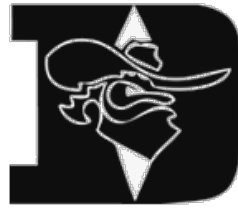


Dixie Hollins Royal Rebel Marching Band

Enrollment Checklist

How to join in Marching Band:

1. ____ Read the **Handbook**.
2. ____ Both student and parent/guardian sign the last page of the Handbook and return just that page to Dr. Stefanic. Keep the Handbook for your reference.
3. ____ Review the **Calendar** for all dates (rehearsals, performances, etc.), and add them to your personal calendars.
4. ____ Each parent/guardian should complete the **Volunteer Registration Form** and return to Dr. Stefanic.
5. ____ Complete the **Band Fees Form**, and note the due dates for payment. Return this form ASAP (even if no payment is included at this time)
6. ____ Complete the **T-shirt and Shoe Order Form**. Note the cost for new marching band shoes. Return the form and payment for the shoes to Dr. Stefanic.
7. ____ Complete and return the **Media Release Form**.
8. ____ Complete and return the **Field Trip/Activities Permission Form**. This form covers students for all Marching Band trips (away games, competitions, etc.).
9. ____ Schedule a sports physical with your pediatrician and have him/her complete the **Application for Athletic Participation Form**.
10. ____ Purchase Pinellas County Schools **Student Accident Insurance** (www.pcsbstudentaccident.com). This is mandatory for all students participating in sports, even if the student is already covered on health insurance. It is very reasonably priced and covers a student from August to August of the next year.
11. ____ Complete an **Instrument Rental Contract**, if you need an instrument. Dr. Stefanic keeps these forms at school.
12. ____ Attend **Rookie Camp**, if this is your first year in marching band (see Calendar).
13. ____ Attend **sectionals** over the summer (see Calendar).
14. ____ Attend **Band Camp** (as well as Rookie Camp and Guard/Percussion Camp, if applicable).



Dixie Hollins Royal Rebel Marching Band Hand Book

Purpose of the Handbook

The DHHS Royal Rebel Marching Band is a growing and integral part of Dixie Hollins High School. The following handbook was designed as an aid to students and their parents to better understand the policies, expectations, and general functioning of the marching band program. It also outlines the rules and responsibilities of every student so that every parent and student will know exactly what is expected.

It is our sincere wish that we will have a successful and rewarding year. Please read the handbook in its entirety and keep it in a handy place for future reference. Detach the form on the last page, sign it, and return it to Dr. Stefanic.

Contents

- A. Philosophy**
- B. Commitment**
- C. Student Responsibilities**
- D. Attendance Policy**

A. Philosophy

It is the desire of the Performing Arts Department of DHHS, as well as the Royal Rebel Marching Band, to always strive for excellence in all we do. This excellence we seek can only be achieved through discipline, hard work, sacrifice, dedication, and pride in ourselves. Therefore, the success of the group is dependent on the willingness of every individual to make a personal commitment to the group, as well as the determination of the individual to be the best that he/she can be. It is through this challenge that the director hopes to instill in students, among other values, a sense of personal responsibility and respect. This responsibility is not only for excellence in performance, but also for a sense of loyalty and obligation to every member. Loyalty to the group can be demonstrated by presence, punctuality, and participation. Respect can be neither gained nor earned, but only lost according to how we conduct ourselves. Keeping all this in mind, success of the whole is determined by the sum contribution of all the parts.

B. Commitment

By joining the marching band, you are making a significant commitment. The decision to make this commitment should not be taken lightly. Do not join marching band if you are not willing to make this commitment. A member of the marching band is making the following commitments:

1. **Academics** - To maintain one's grades.
Students must maintain a minimum academic standard of a 2.5 unweighted GPA during all grading periods.
2. **Classroom Behavior** - To be a model student.
Members of the marching band are expected to be good students. This includes actively participating in classroom activities and acting in a respectful manner to all teachers and fellow students in all classes. To remain eligible for participation, students must not have more than 1 disciplinary referral.
3. **Performances** - To attend all performances.
The marching band performs at ALL home football games, 2-4 away games, at least one competition, at least one parade, and the Florida Bandmasters Association (FBA) Marching Band Music Performance Assessment (MPA). Additional performances may be added and are scheduled on a year-to-year basis. See the Attendance Policy for more details.
4. **Rehearsals** - To attend ALL rehearsals and sectionals.
A schedule will be provided at the beginning of the season, which will include the required rehearsals and performances. Generally speaking, this includes two long rehearsals (e.g., 3-7 pm on Monday and Wednesday), 1 sectional (e.g., Tuesday 2:30 - 4:00 pm), a performance-day rehearsal (e.g., 2:30-4:30 on game days), and occasional Saturday mini-camps (e.g., 9am-5pm). The director reserves the right to schedule additional rehearsals as necessary or make changes to the schedule. The director will make every effort to provide sufficient advance notice of changes or additions. See the Attendance Policy for more details.
5. **Band Camp** - To attend all of band camp.
Attendance at the week-long band camp is mandatory. During this week, students develop the fundamentals of marching, playing, and working with their equipment. A student that does not attend band camp is not guaranteed his/her own unique 'dot' on the field. That is, students who do not attend band camp will automatically become an alternate.
6. **Band Fees** - To pay the small fee associated with marching band.
The band fee is set by the director and the Band Boosters at the beginning of every season. Every effort is made to keep this fee as low as possible, but there are a great deal of expenses involved in this activity (e.g., instruments, equipment, music, transportation, food, publisher royalties, MB staff compensation, competition fees, uniforms, etc.). There are many payment options available for families who need assistance.

C. Student Responsibilities

1. **Arrive on time to rehearsal.**

To be early is to be on time, to be on time is to be late. Students should arrive 15 minutes before the scheduled start time, so they have time to gather all materials, greet their friends, set up their instrument/equipment and materials, and be at the designated location for the start of rehearsal (e.g., stretching on the field, warming up in the sectional room, etc.).

2. **Come prepared with all materials.**

- a. Instrument (or flag, saber, rifle, or other guard equipment)
- b. Music
- c. Coordinate Sheets (“dot book”)
- d. Pencil with eraser
- e. Sunscreen
- f. Personal water bottle/jug

It is each student’s responsibility to bring his/her own water or sports drink.

- g. Food or food money

It is each student’s responsibility to bring his/her own food, unless it is specifically indicated that the Band Boosters will provide food for an event. In most circumstances, there is not time during a food break to organize a “food run”. Students are expected to remain on campus during all rehearsals. This means food should be brought by the student, or the student should arrange for food to be brought to him/her during the designated eating time.

3. **Maintain your instrument (or equipment) in good playing condition.**

This requires students to think ahead, plan time for instrument/equipment maintenance, and address any issues/malfunctions that arise in a prompt manner before the next rehearsal. This also means having all necessary accessories, reeds, oils, mutes, sticks, mallets, etc.)

4. **Exhibit a desire to improve and put forth a genuine, concerted effort.**

Excellence is not something that is achieved. It is a habit. It is always striving to be better. Individuals that are not interested in continually bettering themselves and the ensemble do not belong in this organization.

5. **Engage in personal practice.**

Personal practice is something that must be done by every individual on a regular basis. This is the time for a student to work on things such as good tone production, technique, and improvement of overall musicianship and skill. More specifically, THIS is the time to practice one's individual part for the show and work on memorization. Difficult passages must be drilled repeatedly to develop fluency (“wood shedding”). Rhythms must be studied and practiced for accuracy. All elements of the music can be studied more closely and more slowly than is possible in a large group rehearsal situation.

