination Form by the examining physician; and (2) to accompany any school team of which he is a member on any of its local or out-of-town trips. I understand, to be eligible to participate in any sport or cheerleading, I must purchase excess student accident insurance provided by the School Board (school time or 24 hour). I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company, providing primary coverage for the above-named student. I also agree not to hold the school or anyone acting in its behalf or the Florida High School Activities Association liable for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Further, I do hereby certify that the student named above currently lives full time and has lived full time continuously with the same guardian at the above address since _____ (date moved to this address). I certify that all information contained on this affidavit and any attachments hereto is true and correct. I UNDERSTAND THAT FALSIFICATION OF ANY OF THIS INFORMATION OR ATTACHMENTS WILL RESULT IN THE STUDENT NAMED HEREON BEING DECLARED INELIGIBLE TO PARTICIPATE FOR ANY SCHOOL WITHIN MANATEE COUNTY IN ANY AND ALL INTERSCHOLASTIC COMPETITION FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR PLUS ONE (1) ADDITIONAL SCHOOL YEAR. I further understand that such falsification of information will be recorded in the cumulative folder of the student named hereon.

Participation in a school sponsored athletic activity or cheerleading program is entirely voluntary and I understand that at such athletic activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. All students participating in athletics and cheerleading activities must have school insurance.

I understand that transportation to and from all practices shall be solely the responsibility of the parent.

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

_____ Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

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

This page only needs to be completed if doctor required a referral.