MIDDLE SCHOOL
ATHLETIC FOLDER CHECKLIST
2021 - 2022

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

☐ EL3 Consent and Release from Liability Certificate
(Student, Parent, and Coach Signatures required.)

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

(Original birth certificate with a raised seal must be verified by AD or Guidance official prior to placing copy in cum folders)

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

Signature: ___________________________  /___/ (Date)

Verified by: (circle one) Athletic Director OR Guidance Official
Preparticipation Physical Evaluation (Page 1 of 3)

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

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

Student's Name: ___________________________ Sex: _______ Age: _______ Date of Birth: _______ / _______ / _______

School: ___________________________ Grade in School: _______ Sport(s): _______

Home Address: ___________________________ Home Phone: (____) _______ _______ _______

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

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

Relationship to Student: ___________________________ Work Phone: (____) _______ _______ _______

Personal/Family Physician: ___________________________ 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, rash, 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 stroke, brain injury or pinched nerve? _______ Yes _______ No

Explain “Yes” answers here: __________________________________________________________

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, contact lenses or protective eyewear? _______ Yes _______ No

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

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

35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? _______ Yes _______ No

If yes, check appropriate blank and explain below:

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

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

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

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

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

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

41. Record the dates of your most recent immunizations (shots) for: Tetanus: _______ Meninges: _______ Hepatitis B: _______ Chickenpox: _______

FEMALES ONLY (optional)

42. When was your first menstrual period? _______ / _______ / _______ ___

43. When was your most recent menstrual period? _______ / _______ / _______ ___

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

45. How many periods have you had in the last year? _______ / _______ / _______ ___

46. What was the longest time between periods in the last year? _______ / _______ / _______ ___

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 7.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or stress test.

Signature of Student: ___________________________ Date: _______ / _______ / _______

Signature of Parent/Guardian: ___________________________ Date: _______ / _______ / _______
Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: __________________________ Date of Birth: __/__/____

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


FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

1. Appearance __________________________

2. Eyes/Ears/Nose/Throat __________________________

3. Lymph Nodes __________________________

4. Heart __________________________

5. Pulses __________________________

6. Lungs __________________________

7. Abdomen __________________________

8. Genitalia (males only) __________________________

9. Skin __________________________

MUSCULOSKELETAL

10. Neck __________________________

11. Back __________________________

12. Shoulder/Arm __________________________

13. Elbow/Forearm __________________________

14. Wrist/Hand __________________________

15. Hip/Thigh __________________________

16. Knee __________________________

17. Leg/Ankle __________________________

18. Foot __________________________

* = station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

____ Cleared without limitation

____ Disability: __________________________ Diagnosis: __________________________

____ Precautions: __________________________

____ Not cleared for: __________________________ Reason: __________________________

____ Cleared after completing evaluation/rehabilitation for: __________________________

____ Referred to __________________________ For: __________________________

Recommendations:

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

Address: __________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: __________________________

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Preparticipation Physical Evaluation (Page 3 of 3)

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

Student's Name: ________________________________

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

____ Cleared without limitation

____ Disability: ____________________________

____ Diagnosis: ____________________________

____ Precautions:

____ Not cleared for: ____________________________

____ Cleared after completing evaluation/rehabilitation for:

Recommendations: ____________________________

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

Address: ____________________________

Signature of Physician: ____________________________

Florida High School Athletic Association

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

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

This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: ________________________  School District (if applicable): ___________

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

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this Consent and Release Certificate and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions.

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

Part 2. Parental/Guardian 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 child/ward's 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 FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by F.S. 1014.601(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is in 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.

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

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

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

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

G. Please check the appropriate box(es):

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

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<thead>
<tr>
<th>Name of Parent/Guardian (printed)</th>
<th>Signature of Parent/Guardian</th>
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<tr>
<td>Name of Parent/Guardian (printed)</td>
<td>Signature of Parent/Guardian</td>
<td>Date</td>
</tr>
<tr>
<td>Name of Student (printed)</td>
<td>Signature of Student</td>
<td>Date</td>
</tr>
</tbody>
</table>
Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

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

School: ___________________________  School District (if applicable): ___________________________

Concussion Information:

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

Signs and Symptoms of a Concussion:

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

- Vomiting, fatigue, or loss of consciousness
- 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
- 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 rest 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 health-care professional (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO), as per Chapter 458, 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/concussionin youthsports/ or http://www.seeingstarsfoundation.org

Statement of Student Athlete Responsibility:

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson-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.flhslearn.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 / /

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 pain, 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 Illnesses Information

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

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

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

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

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

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the “Sudden Cardiac Arrest” and “Heat Illness Prevention” courses at www.fhslearn.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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending 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 the first 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)

4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on a 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)

5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)

6. Must not have enrolled in the ninth grade for the first time more than eight semesters 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 not turn 19 before July 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)

8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)

9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)

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 / /
COVID-19 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 coronavirus disease 2019 (COVID-19). COVID-19 was first identified in Wuhan, China, and is now considered a pandemic as it is present throughout the world, including here in Florida. Coronaviruses like COVID-19 are most often spread through the air by coughing or sneezing, close personal contact (including touching and shaking hands), or touching your nose, mouth, or eyes before washing your hands. At this time, the risks of becoming infected from organized sports activities are unknown. There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid exposure to the virus (and avoid exposing other people). According to the CDC, the more people you interact with, the closer the physical interaction, the more sharing of equipment there is by multiple players, and the longer that interaction, the higher the risk of COVID-19 spread.