6. Wear appropriate clothing/uniform.

Clothing for rehearsals should be chosen to optimize one's ability to perform and remain comfortable during a long period of time outside in the extreme Florida heat.

a. For rehearsals, this includes the following:

- Comfortable shirt and shorts/pants (NO jeans!)
- Athletic shoes (no sandals, open-toed shoes, bare feet, slippers, etc.)
- Socks (wearing shoes without socks leads to blisters)
- No large or dangling jewelry
- No cell phones (or other items in pockets)
- Sunglasses, hats, and sun visors are acceptable and encouraged

b. The dress code for marching performances exists to insure that individuals do not stick out from others. While we are all individuals, marching band performances are NOT the time to "express one's individuality". The dress code is as follows:

- School-issued marching band uniform (includes jacket, pants/bibbers, gauntlets, gloves, shako, plume) or designated uniform for Color Guard/ Auxiliary
- Long black socks (no ankle socks; navy blue is not black)
- Comfortable athletic shorts to wear underneath pants/bibbers
- Marching band t-shirt (school blue)
- Marching band shoes (purchased through the Band Boosters)
- Long hair pulled back in a ponytail and fit into shako
- No jewelry (including earrings)
- No makeup and no nail polish (except clear)
- Abide by all food/beverage restrictions while wearing the uniform

7. Display appropriate behavior during rehearsal and performance situations.

(NO gum, always have good posture, use time wisely by studying or fingering your part when another section is rehearsing, and avoid off-task discussions, etc.)

8. Act respectfully and appropriately during travel and trips.

This includes the following:

- a. Observing the Pinellas County Code of Student Conduct at all times. Possession or use of alcohol, tobacco products, narcotics, or other illegal substances is strictly forbidden. This band has a zero tolerance policy. Violation of this rule will result in removal from the band, in addition to any reporting of the violation to legal authorities and/or school administration.
- b. Obeying chaperones and band officers promptly, completely, and without attitude or question.
- c. Remaining in full regulation uniform at all times, unless otherwise specified by the Band Director.

- d. Maintaining a calm and positive atmosphere on the bus. Horseplay, loud singing, screaming, and electronic devices used without headphones are all not permitted.
 - e. Cleaning up after ourselves. Any location we utilize or travel through should be left cleaner than how we found it. This includes buses, warm-up facilities, bathrooms, eating areas, holding areas, bleachers, the band room and surrounding areas, etc.
 - f. Conducting ourselves in a respectful, subdued, and courteous manner at all times, including while waiting, while moving from one location to another, while eating, and while watching other performances.
 - g. No PDA (public display of affection) while participating in marching band activities, including during/before/after rehearsals, during travel, while in uniform, during/before/after performances, etc.
9. **Remain with the band during all marching band activities.**
For safety and discipline reasons, students must remain in designated locations at all times. This includes during/before/after rehearsals, during travel, during/before/after performances. All students must travel to and from marching band events with the band. Any student who needs to depart from an event with a parent/guardian should submit a request to the Director in the form of a handwritten note or e-mail from the parent/guardian at least 24 hours before the event. Students will only be released to the adult with proof of photo identification.
10. **Be responsible for the loading and unloading of one's instrument/equipment.**
Students are responsible for getting their instrument/equipment to the loading crew at the designated time. This also means students need to be aware of the schedule of activities, including loading and departure times.
11. **Arrange for transportation to/from school for rehearsals and performances.**
It is the student's responsibility to arrange transportation to arrive at rehearsals on time, and to be picked up promptly at the end of rehearsals or when returning from trips/competitions. Note to parents: The scheduled end time of a rehearsal is the time the students leave the practice field. Please allow approximately 15 additional minutes for students to pack up and store instruments/equipment and to clean up the area.
12. **Respect all school property (instruments, equipment, music, rooms, etc.).**
Should any damage to school/county property occur (beyond normal wear-and-tear) while in the possession of a student, that student is financially responsible for repair or replacement.
13. **Leave places cleaner than we found them.**
There is no band maid. Any location we utilize or travel through should be left cleaner than how we found it. This includes the band room (and surrounding areas), bathrooms, practice field, buses, warm-up facilities, eating areas, holding areas, bleachers, etc. A classy organization never leaves a mess.

D. Attendance Policy

All members of the marching band are expected to attend all rehearsals, sectionals, and performances, for the entire scheduled time.

Excused and Unexcused Absences

If a student needs to miss rehearsal for any reason, he/she must submit an Absence Request form two weeks before the absence will occur. The Director will review all absence requests and decide if the absence will be excused or unexcused. Absences not approved in advance will automatically be marked as unexcused.

Students are allowed 2 excused absences during the season. Any additional absences will be counted as unexcused. After the third unexcused absence, the Director will pursue disciplinary action with the student, which could include dismissal from the band. Missing a performance of any kind will count as two absences.

Extenuating circumstances (e.g., extreme emergencies, sudden sickness, etc.) will be considered for excusal. However, in such situations, an e-mail will be sent immediately to the Director explaining the circumstances and the Absence Request form will be submitted retroactively within 24 hours of the absence. Failure to complete the form will result in an unexcused absence.

Sitting out from a rehearsal for more than 30 minutes will count as an absence.

Absences may be excused for the following reasons:

- Religious ceremonies or holidays
- College visits
- Sudden sickness or Hospitalization
- Other situations deemed excusable by the Director

Note: The Director may choose to not approve any excuses depending on the time of the season during which the absence occurs.

The following are unacceptable (unexcused) reasons to miss rehearsal:

- Personal birthday
- ABS
- Detention
- Family visits
- Hair or cosmetology appointments
- Doctor's appointments (except in the case of emergency or sudden sickness)
- Rides

Note: It is the student's responsibility to arrange for transportation to and from all marching band events and to schedule doctor's visits around the marching band schedule.

Excused and Unexcused Tardiness

If a student needs to arrive late for a rehearsal, a Tardy Request form must be submitted at least 48 hours before the tardy. Students are allowed 4 excused tardies per season. Any additional tardies will be counted as unexcused.

Three unexcused tardies will be counted as an unexcused absence. Tardies exceeding 30 minutes will be counted as an absence.

Being unprepared for rehearsal (instrument, equipment, clothing, etc.) will be counted as two unexcused tardies.

The following are acceptable reasons to be tardy to a rehearsal:

- Making up a test
- Parent-Teacher conference
- Other situations deemed excusable by the Director

The following are unacceptable reasons to be tardy to a rehearsal:

- Gathering equipment
- Talking with friends
- Using the bathroom
- Changing into rehearsal clothes
- Detention
- Failure to arrange transportation



Dixie M. Hollins High School

4940 62nd Ave. N | St. Petersburg, FL 33709 | phone: (727) 547-7876 | fax: (727) 547-7727

Parents/Guardians,

It is important that you go over this handbook with your child. Please return this form signed by yourself and your child to Dr. Stefanic. This will show that you have read and understand the responsibilities and expectations explained in the handbook. If you have any questions regarding this please feel free to call or e-mail Dr. Stefanic at school.

We must receive this signed form before a student can participate in marching band.
Thank you in advance for your cooperation in this matter.

I have fully read and I understand the Marching Band Handbook and all expectations of the student, including the performance requirements and expectations related to rehearsal attendance.

