Middle School Athletic Paperwork Checklist
2019-2020

Student Name: ___________________________ DOB: __________

Student Number: ___________________________ Sport: __________

Directions: Please make sure each form is filled out completely before submitting. Incomplete paperwork will result in a delay in tryout participation. All forms should be submitted together in one packet at least a week before tryouts to the rooms below:

- Male Athletes - Turn your form into Mr. Colado in the gym or Room 408 before or after school.
- Female Athletes - Turn your form into Ms. Smiley Belle in Room 303 before school or after school.

☐ Middle School Checklist (1 page)
☐ EL2 Participation Physical Evaluation (3 pages)
  - Valid for 365 calendar days
☐ EL3 Consent and Release from Liability (4 pages)
☐ Verification of Health Insurance (1 page)
  - Copy of health insurance card included (1 page)
☐ Sportsmanship Contract (1 page)
☐ Valid copy of birth certificate already in guidance, if not, please attach a copy to the packet

Parent Signature ___________________________ Date _____
Florida High School Athletic Association

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.

1. Have you had a medical illness or injury since your last check up or sports physical? ______ Yes ______ No

2. Do you have an ongoing chronic illness? ______ Yes ______ No

3. Have you ever been hospitalized overnight? ______ Yes ______ No

4. Have you ever had surgery? ______ Yes ______ No

5. Are you currently taking any prescription or non-prescription over-the-counter medications or pills? ______ Yes ______ No

6. Have you ever taken any supplement or vitamins to help you gain or lose weight or improve your performance? ______ Yes ______ No

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ______ Yes ______ No

8. Have you ever had a rash or hives develop during or after exercise? ______ Yes ______ No

9. Have you ever passed out during or after exercise? ______ Yes ______ No

10. Have you ever been dizzy during or after exercise? ______ Yes ______ No

11. Have you ever had chest pain during or after exercise? ______ Yes ______ No

12. Do you get tired more quickly than your friends do during exercise? ______ Yes ______ No

13. Have you ever had racing of your heart or skipped heartbeats? ______ Yes ______ No

14. Have you had high blood pressure or high cholesterol? ______ Yes ______ No

15. Have you been told you have a heart murmur? ______ Yes ______ No

16. Has any family member or relative died of heart problems or sudden death before age 50? ______ Yes ______ No

17. Have you had a severe viral infection (for example, myocardiitis or mononucleosis) within the last month? ______ Yes ______ No

18. Has a physician ever denied or restricted your participation in sports for any health problems? ______ Yes ______ No

19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungal infections or pressure sores)? ______ Yes ______ No

20. Have you ever had a head injury or concussion? ______ Yes ______ No

21. Have you ever been knocked out, become unconscious or lost your memory? ______ Yes ______ No

22. Have you ever had a seizure? ______ Yes ______ No

23. Do you have frequent or severe headaches? ______ Yes ______ No

24. Have you ever had numbness or tingling in your arms, hands, legs or feet? ______ Yes ______ No

25. Have you ever had a stinger, burn or pinched nerve? ______ Yes ______ No

26. Have you ever become ill from exercising in the heat? ______ Yes ______ No

27. Do you cough, wheeze or have trouble breathing during or after activity? ______ Yes ______ No

28. Do you have asthma? ______ Yes ______ No

29. Do you have seasonal allergies that require medical treatment? ______ Yes ______ No

30. Do you use any special protective or corrective equipment or medical devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shin, retainer on your teeth or hearing aid)? ______ Yes ______ No

31. Have you had any problems with your eyes or vision? ______ Yes ______ No

32. Do you wear contact lenses or protective eyewear? ______ Yes ______ No

33. Have you ever had a sprain, strain or swelling after injury? ______ Yes ______ No

34. Have you broken or fractured any bones or dislocated any joints? ______ Yes ______ No

35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate blank and explain below:

   - Head
   - Elbow
   - Hip
   - Neck
   - Forearm
   - Thigh
   - Back
   - Wrist
   - Knee
   - Chest
   - Hand
   - Shin/Calf
   - Shoulder
   - Finger
   - Ankle
   - Upper Arm
   - Foot

36. Do you want to weigh more or less than you do now? ______ Yes ______ No

37. Do you lose weight regularly to meet weight requirements for your sport? ______ Yes ______ No

38. Do you feel stressed out? ______ Yes ______ No

39. Have you ever been diagnosed with sickle cell anemia? ______ Yes ______ No

40. Have you ever been diagnosed with having the sickle cell trait? ______ Yes ______ No

41. Record the dates of your most recent immunizations (shots) for:

   - Tetanus: __________________
   - Measles: ________________
   - Hepatitis B: ______________
   - Chickenpox: ______________

FEMALES ONLY (optional)

42. When was your first menstrual period? ______

43. When was your most recent menstrual period? ______

44. How much time do you usually have from the start of one period to the start of another? ______

45. How many periods have you had in the last year? ______

46. What was the longest time between periods in the last 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 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 (ECG) and/or stress test.