Signs and Symptoms of COVID-19:

People with COVID-19 have had a wide range of symptoms reported — ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. It is important to note, it may be possible for someone to be a carrier of COVID-19, whereby, they do not have any symptoms but still may be contagious to others. Common symptoms of COVID-19 include the following:

<table>
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<tr>
<th>Common Symptoms</th>
<th>Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent loss of taste or smell</td>
<td>Fever or chills</td>
</tr>
<tr>
<td>Cough</td>
<td>Shortness of breath or difficulty breathing</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Muscle or body aches</td>
</tr>
<tr>
<td>Headache</td>
<td>Sore throat</td>
</tr>
<tr>
<td>Congestion or runny nose</td>
<td>Body fatigue</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>New loss of taste or smell</td>
</tr>
</tbody>
</table>

This list does not include all possible symptoms. The CDC is a useful reference and will continue to update this list of symptoms 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 when possible. Avoid hugs, handshakes, large gatherings, and close quarters. These recommendations can be extremely challenging in an organized athletic environment and should be thoroughly considered when deciding to participate in school sports.

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 respirations that may travel greater 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 out in public, and whenever practical during sports activity. Why? You could spread COVID-19 to others even if you do not feel sick. The cloth face cover is meant to protect other people in case you are infected. Various styles of face coverings are available from cloth to surgical-style masks. The mask should fit comfortably and be worn properly over the nose and mouth.

Practice strict 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 scrub 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 inside of your elbow 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, diluted household bleach solutions, and alcohol solutions with at least 60% alcohol will work.

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 to severe. Symptoms may appear 2-14 days after exposure to the virus.

- Contact your personal health care provider or use the CDC’s self-checker (CDC.gov) to help make decisions and seek appropriate medical care regarding COVID-19.
- Talk to your healthcare provider about any other symptoms that are severe or concerning to you.
- If you are concerned about your status, get tested for COVID-19 right away. Even if you do not have symptoms, you may be able to be tested after an exposure.
- Furthermore, follow your school procedures for notification.

What do I do if I’m sick?:

Do not go to school or sports practice if you are sick. After talking with your personal health care provider, notify your school and your coaches. Treatment is typically 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 classifications 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:


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/ward 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 disorders, or death. A specific illness has impacted children with COVID-19 called Multisystem Inflammatory Syndrome of 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 COVID19 and for reporting all symptoms of illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of my ability. I have read and understand the above information on COVID-19. 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 participating 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 to aid FHSAA member schools in preparing for the return to athletics during the COVID-19 pandemic. It allows adaptation and respects individual member schools/districts and the decisions they are facing regarding the COVID-19 pandemic situation and response, the overall safety of students and staff, and the comprehensive guidelines published by trusted national resources.

Document updated 8/10/2020
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) (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
Verification of Health Insurance Coverage Requirements

I (Parent/Guardian) understand that base health insurance coverage including sports related injuries is a requirement for participation in athletics and in the event an individual or family medical plan is not provided participation in athletics can be denied or revoked. Further, I understand that school sports participation insurance for students is provided for purchase by Duval County Schools in the event individual or family plan coverage is not currently in place. In addition, I agree to maintain insurance coverage throughout the duration of the sports season. I will notify the school immediately if the policy should lapse for any reason.

I, __________________________ verify that __________________________
Print (Parent/guardian) Print (Student Athlete)

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

Insurance Provider __________________________

Type of Coverage __________________________

Primary Subscriber __________________________

Group Number __________________________

Policy Number __________________________

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

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

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

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

COACH
SIGNATURE
DATE

PARTICIPANT
SIGNATURE
DATE

PARTICIPANT NAME
PLEASE PRINT

PARENT/GUARDIAN
SIGNATURE
DATE

Wdi-Sportsmanship Contract.doc
STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

CERTIFICATION OF BIRTH

STATE FILE NUMBER: [Redacted]

CHILD'S NAME: JUSTIN [Redacted]

DATE OF BIRTH: JANUARY 24, 1992

SEX: MALE

COUNTY OF BIRTH: [Redacted]

DATE FILED: JANUARY 29, 1992

MOTHER'S MAIDEN NAME: [Redacted]

FATHER'S NAME: [Redacted]

DATE ISSUED: APRIL 5, 2005

C. Freude, State Registrar

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT AND THE BACK CONTAINS OFFICIAL LINE WITH TEXT AND SEALS IN THE BACKGROUND.

CERTIFICATION OF VITAL RECORD