Student Name _____

Student Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent Phone Numbers (Home/Cell) _____ (Alternate) _____

Marching Band Calendar 2015 (TENTATIVE)

Date	Time	Event
Mon June 29, 2015	5:30 - 8:30pm	Rookie Mini-Camp (all 1st year members)
Tues June 30, 2015	5:30 - 8:30pm	Rookie Mini-Camp (all 1st year members)
Mon July 6, 2015	5:00 - 9:00pm	Sectionals
Mon July 13, 2015	5:00 - 9:00pm	Sectionals
Mon July 20, 2015	5:00 - 9:00pm	Sectionals
Mon July 27, 2015	5:00 - 9:00pm	Sectionals (Note: Guard & Percussion have mini-camp this day)
Mon July 27, 2015	TBA (plan on 6 hrs)	Guard and Percussion Mini-Camp
Tues July 28, 2015	TBA (plan on 6 hrs)	Guard and Percussion Mini-Camp
Wed July 29, 2015	TBA (plan on 6 hrs)	Guard and Percussion Mini-Camp
Mon Aug 3, 2015	9:00am - 9:00pm	Band Camp
Tues Aug 4, 2015	9:00am - 9:00pm	Band Camp
Wed Aug 5, 2015	9:00am - 9:00pm	Band Camp
Thurs Aug 6, 2015	9:00am - 9:00pm	Band Camp
Fri Aug 7, 2015	9:00am - 5:00pm	Band Camp
Mon Aug 17, 2015	4:30 - 8:30pm	Rehearsal
Wed Aug 19, 2015	4:30 - 8:30pm	Rehearsal
Fri Aug 21, 2015	4:30 - 8:30pm	Rehearsal
Mon Aug 24, 2015	3:00 - 7:00 pm	Rehearsal
Tues Aug 25, 2015	3:00 - 7:00 pm	Rehearsal
Fri Aug 28, 2015	2:30-4:30 / 6:00-10:00	Home Football Game (Countryside)
Mon Aug 31, 2015	3:00 - 7:00 pm	Rehearsal
Tues Sept 1, 2015	2:30 - 4:00pm	Sectionals
Wed Sept 2, 2015	3:00 - 7:00 pm	Rehearsal
Tues Sept 8, 2015	3:00 - 7:00 pm	***Rehearsal
Wed Sept 9, 2015	3:00 - 7:00 pm	Rehearsal
Mon Sept 14, 2015	3:00 - 7:00 pm	Rehearsal
Tues Sept 15, 2015	2:30 - 4:00pm	Sectionals
Wed Sept 16, 2015	3:00 - 7:00 pm	Rehearsal
Fri Sept 18, 2015	2:30-4:30 / 6:00-10:00	Home Football Game (Largo)
Mon Sept 21, 2015	3:00 - 7:00 pm	Rehearsal
Tues Sept 22, 2015	2:30 - 4:00pm	Sectionals
Wed Sept 23, 2015	3:00 - 7:00 pm	Rehearsal
Fri Sept 25, 2015	2:30-4:30 / 6:00-10:00	Home Football Game (Lakewood)
Mon Sept 28, 2015	3:00 - 7:00 pm	Rehearsal
Tues Sept 29, 2015	2:30 - 4:00pm	Sectionals
Wed Sept 30, 2015	3:00 - 7:00 pm	Rehearsal
Fri Oct 2, 2015	2:30-4:30 / 6:00-10:00	Away Football Game @ Osceola
Sat Oct 3, 2015	9:00am - 5:00 pm	***Saturday Mini Camp
Mon Oct 5, 2015	3:00 - 7:00 pm	Rehearsal
Tues Oct 6, 2015	2:30 - 4:00pm	Sectionals
Wed Oct 7, 2015	3:00 - 7:00 pm	Rehearsal
Fri Oct 9, 2015	2:30-4:30 / 6:00-10:00	Away Football Game @ Seminole
Sat Oct 10, 2015	All Day (times TBA)	Seminole Sound Spectacular
Mon Oct 12, 2015	3:00 - 7:00 pm	Rehearsal
Tues Oct 13, 2015	2:30 - 4:00pm	Sectionals
Wed Oct 14, 2015	3:00 - 7:00 pm	Rehearsal
Fri Oct 16, 2015	2:30-4:30 / 6:00-10:00	Home Football Game (Clearwater) HOMECOMING
Sat Oct 17, 2015	9:00am - 2:00 pm	***Saturday Rehearsal
Tues Oct 20, 2015	3:00 - 7:00 pm	***Rehearsal
Wed Oct 21, 2015	3:00 - 7:00 pm	Rehearsal
Fri Oct 23, 2015	2:30-4:30 / 6:00-10:00	Away Football Game @ Northeast
Sat Oct 24, 2015	All Day (times TBA)	East Lake Classic

Mon Oct 26, 2015	3:00 - 7:00 pm	Rehearsal
Tues Oct 27, 2015	2:30 - 4:00pm	Sectionals
Wed Oct 28, 2015	3:00 - 7:00 pm	Rehearsal
Fri Oct 30, 2015	2:30 - 5:00pm	***Friday Rehearsal
Sat Oct 31, 2015	All Day (times TBA)	Wiregrass Ranch Marching Music Regional Championship
Mon Nov 2, 2015	3:00 - 7:00 pm	Rehearsal
Tues Nov 3, 2015	2:30 - 4:00pm	Sectionals
Wed Nov 4, 2015	3:00 - 7:00 pm	Rehearsal
Fri Nov 6, 2015	2:30-4:30 / 6:00-10:00	Home Football Game (Pinellas Park) SENIOR NIGHT
Sat Nov 7, 2015	All Day (times TBA)	FBA Music Performance Assessment (MPA) @ Dunedin HS
Week of Nov 30	TBA	1 or 2 Parade Rehearsals (TBA)

PINELLAS COUNTY SCHOOLS
VOLUNTEER REGISTRATION FORM

Please **PRINT** legibly and complete the entire form, front and back.

Please **ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID** will be kept on file.

LEGAL NAME as it appears on your photo ID	_____				
	LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	
DATE OF BIRTH		GENDER	SOCIAL SECURITY NUMBER		
MONTH	MONTH	DAY	DAY	YEAR	YEAR
		__ Male __ Female			

RACE - CHECK ALL THAT APPLY		
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

LEGAL PHOTO ID REQUIRED	
Driver's License (State) _____	DL/ID Number _____
Identification Card (State) _____	DL/ID Expiration _____
Military ID <input type="checkbox"/> Passport (do not print passport)	____ Foreign ID (Country) & # _____

Home Address: _____
STREET
APT#
CITY
STATE
ZIP

Previous Address (if less than 5 years) _____
STREET
APT#
CITY
STATE
ZIP

Home phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ **parent account ID:** _____

Employment or Organization represented: _____

Are you a current or former employee in Pinellas County Schools? No Yes Occupation: _____

School at which you want to volunteer: _____

Are you currently a student in a Pinellas County School? No Yes Where? _____

Emergency Contact: _____ Phone: _____

Days & Times Available to Volunteer: _____

Do you have a child/children attending this School? <input type="checkbox"/> No <input type="checkbox"/> Yes

CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE
CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE

Check which school level(s) and volunteer position(s) you're interested in:
--

- Elementary**
 Middle
 High
- | | | |
|---|---|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor
What subj: _____ | <input type="checkbox"/> Coach/Assistant Coach
What sport: _____ |
| <input type="checkbox"/> Take Stock In Children | <input type="checkbox"/> Classroom | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> 5000 Role Models | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Media Center |
| <input type="checkbox"/> Girlfriends | <input type="checkbox"/> PTA/SAC | <input type="checkbox"/> Field Trip/Overnight Field Trip - <input type="checkbox"/> Driver <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> Peer to Peer | <input type="checkbox"/> Boosters
List Club: _____ | <input type="checkbox"/> Other _____ |

Complete Back of Form

Pursuant to School Board Policy 9180, volunteers who have unsupervised contact with students must be Level II screened.
 All non-school board employees who are scheduled to attend overnight fieldtrips as chaperones/drivers must be Level II screened.