Signature of Student: ______________________  Date: __/__/____  Signature of Parent/Guardian: ______________________  Date: __/__/____
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

<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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</thead>
</table>

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: __________________________
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: ____________________________

_____ Preamtions:

__________________________________________________________________________

_____ Not cleared for: ____________________________
Reason: ____________________________

_____ Cleared after completing evaluation/rehabilitation for: ____________________________

Recommendations: ____________________________

Name of Physician (print) ____________________________ Date: / /

Address: ____________________________

Signature of Physician: ____________________________

Florida High School Athletic Association

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) FISAA 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 FISAA 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, 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 health while participating in athletics, with full understanding of the risks involved. Should I become injured, I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FISAA of any and all responsibility and liability for any injury or ill health resulting from such athletic participation and agree to take no legal action against FISAA 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 FISAA 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 take photographs and video of me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publications, 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 authorities 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 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 FISAA 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 health while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child/ward's school, the schools against which it competes, the school district, the contest officials and FISAA 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 FISAA 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 authorize the use or disclosure of my child/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FISAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, my 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/ward's name, face, likeness, voice and appearance in connection with exhibitions, publications, 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 an injury has sustained without proper medical guidance.

E. I agree that in the event we pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FISAA 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 boxes:

- My child/ward is covered under our family health insurance plan, which has limits of not less than $25,000.
- 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 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 __/__/____
Florida High School Athletic Association

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 appropriately 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 from an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninathletes/ 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, Amotrophic 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.nhfslearn.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 or of these symptoms or witness a teammate 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 ____________

Name of Parent/Guardian (printed) ____________________________

Signature of Parent/Guardian ____________________________ Date ____________
Consent and Release from Liability Certificate for
Sudden Cardiac Arrest and Heat-Related Illness

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 pre-season 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, I acknowledge the annual requirement for my child/ward to view both the “Sudden Cardiac Arrest” and “Heat Illness Prevention” courses at www.athletlearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. 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 __________/________/________

Name of Parent/Guardian (printed) __________________________________________________
Signature of Parent/Guardian _______________________________________________________
Date __________/________/________
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 a 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 not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (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 __/__/____

Name of Parent/Guardian (printed)  Signature of Parent/Guardian  Date __/__/____
Verification of Health Insurance Coverage Requirements

I (Parent/Guardian) understand that base health insurance coverage including sports related injuries is a requirement for participation in athletics and in the event an individual or family medical plan is not provided participation in athletics can be denied or revoked. Further, I understand that school sports participation insurance for students is provided for purchase by Duval County Schools in the event individual or family plan coverage is not currently in place.

In addition, I agree to maintain insurance coverage throughout the duration of the sports season. I will notify the school immediately if the policy should lapse for any reason.

I, ___________________________ verify that ___________________________

Print (Parent / guardian) Print (Student Athlete)

is covered by an individual or family medical health insurance plan including, but not limited to, sports related injuries for participation in interscholastic athletics sponsored, supervised and engaged in at ___________________________

(School Name)

Insurance Provider ___________________________

Type of Coverage ___________________________

Primary Subscriber ___________________________

Group Number ___________________________

Policy Number ___________________________

_________________________ ___________________________

(Parent/Guardian Signature) (Date)
MIDDLE SCHOOL SPORTSMANSHIP CONTRACT

Coaches are expected to:

- Treat players, parents, opponents and officials with respect.
- Teach and inspire players to love the game and compete fairly and in a sportsmanlike manner.
- Demonstrate by example the type of person he/she wants the players to be.
- Have control of his/her players and command discipline at all times.
- Respect and abide by all FHSAA and Middle School Conference rules and regulations for his/her sport.
- Realize that as the coach he/she is an educator and therefore understands the sport he/she is coaching and the proper behavior for that sport.
- Monitor the student athlete’s grades (progress reports) and behavior to insure that the student athlete’s academic performance is at an acceptable level not only for athletic participation but more importantly to meet the requirements for promotion.
- Report any breach of conduct by their athletes to the appropriate school authority. Example: Fighting during an athletic contest. The student will be subject to the appropriate disciplinary measures according to the Code of Conduct.

Players are expected to:

- Treat opponents with respect.
- Adhere to all FHSAA and Middle School Conference rules and regulations in regard to sportsmanship and participation.
- Demonstrate self-control.
- Respect and accept all official’s calls and decisions without gestures or arguments.
- Win with dignity, lose without excuses.
- The good of the team always comes first.
- Show respect for your coaches, the opposition’s coaches and players and the officials.
- Adhere to all school and team rules.
- Understand that the Duval County Code of Conduct shall extend to cover all interscholastic athletic contests.
- Conduct yourself at all times in a manner that represents character and sportsmanship traits that are acceptable in today’s society.

Parents are expected to:

- Be positive role models at athletic contest. Your son or daughter will be very aware of your behavior.
- Be supportive of the coach. The team is the coach’s responsibility, not the parents.
- Not coach from the sidelines.
- Communicate with the coach and create a positive supportive working relationship.
- Realize that as the coach he/she is an educator and therefore understands the sport he/she is coaching and the proper behavior for that sport.
- Remember the primary value of athletic participation is to provide our youth with an opportunity for self-development, physically, emotionally, and mentally.
- Respect the judgment of the officials and refrain from openly criticizing each and every call the official makes.
- Be aware that if a parent conference is desired with the coach that it is highly inappropriate to speak with the coach regarding this at the conclusion of an athletic event. Wait until the next day and call for an appointment with the coach.
- Understand and respect the different roles of parents, coaches and officials. Parents should parent, coaches should coach, and officials should officiate and each should be treated with respect for what they do.

COACH
SIGNATURE _________________________________ DATE __________________

PARTICIPANT
SIGNATURE _________________________________ DATE __________________

PARTICIPANT NAME
PLEASE PRINT _________________________________

PARENT/GUARDIAN
SIGNATURE _________________________________ DATE __________________