2020 - 2021

MIDDLE SCHOOL
ATHLETIC FOLDER CHECKLIST

☐ EL2 Sports Physical, DCPS Pre-Participation Athletic Screening Form (Good for 365 days) Expiration Date: _____________

☐ EL3 Consent-Release, Concussion, Heat & Cardiac Arrest Form (Student, Parent, and Coach Signatures required.)

☐ View “Concussion in Sports-What You Need to Know” at www.nfhslearn.com – print certificate

☐ Verification of Health Insurance Coverage Requirements Signed form must be in folder. (Participation cannot occur without insurance.)

☐ Birth Certificate
(Original birth certificate with a raised seal must be verified by Athletic Director prior to placing copy in cumulative folders)

☐ DCPS Middle School Sportsmanship Contract for each sport participated in. (Student, Parent, and Coach Signatures required).

Signature: ___________________________  _____/_____/_____
(Date)

Verified by:  Athletic Director
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)
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: ____________________________

Name of Parent/Guardian: ____________________________ E-mail: ____________________________

Person to Contact in Case of Emergency: ____________________________ Home Phone: (____)

Relationship to Student: ____________________________ 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 or
   using an inhaler?
   Yes No

6. Have you ever taken any supplements 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 ever 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, myocarditis or mononucleosis) within the last month?
    Yes No

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

19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters 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, shunt, 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 glasses, contacts 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?
    Yes No

   If yes, check appropriate blank and explain below:
   Head ______ Elbow ______ Hip ______
   Neck ______ Forearm ______ Thigh ______
   Back ______ Wrist ______ Knee ______
   Chest ______ Hand ______ Shins/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?
    ______

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 cardiovascular test.

Signature of Student: ____________________________ Date: / / 

Signature of Parent/Guardian: ____________________________ Date: / / 

- 1 -
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 Pupil: Equal Unequal

FINDINGS

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

INITIALS*

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: ____________________

Precautions:

Not cleared for: ____________________

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 REFERED (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:

___ Cleared after completing evaluation/rehabilitation for:

Reason: ____________________________

Recommendations:

Name of Physician (print): ____________________________ Date: __/__/____

Address: ____________________________

Signature of Physician:

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
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:

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 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.

School District (if applicable):

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 my 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 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/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/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. 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 with such injuries in interscholastic athletics 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 SCHOOL COMPETES, 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 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 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 boxes:

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/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 __________________________

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

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 from an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seeingsstarsfoundation.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.flhsacarn.org. 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

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date
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

FHSAA Heat-Related Illneses 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.flhslearn.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 316 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 by 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 examination 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 __/__/____
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 ____________
Florida High School Athletic Association

Affidavit of Coach Compliance for Concussion and Sudden Cardiac Arrest Courses (Page 2 of 2)

This form certifies that all individuals required to complete a course or courses (see above-referenced policies) have/will do so prior to the first practice date for their sport for the 2018-2019 school year. Courses must be completed on or before August 21, 2018.

Complete this form and submit to District Athletics: bartonk@duvalschools.org

FOR HEAD COACHES & PAID/SUPPLEMENTED COACHES

Course 2: NFHS “Sudden Cardiac Arrest”
(Important Note: If you have completed this course anytime in the past, the course must be “ordered” prior to beginning the course.)

Course Ordering

Step 1: Go to www.nfhslearn.com.
Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR
If you do not have an account, “Register” for an account.
Step 3: Click “Courses” at the top of the page.
Step 4: Scroll down to “Sudden Cardiac Arrest” from the list of courses.
Step 5: Click “View Course”.
Step 6: Click “Order Course”.
Step 7: Select “Myself” if the course will be completed by you.
Step 8: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for this course.)

Beginning a Course

Step 1: Go to www.nfhslearn.com.
Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.
Step 3: From your “Dashboard,” click “My Courses”.
Step 4: Click “Begin Course” on the course you wish to take.

*Your course will launch on the same page of the web browser.
**Click “Back to Dashboard” when ready to exit course.

Be sure to print the certificate of completion at the end of the course as each school’s athletic department is required to keep a copy on file.

You can check an individual’s completion of this course through the NFHS website by clicking on the “Coach Search” tab at the top of the page.