YOU MUST COMPLETE AND SIGN THIS REGISTRATION FORM BEFORE WE CAN PROCESS IT.

Have you ever had any altercation with any Law Enforcement Agency, pled nolo contendere or no contest to a charge, had an adjudication withheld, entered a **Pre-Trial Intervention** or **Diversion** program, had any offenses dropped or dismissed, been arrested or served time in jail, been convicted of a felony or misdemeanor, received a criminal traffic citation (including a DUI, driving with a suspended license and careless or reckless driving), or any criminal charge against you in the past (no matter how long ago) or have any charges now pending other than minor traffic violations. Also include any sealed or expunged convictions and any convictions or confirmations of child abuse or neglect.

___ No ___ Yes

If **NO**, and after a background check, we find offenses, you will not be eligible to volunteer.

If **YES**, please list: all offense(s) and the disposition of the case(s) [example: ruled guilty, paid fine, pled no contest, accepted adjudication, PTI/PTD, etc.], date(s) of offense(s), and the location (state and county) where offense(s) occurred.

List ALL Offenses	Disposition	Date of Offense(s)	Location (State & County)

Pinellas County Schools reserves the right to refuse volunteer assignments to any individual whether or not he or she has been convicted of any offense. In completing this public document, please understand Pinellas County School's sincere concern for the safety of its students, staff and visitors.

By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of the School Board (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity. I also understand volunteers are not employees or personnel of the school board. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. **FALSIFICATION OR OMISSION OF THIS OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE, CAN BE PROSECUTED, AND WILL CONSTITUTE GROUNDS FOR VOLUNTEER DISQUALIFICATION.**

I agree to maintain the **CONFIDENTIALITY** of student's information.

X _____

VOLUNTEER SIGNATURE DATE

The Pinellas County School Board is a public agency and subject to the Florida Public Records Act. All records, with certain limited exceptions, are subject to public viewing.

VOLUNTEER ELIGIBILITY Policy

The District Office will review all offenses to determine the outcome of your volunteer status and reserve the right to determine your eligibility status.

- **MAY NOT VOLUNTEER IF CONVICTED OF** any felony sexual related crimes, (including lewd and lascivious crimes) and felony child abuse.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST TEN (10) YEARS** for other felony crimes and any misdemeanor crimes of a sexual nature, (including indecent exposure) and misdemeanor crimes related to children.
- **MAY NOT VOLUNTEER IF CONVICTION WAS WITHIN THE LAST FIVE (5) YEARS** for felony theft/economic crimes, misdemeanor crimes of violence (including violation of injunction of protection against domestic violence), misdemeanor drug crimes, and misdemeanor crimes involving weapons.
- **LIMITED VOLUNTEER:** May volunteer, but **MAY NOT HANDLE MONEY** if crimes involving worthless checks/petty/retail theft committed within the last five (5) years. May volunteer, but **MAY NOT DRIVE** students for DUI conviction within the past five (5) years. **MAY NOT DRIVE** students for two DUI convictions within the last ten (10) years. **MAY NEVER DRIVE** students if volunteer has three or more DUI convictions.
- **CASE BY CASE REVIEW:** Other misdemeanors – Multiple convictions – Pending charges – Other Restrictions

APPEAL PROCESS FOR INELIGIBLE VOLUNTEERS – POLICY 9180

Applicants appealing their ineligible status must provide an appeal letter that includes the circumstances surrounding any/or all criminal offense(s) for which the exemption is sought. The appeal letter and all supporting materials, e.g. police report, and letters of recommendations, are to be sent to the Office of Strategic Partnerships District Volunteer Coordinator. For all questions please call 727-588-5050.

NOTE OF THE COLLECTION AND USE OF SOCIAL SECURITY NUMBER PREPARED PURSUANT TO SECTION 119.071(5)(a), F.S. (2007)

Notice is hereby given that Pinellas County Schools collects social security numbers from individuals for the following purposes, which are either specifically, authorized by law or are imperative for the performance of the district's duties and responsibilities as prescribed by law: Employment eligibility, Criminal Background Screening, Certification/Contributions Tracking of students as required by State Board Rule, Tracking and reporting of Corporate Tax Credit Scholarship students as required by State Board rule, Student identification numbers State directory of new hires, Annual report of wages and individuals, Record of remuneration paid to employees and Unemployment benefits.

The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color, sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.



2015-2016 Dixie Hollins Royal Rebel Marching Band Fees

Band Fees are required of every student. These fees cover band shirts, uniform cleanings, feeding the students, a general operation fee, instructor fees, transportation costs, competition fees and other necessary expenses. All Band fees go directly to the band program to support the students. Aside from the more tangible things such as T-shirts, etc., the fees cover music arrangements for competitions, halftime shows at football games, drill design, band clinicians, percussion instructor, auxiliary instructor, and other items that the band may need.

Student Name: _____ **Grade:** _____

Parent Name: _____

Telephone: _____

Parent Email: _____

Remember to fill out the attached form indicating your student's sizes.

Annual Band Fee

Select from the following Payment options:

___ One (1) time payment of \$125.00 paid by August 3 (\$25.00 discount)

___ Three (3) monthly payments of \$50.00 due July 7, August 7, September 7

___ Financial Assistance Requested (Please see Dr. Stefanic)

Any questions about the band fees or payments should be directed to Dr. Stefanic or Booster Treasurer, Lori Bartlett (bandbooster17@gmail.com)

How to Make Payments

Payments for band fees, band shoes and extra items can be made by check or money order to the Dixie Hollins Band Boosters, Inc.

Band Booster Officers will be available at Band Camp In August to accept payments and provide receipts.

Dr. Stefanic can be reached by phone: (727) 547-7876 ext. 2088
E-mail: stefanicn@pcsb.org



Marching Band Shirt and Shoes Order Form

T-shirts are included in your band fees. The Band Boosters will cover a portion of the cost of the marching shoes. Students are responsible for \$15. The boosters will cover the rest (approx. \$25 plus shipping costs). If you already have marching shoes, you do not need to buy another pair, unless they are too worn or falling apart.

*****Make checks payable to Dixie Hollins Band Boosters**

Student Name _____

T-shirt size (circle one):

XS S M L XL 2XL 3XL

Do you need marching shoes? (circle one) Yes No

Shoe Size _____ **Women's Size or Men's Size (circle one)**

Do you need "Wide" shoes? (circle one) Yes No

PINELLAS COUNTY SCHOOLS
MEDIA RELEASE FORM

During the school year, Pinellas County Schools may produce, reproduce, broadcast or publish student names, likenesses and/or voices on multiple media formats, including but not limited to:

- WPDS-Ch. 14
- Written publications
- District websites
- School websites
- Teacher websites

All documents on district-sponsored websites are required to conform to school board policies, including Policy 7.33, Use of Electronic Resources.

In addition, news media, including representatives of television, radio, newspaper and magazines, are periodically permitted on school board property and may take notes, still photographs, sound recordings and/or video that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

Pursuant to Section 540.08 and Section 1002.22, Florida Statutes, the school board is required to obtain express written permission before using any student's name or likeness in the above described manner. If you do not object to the use of your child's name, picture or voice for any purpose mentioned above, please sign the form below granting your consent pursuant to Section 540.08(1) and Section 1002.22(3)(d). If you have any questions, please contact the principal of your child's school.

If the student or parent/guardian wishes to rescind this permission, he or she may do so at any time with written notice. Unless rescinded, this permission will remain in effect in subsequent years.

