HIGH 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 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 graduation.
- 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 Duval County Code of Conduct as well as the schools contract.

Players are expected to:
- Treat opponents with respect.
- Adhere to all FHSAA rules and regulations in regard to sportsmanship and participation.
  I fully understand that if the school is fined by The Florida High School Athletic Association (FHSAA) because of my unsportsmanlike conduct, I must reimburse the school for the total amount of the fine.
- 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 _______/_____/_____

Wd: Sportsmanship Contract.doc
Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 1 of 2)

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 Full Legal Name: ____________________________________________________________________________

Grade in School (2016-17): _______ Sex: _____ Age: _____ Date of Birth: _______/_____/_______

Home Address: _______________________________________________________________________________________

Name of Parent/Guardian: ____________________________________________________________________________ Email: ____________________________________________

Home Phone: (___) ___________ Work Phone (___) ___________ Cell Phone (___) ___________ 

Person (other than parent) to Contact in Case of Emergency: ____________________________________________________________________________________________

Relationship to Student: ___________________________ Home 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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a medical illness or injury since your last check up or sports physical? Have you ever become ill from exercising in the heat?</td>
<td></td>
</tr>
<tr>
<td>Do you have an ongoing chronic illness? Do you cough, wheeze, or have trouble breathing during or after activity?</td>
<td></td>
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<tr>
<td>Have you ever been hospitalized overnight? Do you have asthma?</td>
<td></td>
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<tr>
<td>Have you ever had surgery? Do you have seasonal allergies that require medical treatment?</td>
<td></td>
</tr>
<tr>
<td>Are you currently taking a prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Do you use any special protective or corrective equipment or devices that are not usually for your sport or position (for example: knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth, hearing aid)?</td>
<td></td>
</tr>
<tr>
<td>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Have you ever had any problems with your eyes or vision?</td>
<td></td>
</tr>
<tr>
<td>Do you have allergies (for example: to pollen, latex, medicine, food, or stinging insects)? Do you wear glasses, contacts, or protective eyewear?</td>
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<tr>
<td>Have you ever had a rash or hives develop during or after exercise? Have you ever had a sprain, strain, or swelling after injury?</td>
<td></td>
</tr>
<tr>
<td>Have you ever passed out during or after exercise? Have you broken or fractured any bones or dislocated any joints?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been dizzy during or after exercise? Have you ever had other problems with pain or swelling in muscles, tendons, bones, or joints?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had chest pain during or after exercise? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?</td>
<td></td>
</tr>
<tr>
<td>Do you get tired more quickly than your friends to during exercise? If yes, check appropriate blank and explain below.</td>
<td></td>
</tr>
<tr>
<td>Have you ever had racing of your heart or skipped heartbeats?</td>
<td></td>
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<tr>
<td>Have you had high blood pressure or high cholesterol? Do you want to weigh more or less than you do now?</td>
<td></td>
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<tr>
<td>Have you ever been told you have a heart murmur? Do you lose weight regularly to meet weight requirements for your sport?</td>
<td></td>
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<tr>
<td>Has any family member or relative died of heart problems or sudden death before age 50? Do you feel stressed out?</td>
<td></td>
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<tr>
<td>Have you had a severe viral infection (for example: myocarditis or mononucleosis) within the last month? Have you ever been diagnosed with sickle cell anemia?</td>
<td></td>
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<tr>
<td>Has a physician ever denied or restricted your participation in sports for any heart problems? Have you ever been diagnosed with having the sickle cell trait?</td>
<td></td>
</tr>
<tr>
<td>Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus, or blisters or pressure sores)? Record the date of your most recent immunizations (shots) for:</td>
<td></td>
</tr>
<tr>
<td>Tetanus: ______________ Measles: ______________</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B: ______________ Chickenpox: ______________</td>
<td></td>
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<tr>
<td>Have you ever had a head injury or concussion? THE FOLLOWING QUESTIONS ARE FOR FEMALES ONLY (optional):</td>
<td></td>
</tr>
<tr>
<td>Have you ever been knocked out, become unconscious, or lost your memory? When was your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a seizure? When was your most recent menstrual period?</td>
<td></td>
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<tr>
<td>Do you have frequent or severe headaches? How much time do you usually have from the start of one period to the start of another?</td>
<td></td>
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<tr>
<td>Have you ever had numbness or tingling in your arms, hands, legs, or feet? How many periods have you had in the last year?</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a stinger, burn, or pinched nerve? What was the longest time between periods in the last year?</td>
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</tbody>
</table>

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 (ECG), and/or cardio stress test.

Signature of Student: ____________________________________________________________________________ Date: __/__/____ Signature of Parent/Guardian: ____________________________________________________________________________ Date: __/__/____
Florida High School Athletic Association  
Preparticipation Physical Evaluation (Page 2 of 2)

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 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: _______ Pulse: _______ Blood Pressure: _______/______ Temperature: _______


<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS (station-based examination only)</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Appearance</td>
<td></td>
<td></td>
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<tr>
<td>2. Eyes/Ears/Nose/Throat</td>
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<tr>
<td>3. Lymph Nodes</td>
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<td>4. Heart</td>
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<td>5. Pulses</td>
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<td>6. Lungs</td>
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<tr>
<td>7. Abdomen</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. Genitalia (males only)</td>
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</tr>
<tr>
<td>9. Skin</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Back</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. Shoulder/Arm</td>
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<tr>
<td>13. Elbow/Forearm</td>
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<tr>
<td>14. Wrist/Hand</td>
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<td></td>
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</tr>
<tr>
<td>15. Hip/Thigh</td>
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<td></td>
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<tr>
<td>16. Knee</td>
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</tr>
<tr>
<td>17. Leg/Ankle</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18. Foot</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

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

Address: ________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ______________________________________________________

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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:

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

Address: ________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ______________________________________________________

Florida High School Athletic Association

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

School: __________________ School District (if applicable): __________________

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)
I have read the (condensed) FHSSA 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 FHSSA 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. I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSSA 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 FHSSA 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 FHSSA 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 such 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 FHSSA 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/ward’s school, the schools against which it competes, the school district, the contest officials and FHSSA 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 FHSSA 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/ward’s individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSSA, 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, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise such 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 AGREING THAT, EVEN IF MY CHILD/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSSA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SINGING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSSA 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/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSSA 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 pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child’s team participation in FHSSA 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 my family health insurance plan, which has limits of not less than $25,000.
   _ My child/ward is covered under my health insurance plan.
   __ I have purchased supplemental football insurance through my child/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 an average 10-14 days or longer for symptoms to resolve and, in rare cases, 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 sensations)
- 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/concussioninathletes/ or http://www.head伤starsfoundation.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” at www.nflstearn.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 (SCA) 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 SCA include, but not limited to; sudden collapse, no pulse, no breathing.

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

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts, and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:
1. Call 911
2. Send for an AED
3. Begin compressions

FIHSA Heat-Related Illnesses Information

People suffer heat-related illnesses 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 SCA 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.nhflsteam.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
Florida High School Athletic Association

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 (EL.3) 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 EL.2).

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)
Student Media Release

DCPS Productions or outside organization, including news media

I, ________________________________, hereby authorize the videotaping/filming/photography of my child, ________________________________, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of the video/film/photographs to any person. I understand that the Duval County School District is not a party to outside organizations’ photography/filming/video production and will hold Duval County Public Schools and its employees harmless from any liability in connection with a production not produced internally by Duval County Public Schools.

____________________________
Signature

____________________________
Print Name

____________________________
Date