We attest that all HEAD COACHES, PAID/SUPPLEMENTED COACHES, AND STUDENT-ATHLETES at the above-named school have completed/will complete the "Concussion in Sports" course and that all HEAD COACHES AND PAID/SUPPLEMENTAL COACHES completed/will complete the "Sudden Cardiac Arrest" course. We understand that these courses must be completed by each individual before the start of their sport season for the 2019-2020 school year and the certificates of completion will be kept on file at the school. (NOTE: If you add a coach or student-athlete in any sport, by signing this form, you attest that the individual will take the course before he/she participates with his/her team.)

Signature of Principal: ________________________________

Signature of Athletic Director: __________________________

Date Submitted to District Athletics: ____________________
Florida High School Athletic Association

Affidavit of Coach Compliance for Concussion and Sudden Cardiac Arrest Courses (Page 1 of 2)

This form certifies that all individuals required to complete a course or courses (see above referenced policies) have/will do so prior to the first practice date for their sport for the 2019-2020 school year. Courses must be completed on or before August 15th, 2019.

Complete this form and submit to bartonk@duvalschools.org.

Policy 40.1.1 – All FHSAA member school head coaches, paid/supplemented coaches and student-athletes are required to annually view the FREE NFHS online education course “Concussion in Sports – What You Need to Know.”

Policy 41.1 – All FHSAA member school head coaches, paid/supplemented coaches and student athletes are required to annually view the FREE NFHS online education course “Heat Illness Prevention.”

Policy 42.1.1 – All FHSAA members school head coaches and paid/supplemented coaches and student athletes are required to annually view the FREE online education course “Sudden Cardiac Arrest.”

Name of School: ___________________________ City: ___________________________

Name of Principal: ___________________________ Name of Athletic Director: ___________________________

All certificates for coaches and who complete a class are to be kept at each individual school. This form (MS-AT17) will serve as notification to the FHSAA of required completion for coaches. Student-athletes must sign the EL3 to verify completion.

The following are instructions for ordering and completing the required courses:

FOR HEAD COACHES, PAID/SUPPLEMENTED COACHES, & STUDENT-ATHLETES

Course 1: NFHS “Concussion in Sports”
(Important Note: If you have completed this course anytime in the past, the course must be “ordered” prior to beginning the course.)

Course Ordering
Step 1: Go to www.nfhslearn.com.
Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “Register” for an account.
Step 3: Click “Courses” at the top of the page.
Step 4: Scroll down to “Concussions in Sports” from the list of courses.
Step 5: Click “View Course”.
Step 6: Click “Order Course.”
Step 7: Select “Myself” if the course will be completed by you.
Step 8: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for this course.)

Beginning a Course
Step 1: Go to www.nfhslearn.com.
Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.
Step 3: From your “Dashboard,” click “My Courses”.
Step 4: Click “Begin Course” on the course you wish to take.

*Your course will launch on the same page of the web browser.
**Click “Back to Dashboard” when ready to exit course. Be sure to print the certificate of completion at the end of the course as each school’s athletic department is required to keep a copy on file.

MS-AT17
COVID19 Consent Form

School:

Coronavirus Information:

Coronaviruses are a large group of viruses that can cause illness in animals and humans. Some coronaviruses commonly circulate in the United States and usually cause upper respiratory symptoms such as cough or runny nose, although some can cause more severe illness. The 2019 novel coronavirus (SARS-CoV-2) causes the illness known as COVID-19. This virus was first identified in Wuhan, China, and is now considered a pandemic as it is present throughout the world, including here in Florida. Coronavirus can be spread from person to person by coughing, sneezing, or being in close contact with infected persons. The best way to prevent infection is to avoid exposure to the virus (and avoid exposing others) by wearing a mask when you are in close contact with others. According to the CDC, the fewer people a child or youth interacts with, the less chance of transmission. If you have any questions or concerns, please contact your school nurse or the school district health department. This list does not include all possible symptoms. The CDC is a useful reference and will continue to update this list as more is learned about COVID-19.

How to prevent and prepare for COVID-19:

Practice social physical distancing:

If you are around other people, keep at least 6 feet between you at all times. Avoid hugs, handshakes, large gatherings, and close quarters. There are recommendations on how to maintain physical distance in public places. These recommendations can be extremely challenging in an organized event environment and should be thoroughly considered when deciding to participate in school events.

Why? The virus is spread mainly from person-to-person. When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain the virus. If you are too close, you can breathe in the droplets containing the coronavirus if the person coughing has the disease. Participation in sports programs can cause an increase in forceful respiration that may travel farther than 6 feet and therefore, can increase the risk of spreading COVID-19 to a participant or team.