REGARDING: _____
(name of student)

NAME OF SCHOOL: _____

I grant permission to use the above student's name likeness and or voice in the manners described above

Date: _____

Student's signature (if 18 or older)

Parent or guardian's signature (if student is under 18)

PINELLAS COUNTY SCHOOLS
FIELD TRIP/ACTIVITIES PERMISSION FORM



School Dixie M. Hollins High School

I (We) hereby grant permission for _____ to participate
Student Name

in a field trip/activity to any and all events of the Marching Band on for 2015-2016 school year
Location Date

and to make authorized or emergency stops as necessary.

Students will be traveling in the following manner:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Walking | <input checked="" type="checkbox"/> Rental Vehicle |
| <input checked="" type="checkbox"/> School Bus | <input checked="" type="checkbox"/> Commercial Transportation Carrier |
| <input checked="" type="checkbox"/> Private Passenger Vehicle | <input checked="" type="checkbox"/> Other <u>every event will differ</u> |

Time of Departure (Approx.) TBA Time of Return (Approx.) TBA

- 1) I authorize school representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

- 4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's luggage, belongings, and rooms (where applicable) may be randomly searched for contraband.

If the field trip is to the 4th grade Environmental Education Program, please complete the following:
Your child will have the opportunity to touch and hold captive animals in the environmental classroom during this field trip. You must check the appropriate space below in order for your child to touch and hold captive animals.
 YES, my child may touch and hold the animals. **NO**, my child may **NOT** touch and hold the animals.

Signature of Parent/Guardian Phone (Home) Phone (Work) Phone (Cell)

Alternate Emergency Contact Phone (Home) Phone (Work) Phone (Cell)

Date



Florida High School Athletic Association Clearance for Participation Form

GA7

Revised 06/12

The following information **MUST** be completed before the student will be allowed to participate in athletics at an FHSAA member school.

The student **MUST** have each of the categories below completed before equipment will be issued and/or the student is allowed to participate in tryouts, practices or contests.

To be completed by the student: Please **PRINT** all information clearly.

Student's OFFICIAL Full Name	Date of Birth (mm/dd/yy)
School Attended the Previous School Year	Current Grade Level
Sport (a separate form MUST be used for each sport)	

To be completed by school official only:

ELIGIBLE: YES NO

_____ Athletic Office Staff

REASON NOT ELIGIBLE: GPA LIMIT EXPIRED PROOF OF AGE NEEDED
 MISSING FORM (if applicable): EL4 EL7 EL12 EL14

PHYSICAL ON FILE (EL2 Form)

Date of Exam _____

_____ Athletic Office Staff

CONSENT/RELEASE ON FILE (EL3 Form)

_____ Athletic Office Staff

CONCUSSION/HYDRATION RELEASE ON FILE (EL3CH Form)

_____ Athletic Office Staff

GA4 GA6 FORM ON FILE (if applicable)

_____ Athletic Office Staff

STUDENT HAS BEEN ADDED TO THE C2CSchools DATABASE

_____ Athletic Office Staff



PINELLAS COUNTY SCHOOLS
APPLICATION FOR ATHLETIC PARTICIPATION

Name as it appears on birth certificate		School	School Year
Street Address		Home phone	Date of birth
City/State/Zip code		Parent work phone	Parent cell phone
Sex (circle one) M F	Student number		
Date entered ninth grade	Current grade	Date form is submitted	Age on this date

Pinellas County School in membership with the Florida High School Athletic Association (FHSAA) promotes athletics as a vital part of education. In order to participate in athletic activities, students must meet eligibility requirements established by the FHSAA and Pinellas County Schools. Additionally, required documents must be completed and on file with the school administration before a student is permitted to participate in interscholastic athletic practice which includes any and all forms of physical conditioning, both aerobic and anaerobic regardless of whether such conditioning occurs in the preseason, off-season, summer season, or during the period of permissible organized practice.

FHSAA regulations can be found online at www.fhsaa.org. Pinellas County School athletic regulations are part of the School Board Policy manual and can be found online at www.pcsb.org. Click on the Departments tab, then click on Athletics.

Please carefully read the following information, attach proof of county required insurance, complete the forms, and provide signatures and notarization where required. Return this form to the Athletic Coordinator.

Eligibility Violations due to summer contact. Please read carefully:

Once a student has been assigned to their zoned school, if any level of activity occurs during the summer at this school, i.e. conditioning, weightlifting, and then the student attempts to change schools during the open enrollment period, that student will be ineligible for that school year. However, if a student is placed on a waiting list for any district application magnet program and decides to participate in summer workout activities with their zoned school after the first day of fall sports, the student will be ineligible, however, if the student does not participate after the first day of fall practice then the student will be eligible.(9.325) If you consider changing your school, it is highly recommended that you contact the assistant principal for athletics at your school to learn more about these guidelines.

Parent Signature _____ Student Signature _____

FOR SCHOOL USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Participation form signed and notarized | <input type="checkbox"/> Birth certificate verified |
| <input type="checkbox"/> Physical complete and signed | <input type="checkbox"/> Relevant information page signed |
| <input type="checkbox"/> Proof of insurance provided | <input type="checkbox"/> Summer caution statement signed |
| <input type="checkbox"/> Addendum to Participation Form | <input type="checkbox"/> Policy on Recruiting |
| <input type="checkbox"/> EL-7 | <input type="checkbox"/> GPA |

RELEVANT INFORMATION REGARDING EXTRACURRICULAR ATHLETICS

A student who plans to participate in an athletic program that has had prior contact with the coach or anyone affiliated with the school prior to his/her attendance within the past one calendar year may be ineligible to participate and MUST notify the administrator of the school.

Students who move during the school year may remain at the current school until the end of that school year. Contact school administration for details.

Participation in extracurricular athletics is voluntary and carries certain inherent risks and possibilities of serious injury and even death. I understand the possible risks, and that medical expenses resulting from injuries incurred during District or school sponsored extracurricular athletics are the responsibility of the parents/guardians of the student(s).

I hereby agree to waive, release, discharge, indemnify, and hold the school and the Pinellas County School Board harmless from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary District or school sponsored extracurricular athletics.

Transportation of students participating in extracurricular athletic competitions, practices and other District or school sponsored athletic events will not always be provided or arranged by schools or the Pinellas County School Board.

I hereby agree to waive, release, discharge, indemnify, and hold the school and the Pinellas County School Board harmless from any and all liability for any injury or illness of the above named student(s) including death, or for claims of any nature which may result from transportation of the student(s) to District or school sponsored extracurricular athletic competitions, practices and other District or school sponsored athletic events that is provided or arranged by the student or their parents or guardians.

Each student participating in District or school sponsored Extracurricular Athletics is required to purchase mandatory student accident insurance from the insurance carrier currently contracted with the Pinellas County School Board. This is not intended as primary insurance. This requirement CANNOT be waived, and the insurance must be purchased before any level of participation can occur. Proof of purchase of the appropriate student accident insurance coverage from the currently contracted insurance carrier must be attached to this form.

Failure to purchase the appropriate student accident insurance policy, or, failure by the Pinellas County School Board to verify that this requirement has been met, does not transfer responsibility for payment of any and all injury related claims and expenses, from the student/parent/guardian to the Pinellas County School Board.

Football players cannot alter, in any way, protective gear. Any alterations must be made with the permission of the head coach and must be within the approved specifications of the equipment manufacturer.

A certified Athletic Trainer will be assigned to each school and will attend all football games and can treat students from any school. Pinellas County does not contract for standby ambulance service at any athletic event.

A student who transfers from one school to another during the school year must follow the transfer process. FHSAA policy 9.7 Transfers.

Eligibility requirements are designated by the FHSAA. It is the student's responsibility to confirm his/her eligibility prior to trying out for a team or investing money in insurance.