Wear a face covering in public:

Cover your mouth and nose with a face covering when around others and use public spaces, and whenever practical during sports activity. Why? You could spread COVID-19 to others even if you do not feel sick. The cloth face covering is meant to protect other people in case you are infected. Various styles of face coverings are available from cloth to surgically style masks. The mask should fit comfortably and be worn properly over the nose and mouth.

Practice proper hand hygiene:

Why? The virus can survive on certain surfaces for several hours. Wash your hands often. You can use regular soap and water as long as you wash for at least 20 seconds. You can also use hand sanitizer containing at least 60% alcohol.

Avoid touching eyes, nose and mouth.

Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. Cover your mouth and nose with a tissue or the sleeve of your shirt when you cough or sneeze.

Clean and disinfect "high-touch" surfaces.

Clean AND disinfect frequently touched surfaces at least daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, first clean with detergent or soap and water, and then disinfect. Most common EPA-registered household disinfectants can disinfect surfaces and alcohol solutions with at least 60% alcohol kill virus.

What do I do if I think I was exposed to an individual with COVID-19?

Watch for symptoms:

People with COVID-19 have reported a wide range of symptoms ranging from mild illness to severe. Symptoms may appear 2-14 days after exposure to the virus. If you or someone you know have been exposed, contact your personal health provider or use the CDC's self-checker (CDC.gov) to help make decisions and seek appropriate medical care regarding COVID-19.

If you are concerned about your state's Health and get tested for COVID-19 and stay away from others.

Also, if you have symptoms you may be able to be tested after an exposure.

What do I do if I’m sick?

Do not go to school or sports practice if you are sick. After speaking with your personal healthcare provider, notify your school and your coaches. Treatment may include the use of over-the-counter medications to help your symptoms. Currently, there are no specific antiviral treatments recommended for COVID-19.

If you are sick with a fever (100.4 F or higher) or cough, have trouble breathing, or suspect you have COVID-19, here’s how to help prevent the disease from spreading to people in your home and community.

- SELF-ISOLATE AT HOME
- STAY AWAY FROM OTHERS
- GET A COVID-19 PCR TEST
Participation in organized sports during the COVID-19 Pandemic: Participation in organized sports during the COVID-19 Pandemic can lead to an increased risk of exposure for all stakeholders. Schools are creating comprehensive plans to reduce these risks; however, none of these mitigation efforts can guarantee complete safety. Schools will ask all stakeholders for their support and compliance to keep athletic competition as safe as possible. The NFHS and other organizations have created recommendations to help classify sports by risk category. Some sports are classified as high risk because they have a higher rate of potential exposure versus low risk which has a lower exposure rate. To become more aware of what risk category specific sports are classified, visit:

https://www.nfhs.org/media/3615267/2020-nfhs-guidelines-for-opening-up-high-school-athletics.pdf

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests student athletes are at an increased risk of contracting COVID-19 when participating in sports, especially those sports where physical distancing is not always possible. Please review all risks before allowing your child to participate in the school sports program. There are reports of kids who have become sick and have died due to this new contagious disease. There have been reports that long-term health concerns can affect individuals including kids who have become infected with COVID-19. These long-term health issues may include, but not limited to injury to the heart muscle, lung damage, blood clotting, organ damage, or death. A specific line has impacted children with COVID-19 called Multi System Inflammatory Syndrome in Children (MIS-C). Further research on this topic is needed before any conclusions can be drawn.

I accept responsibility for participating in school-based screenings for COVID-19 and for reporting all symptoms of illness to my parents, team doctor, athletic trainer, or coaches associated with my sport. I will also follow any new signs and symptoms of COVID-19 and also any new contact or exposure to COVID-19. If the best of my ability, I promise to follow the guidelines and rules set forth by my coach, athletic trainer, and school physician. If I experience any of these symptoms or witness a teammate with these symptoms, I will inform the supervising coach, athletic trainer, or team physician immediately.

I have read and understand the information on COVID-19. I will inform my 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: ____________

Name of Parent/Guardian (printed): ___________________________  Signature of Parent/Guardian: ___________________________

Date: ____________

This document serves as a guide for preparing for the return to athletics during the COVID-19 Pandemic. It allows adaptation and respects individual school district decisions. The document is subject to change as the overall situation and response to COVID-19 evolves. The comprehensive guidelines published by trusted national organizations have also been reviewed.