Participation in extracurricular athletics is a privilege and can be suspended or revoked by the school's administration when deemed necessary.

A student who accepts a position as a member of an athletic team shall be considered a member of that team until the team has completed the final competition in which it is eligible to participate, including all playoff games. Any student who leaves the team for any reason prior to the end of the season shall be ineligible to participate in any other sport until the season of the team she/he left has been completed.

An athlete must be in good standing with the team and the school at the completion of the sport season to be eligible for a letter or any other award. The athlete must meet county and the FHSAA requirements in order to receive a letter or award. A student who leaves the team early or does not participate through the end of the season will not be considered in good standing.

Athletes and teams that qualify to advance in the state series playoffs must participate on the next level of competition qualified for or be assessed a fine from the FHSAA. An athlete that fails to participate in a state series playoff after qualifying will be considered "not in good standing" and therefore not qualified to letter or receive awards.

Student signature

Parent/guardian signature

Date



PINELLAS COUNTY SCHOOLS
HIGH SCHOOL ACTIVITIES PARTICIPATION FORM
 HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH THE DISTRICT AND SHOW PROOF OF IMMUNIZATION

***** NOTICE *****

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Student Information: _____ / _____ / _____
NAME AS IT APPEARS ON BIRTH CERTIFICATE GENDER GRADE DATE OF BIRTH

Are you an Administrative Transfer (Check One): Yes No **Birth Certificate:** Yes No

Parent(s) or Guardian(s) Must Complete This Section

Residence of Parents or Legal Guardian _____ since _____ / _____ / _____
Street Address City Month Day Year

Residence (if Different from Parent(s) or Legal Guardian) _____
Street Address City

Lived at this address since: _____ / _____ / _____
Name(s) and Relationship of Person(s) you live with if other than parent(s) or legal guardian _____
Name Month Day Year

Insurance Students participating in voluntary extracurricular athletics and activities, as defined by Pinellas County School Board Policy 8760, must purchase the Mandatory Student Accident Insurance made available by the School District. Purchase of a student accident insurance policy for football covers football and all other sports and activities requiring mandatory student accident insurance. Purchase of a (non-football) student accident insurance policy covers all (non-football) school related sports and activities requiring mandatory student accident insurance. Insurance may be purchased on-line at <http://www.pcsb.org> site shortcuts PE, Athletics & Extracurricular Activities. Note: This is excess Insurance. It is provided to cover some of the out-of-pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.

Mandatory Football Insurance _____ **Mandatory Student Accident Insurance** _____
Date Purchased Date Purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of school sponsored athletics, activities and travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company(s) providing primary and/or excess coverage for the above named student.

* Please see attached FHSAA Pre-participation Physical Evaluation Form for pertinent medical conditions *

Student Participation Permission

***** PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY, EVEN DEATH *****

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. I hereby agree to waive, release and discharge the School and the Pinellas County School Board from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary school sponsored extracurricular athletics. I agree to indemnify and hold harmless the School and the Pinellas County School Board from claims of any nature including costs, expenses and fees arising out of or as a result of the participant's actions during this activity. This permission includes team travel for local or out-of-town trips. Circle the sport(s) the student intends to play:

Baseball	Cross Country	Football	Soccer	Swimming/Diving	Track	Volleyball	Wrestling
Basketball	Cheerleading	Flag Football	Golf	Softball	Tennis		

_____ **School attended last year:** _____

_____ / _____
Student's Signature Home/Work Phone Date Relationship to the Student

_____ / _____
Signature of Parent/Guardian Home/Work Phone Date Relationship to the Student

_____ / _____
Signature of Parent/Guardian Home/Work Phone Date Relationship to the Student

If only one Parent/Guardian signature above, explain reason: _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

I (SWEAR) (AFFIRM) that the above information is true and correct to the best of my knowledge.

X _____
(Signature of parent making affidavit)

Sworn to and subscribed before me this _____ day of _____ A.D., _____

(Signature of Notary Public, State of Florida)

(Print, type, or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification *

* Type of identification produced: _____

My commission expires: _____

Notary Public Commission Number: _____

The FHSAA web site, www.fhsaa.org, and your school's Athletic Director can best explain student eligibility requirements. If you have any questions about eligibility, please make an appointment with your schools' Athletic Director **before completing this form or trying out**. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

List schools attended by above named student during:

9th grade: _____

10th grade: _____

11th grade: _____

12th grade: _____

If you have any questions regarding eligibility, meet with your school's Athletic Director **BEFORE** trying out.

Please read both pages and retain a copy of this form before signing and returning to your school or coach

Please read both pages and retain a copy of this form before signing and returning to your school or coach

***** NOTICE *****

Participation in competitive athletics, including cheerleading may result in severe injury, including paralysis, or even death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Parent(s) and/or Guardian(s) of Prospective Interscholastic Athletics:

- Before trying out for an interscholastic sport, a student must be certified as eligible, in accordance with the Florida High School Athletic Association (FHSAA) rules and the policies of the Pinellas County School Board.
- Parent(s) or Guardian(s) must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Student Accident Insurance. Your student will not be allowed to practice or participate until this form is completed and is on file at the school. After all eligibility requirements have been met, the FHSAA requires a minimum five (5) day waiting period before a student may participate in an athletic contest.
- The Pinellas County School Board requires students participating in extracurricular sports and certain designated activities to purchase Mandatory Student Accident Insurance (Pinellas County School Board Policy 8760) regardless of your existing insurance coverage. Information on student accident insurance plans is available on the Pinellas County School Board's website, www.pcsb.org under the site shortcuts PE, Athletics & Extracurricular Activities.
- The football insurance plan made available by the Pinellas County School Board must be purchased in order for a student to participate in varsity or junior varsity football.
- The first time a student participates in athletics at a school, he/she must submit an original certified copy of his/her birth certificate. The birth certificate will NOT be retained by school personnel. (Photo static or duplicated copies of documents are NOT acceptable in lieu of a birth certificate.)

The following are excerpts of the athletic eligibility rules required by the Florida High School Athletic Association and the School Board of Pinellas County. If further clarification of these rules is required, contact the Assistant Principal for Activities at your school. This form is no longer available in three (3) part carbonless sheets; therefore, it must be duplicated when completed. The school must keep the original and the parent and coach must have a copy.

PINELLAS COUNTY SCHOOL BOARD POLICY IN BRIEF

- Home Educated students must be assigned through the district office.
- Students administratively transferred to another regular school for disciplinary reasons shall be ineligible for athletic participation for a period of 365 days from the date of the transfer.
- Students returning to any regular school from a successful reassignment/expulsion shall be eligible upon return to the regular school provided the student meets all FHSAA eligibility requirements.
- Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid by the student/parent/guardian to his/her school. The fine may range from fifty (\$50) to two hundred fifty (\$250), determined by the FHSAA, for gross unsportsmanlike conduct. An athlete who is ejected or disqualified for unsportsmanlike conduct will not participate in or represent the school in any future athletic contests until all fines assessed have been paid to the school.

FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. REGULATIONS IN BRIEF

- Academic Eligibility:
 - o An incoming 9th grade student must have been regularly promoted to be eligible during the first semester.
 - o Eligibility is based on an unweighted cumulative GPA in all courses taken since first entering the 9th grade.
 - o Eligibility status is determined at the end of each semester (18 weeks) to determine if a student is eligible or ineligible. This means a student who maintains a cumulative 2.0 grade point average is eligible for an entire semester (18 weeks). If a student does not maintain a cumulative 2.0 grade point average, he/she is ineligible for an entire semester (18 weeks). This applies to 11th and 12th grade students.
PLEASE CONTACT YOUR SCHOOLS' ASSISTANT PRINCIPAL FOR ACTIVITIES OR YOUR SCHOOLS' ATHLETIC COORDINATOR IF YOU HAVE QUESTIONS.
- A transfer from one school to another must be accompanied by a change of residence with the person with whom he/she was living continuously for a full calendar year.
- A student will be eligible until he/she reaches the age of 19 years, 9 months.
- Students have four consecutive years of high school eligibility from the date they first enter the 9th grade.
- Physical Evaluation: The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner. A physical evaluation is valid for one year (365 calendar days) from its date. For example, if a physical is on May 1 it is valid through the following April 30.



Preparticipation Physical Evaluation (Page 1 of 3)

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

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

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

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	____	____	26. Have you ever become ill from exercising in the heat?	____	____
2. Do you have an ongoing chronic illness?	____	____	27. Do you cough, wheeze or have trouble breathing during or after activity?	____	____
3. Have you ever been hospitalized overnight?	____	____	28. Do you have asthma?	____	____
4. Have you ever had surgery?	____	____	29. Do you have seasonal allergies that require medical treatment?	____	____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	____	____	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)?	____	____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	____	____	31. Have you had any problems with your eyes or vision?	____	____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	____	____	32. Do you wear glasses, contacts or protective eyewear?	____	____
8. Have you ever had a rash or hives develop during or after exercise?	____	____	33. Have you ever had a sprain, strain or swelling after injury?	____	____
9. Have you ever passed out during or after exercise?	____	____	34. Have you broken or fractured any bones or dislocated any joints?	____	____
10. Have you ever been dizzy during or after exercise?	____	____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	____	____
11. Have you ever had chest pain during or after exercise?	____	____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	____	____	____ Head	____ Elbow	____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	____	____	____ Neck	____ Forearm	____ Thigh
14. Have you had high blood pressure or high cholesterol?	____	____	____ Back	____ Wrist	____ Knee
15. Have you ever been told you have a heart murmur?	____	____	____ Chest	____ Hand	____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	____	____	____ Shoulder	____ Finger	____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	____	____	____ Upper Arm	____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	____	____	36. Do you want to weigh more or less than you do now?	____	____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	____	____	37. Do you lose weight regularly to meet weight requirements for your sport?	____	____
20. Have you ever had a head injury or concussion?	____	____	38. Do you feel stressed out?	____	____
21. Have you ever been knocked out, become unconscious or lost your memory?	____	____	39. Have you ever been diagnosed with sickle cell anemia?	____	____
22. Have you ever had a seizure?	____	____	40. Have you ever been diagnosed with having the sickle cell trait?	____	____
23. Do you have frequent or severe headaches?	____	____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	____	____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	____	____	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 cardio stress test.

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



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.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____

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



Consent and Release from Liability Certificate (Page 1 of 2)

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

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

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

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

List sport(s) exceptions here

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

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

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

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

G. Please check the appropriate box(es):

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

Company: _____ Policy Number: _____

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

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

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

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

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

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

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



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school.

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. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. 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)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of practice of a sport , or otherwise the student cannot participate at the new school for the remainder of the school year. Exceptions may apply. See your school's principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.2) Exceptions may apply. See your school's principal/athletic director after first attending the new school.
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student may be ineligible there for one year. (FHSAA Bylaw 9.3)
9. 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)
10. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)
13. 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)
14. 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)
15. 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)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. 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)
18. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.

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.

ADDENDUM TO HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

This Addendum to the High School Activities Participation Form provides additional acknowledgements and releases required by the Florida High School Athletic Association ("FHSAA") and must be fully executed in conjunction with the High School Activities Participation Form (PCS form 4-1891-A).

Student Acknowledgement and Release (to be signed by student)

I know the risk involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risk. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risk 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 any school, the schools against which it competes, the school district, the school district (sic), 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 my athletic participation. I hereby authorize the use or disclosure of my individual identifiable health information should treatment for illness or injury become necessary. I hereby grant to the 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 use my name, face, likeness, void and appearance in connection with exhibitions, publicity, advertising, promotion, and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorization and rights granted herein are voluntary, and that I may revoke any and 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.

Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign)

I, we understand that participation may necessitate an early dismissal from classes. I/we know of, and acknowledge that my child/ward knows of the risk involved in interscholastic athletic participation, understand that serious injury and even death is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, 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/we further hereby authorize the use or disclosure of my child's/ward's individual identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure by my child's/ward's school, to the FHSAA upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotion and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand the authorization and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in Interscholastic athletics.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature of Student

Signature of Parent

Print Student's Name

Print Parent's Name

Date

FHSAA CONCUSSION & HEAT RELATED ILLNESSES INFORMATION RELEASE FORM

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

CONCUSSION INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports 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. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice 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 a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Return to Practice and Competition

The Florida High School Athletic Association Concussion Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The FHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The FHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

FHSAA HEAT RELATED ILLNESSES INFORMATION

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

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

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

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

Who's at Risk?

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

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Profile of Athletic Trainers

Definition of Athletic Training

Athletic training is practiced by athletic trainers (AT), health care professionals who collaborate with physicians to optimize activity and participation of patients and clients across age and care continuums. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. ATs work under the direction of physicians, as prescribed by state licensure statutes.

Athletic trainers are well-known, recognized, qualified health care professionals

ATs are highly qualified, multi-skilled health care professionals, and are under the allied health professions category as defined by Health Resources Services Administration (HRSA) and Department of Health and Human Services (HHS). Athletic trainers are assigned National Provider Identifier (NPI) numbers, and the taxonomy code for athletic trainers is 2255A2300X. Athletic trainers are listed in the Bureau of Labor Statistics in the "professional and related occupations" section.

State regulation of athletic trainers

- Athletic trainers licensed or otherwise regulated in 47 states; efforts continue to add licensure in Alaska, California and Hawaii.
- NATA has ongoing efforts to update obsolete state practice acts that do not reflect current qualifications and practice of ATs under health care reform.
- Athletic trainers practice under the direction of physicians.
- ATs work under different job titles (wellness manager, physician extender, rehab specialist, etc.).
- ATs relieve widespread and future workforce shortages in primary care support and outpatient rehab professions.
- Academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program; 70 percent of ATs have a master's degree.
- 46 states require ATs to hold the Board of Certification credential of "Athletic Trainer, Certified" (ATC).

ATs improve patient functional and physical outcomes

- Physicians, hospitals, clinics and other employers demand ATs for their versatile wellness services, and injury and illness prevention skills.
- Employers demand ATs for their knowledge and skills in manual therapy and similar treatments for musculoskeletal conditions, including back pain.
- ATs commonly supervise and motivate obese clients and patients to safely improve their health and fitness.
- ATs commonly work with patients with asthma, diabetes, heart disease and other health conditions.

ATs specialize in patient education to prevent injury and re-injury, which reduces rehabilitative and other health care costs

- In a patient-centered team, adding ATs to the team does not cost the health care system money. Studies demonstrate that the services of ATs save money for employers and improve quality of life for patients.



Florida High School Athletic Association

Post Head Injury/Concussion Initial Return to Participation

(Page 1 of 2)

This form must be completed for any student-athlete that has sustained a sports-related concussion and must be kept on file at the student-athlete's school.

Athlete Name: _____ DOB: ____/____/____ Injury Date: ____/____/____

Sport: _____ School: _____ Level (Varsity, JV, etc.): _____

I (treating physician) certify that the above listed athlete has been evaluated for a concussive head injury, and currently is/has:
(All Boxes **MUST** be checked before proceeding)

<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> Normal neurological exam	<input type="checkbox"/> Returned to normal classroom activity
<input type="checkbox"/> Off medications related to this concussion	<input type="checkbox"/> Neuropsychological testing (as available) has returned to baseline	

The athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of an athletic trainer, coach or other health care professional as of the date indicated below. If the athlete experiences a return of any of his/her concussion symptoms while attempting a graded return to play, the athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach.

Physician Name: _____ Signature/Degree: _____

Phone: _____ Fax: _____ Today's Date: _____

Graded Return to Play Protocol

Each step, beginning with step 2, should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision, please initial and date the box next to each completed step

Once the athlete has completed full practice i.e. stage 5, please sign and date below and return this form to the athlete's physician (MD/DO) for review and request the physician complete the return to competition form for the athlete to resume full activity.

Rehabilitation stage	Functional exercise at each stage	Objective	Date completed	Initials
1. No Activity	Rest; physical and cognitive	Recovery	Noted above	Signed above
2. Light aerobic exercise	Walking, swimming, stationary bike, HR<70% maximum; no weight training	Increased heart rate		
3. Sport-specific exercise	Non-contact drills	Add movement		
4. Non-contact training	Complex (non-contact) drills/practice	Exercise, coordination and cognitive load		
5. Full contact practice	Full contact practice	Restore confidence and simulate game situations		
6. Return to full activity	Return to competition	After completion of the steps above; Form AT18, Page 2 must be completed by physician		

I attest the above named athlete has completed the graded return to play protocol as dated above.

Athletic Trainer / Coach

Name: _____ AT License Number: _____ Phone: _____

(If coach) AD/Principal Name: _____ School: _____ Phone: _____

Athletic Trainer / Coach

Signature: _____ Date: ____/____/____

Athlete Signature: _____ Date: ____/____/____

Physician Reviewed: _____



Florida High School Athletic Association

Post Head Injury/Concussion Initial Return to Participation

(Page 2 of 2)

This form must be completed for any student-athlete that has sustained a sports-related concussion and must be kept on file at the student-athlete's school.

Return to Competition Affidavit

Student-Athlete's Name: _____

Date of Birth: ____/____/____ Injury Date: ____/____/____

Formal Diagnosis: _____

School: _____

Sport: _____

I certify that I have reviewed the signed graded return to activity protocol provided to me on behalf of the athlete named above. This athlete is cleared for a complete return to **full-contact physical activity** as of ____/____/____.

This student-athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach and to refrain from activity should his/her symptoms return.

Physician Name: _____

Physician Signature: _____ License No.: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Date: ____/____/____

For each \$1 invested in preventive care, employers gained up to a \$7 return on investment, according to two independent studies.

- Results from a nationwide Medical Outcomes Survey demonstrate that care provided by ATs effects a significant change in all outcome variables measured, with the greatest change in functional and physical outcomes. The investigation indicates that care provided by ATs generates a positive change in health-related quality of life patient outcomes. (Ref: *Journal of Rehabilitation Outcomes Measure* 1999; 3 (3):51-56.)

Many athletic trainers work outside of athletic settings; they provide PMR and other services to people of all ages. ATs work in:

- Physician offices as physician extenders, similar to nurses, physician assistants, physical therapists and other professional clinical personnel.
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers.
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness and physical therapy.
- Occupational health departments in commercial settings, which include manufacturing, distribution and offices to assist with ergonomics.
- Police and fire departments and academies, public safety and municipal departments, branches of the military.
- Public and private secondary schools, colleges and universities, professional and Olympic sports.
- Youth leagues, municipal and independently owned youth sports facilities.

Athletic trainers have designated CPT/UB Codes

The Current Procedural Terminology (CPT) codes are athletic training evaluation (97005) and re-evaluation (97006); these codes are part of the Physical Medicine and Rehabilitation (PMR) CPT family of codes. The American Hospital Association established Uniform Billing (UB) codes - or revenue codes - for athletic training in 1999. The term "qualified health care professional," as found in the CPT code book, is a generic term used to define the professional performing the service described by the code. The term "therapist" is not intended to denote any specific practice or specialty field within PMR.

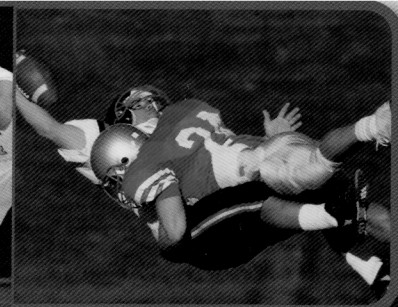
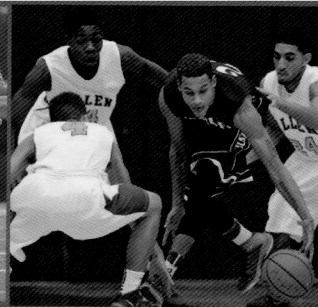
The following educational content standards are required for athletic training degree programs

- Risk management and injury prevention
- Pathology of injuries and illnesses
- Orthopedic clinical examination and diagnosis
- Medical conditions and disabilities
- Acute care of injuries and illnesses
- Therapeutic modalities
- Conditioning, rehabilitative exercise and referral
- Pharmacology
- Psychosocial intervention and referral
- Nutritional aspects of injuries and illnesses
- Health care administration

The title of "athletic trainer" and the National Athletic Trainers' Association

The statutory title of "athletic trainer" is a misnomer. Athletic trainers provide medical services to all types of people - not just athletes participating in sports - and do not train people as personal or fitness trainers do. However, *the profession continues to embrace its proud culture and history by retaining the title.* In other countries, athletic therapist and physiotherapist are similar titles. The AT profession was founded on providing medical services to athletes. NATA represents more than 34,000 members in the U.S. and internationally, and there are about 40,000 ATs practicing nationally. NATA represents students in 325, accredited collegiate academic programs. The athletic training profession began early in the 20th century, and the National Athletic Trainers' Association was established in 1950.

September 2011 #1014



**ENROLL ONLINE NOW AT www.pcsbstudentaccident.com FOR
K-12 STUDENT ACCIDENT INSURANCE PLAN**

2014 - 15 School Year

All students participating in the following athletic and extracurricular activities are required by School Board Policy 8760 to purchase student accident insurance. This supplemental accident insurance will coordinate with any other health insurance you may have.

**Baseball
Basketball
Bowling
Cheerleading
Color Guard
Cross Country
Dance Team**

**Diving
Drama
Flag Football
FPSA (Florida Public
Services Association)
Golf
Intramurals**

**JROTC
JR Varsity Football
Majorettes
Marching Band
Powder Puff Football
Soccer
Softball**

**Swimming
Tennis
Track
Varsity Football
Volleyball
Weight Lifting
Wrestling**



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See reverse side for enrollment procedure.**

Para asistencia en Español, llamada WebTPA 1-866-975-9468

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www.pcsbstudentaccident.com

Follow these easy steps:

- 1 ● To view the plan benefits and rates, click on “Plan Benefits, Rates & Definitions” next to the yellow button**
 - 2 ● Click the Yellow Button for 2014-15 Enrollment**
 - 3 ● Type in the required information, pay by credit or debit card. Your ID card and receipt will be sent to the email address entered in the enrollment. If you do not have an email address, your ID card will be sent to your student’s school Athletic Coordinator.**
 - 4 ● Print your ID card and take a copy to your school administrator or coach as proof of enrollment**
- Your coverage begins 8/1/2014, or on the date of purchase, and ends 7/31/2015.**

This is Excess Insurance. It is provided to cover some of the out-of-pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy. For those without internet access, assistance will be provided by calling Customer Service at 727-576-5995



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