



# Florida High School Athletic Association Clearance for Participation Form

**GA7**  
Revised 08/18

**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/EL7V [ ] EL12/EL12V [ ] EL14

PHYSICAL ON FILE (EL2 Form)

**Date of Exam**  
\_\_\_\_\_

\_\_\_\_\_  
Athletic Office Staff

CONSENT/RELEASE ON FILE (EL3 Form)

\_\_\_\_\_  
Athletic Office Staff

[ ] GA4 (if applicable)

\_\_\_\_\_  
Athletic Office Staff

[ ] STUDENT HAS BEEN ADDED TO  
THE Home Campus 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 on line at [www.fhsaa.org](http://www.fhsaa.org). Pinellas County School athletic regulations are part of the School Board Policy manual and can be found on line at [www.pcsb.org](http://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.

**FOR SCHOOL USE ONLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Participation form signed and notarized<br><input type="checkbox"/> EL3<br><input type="checkbox"/> Physical complete and signed<br><input type="checkbox"/> Proof of insurance provided<br><input type="checkbox"/> Addendum to Participation Form<br><input type="checkbox"/> EL-7 | <input type="checkbox"/> Birth certificate verified<br><input type="checkbox"/> Relevant information page signed<br><input type="checkbox"/> Physical complete and signed<br><input type="checkbox"/> Summer caution statement signed<br><input type="checkbox"/> Policy on Recruiting<br><input type="checkbox"/> GPA |
|---|--|

## RELEVANT INFORMATION REGARDING EXTRACURRICULAR ATHLETICS

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).

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.

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 participants actions during this voluntary activity.

Each student participating in District 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.

A student who transfers from one school to another during the school year must follow the transfer process, except as otherwise allowed by law. See FHSAA bylaw 9.7 Transfers.

Eligibility requirements are designated by the FHSAA and the Pinellas County School Board adopts such requirements as it's own. 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, except as otherwise allowed by law.

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.

### Relevant information regarding extracurricular athletics.

Students may use the school choice options approved in School Board Policies 5120 - Assignment of Students and 5210.01 – Controlled Open Enrollment to attend a non-zoned school. Once a student is assigned to a non-zoned school the student is eligible to participate in athletics immediately, provided they have not participated in the same sport and the previously attended school in the same year, except as otherwise allowed by law.

\_\_\_\_\_  
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 | Lacrosse |
| Basketball | Cheerleading  | Flag Football | Golf   | Softball        | Tennis | Wrestling  |          |

**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

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

The FHSAA web site, [www.fhsaa.org](http://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:

9<sup>th</sup> grade: \_\_\_\_\_

10<sup>th</sup> grade: \_\_\_\_\_

11<sup>th</sup> grade: \_\_\_\_\_

12<sup>th</sup> 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](http://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 the remaining of the school year.

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:

- An incoming 9<sup>th</sup> grade student must have been regularly promoted to be eligible during the first semester.
- Eligibility is based on an unweighted cumulative GPA in all courses taken since first entering the 9<sup>th</sup> grade.
- 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 11<sup>th</sup> and 12<sup>th</sup> grade students.  
**PLEASE CONTACT YOUR SCHOOLS' ASSISTANT PRINCIPAL FOR ACTIVITIES OR YOUR SCHOOLS' ATHLETIC COORDINATOR IF YOU HAVE QUESTIONS.**

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 9<sup>th</sup> grade. Beginning with students entering grade 9 in 2014-2015, and thereafter, a student who reached 19 on or after September 1<sup>st</sup>, and who has not exceeded his/her four year limit of eligibility, may participate in Interscholastic athletics during that school year.

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 2 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 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_

Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
----------	--------	-------------------	-----------

**MEDICAL**

- |                           |       |       |       |
|---------------------------|-------|-------|-------|
| 1. Appearance             | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat  | _____ | _____ | _____ |
| 3. Lymph Nodes            | _____ | _____ | _____ |
| 4. Heart                  | _____ | _____ | _____ |
| 5. Pulses                 | _____ | _____ | _____ |
| 6. Lungs                  | _____ | _____ | _____ |
| 7. Abdomen                | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin                   | _____ | _____ | _____ |

**MUSCULOSKELETAL**

- |                   |       |       |       |
|-------------------|-------|-------|-------|
| 10. Neck          | _____ | _____ | _____ |
| 11. Back          | _____ | _____ | _____ |
| 12. Shoulder/Arm  | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand    | _____ | _____ | _____ |
| 15. Hip/Thigh     | _____ | _____ | _____ |
| 16. Knee          | _____ | _____ | _____ |
| 17. Leg/Ankle     | _____ | _____ | _____ |
| 18. Foot          | _____ | _____ | _____ |

\* – station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

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

\_\_\_\_ Cleared without limitation

\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_ Precautions: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 3 of 3)

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

Student's Name: \_\_\_\_\_

### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ 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 4)

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

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

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

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the 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 to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child'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 for Concussions (Page 2 of 4)**

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

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

**Concussion Information**

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

**Signs and Symptoms of a Concussion:**

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

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

**DANGERS if your child continues to play with a concussion or returns too soon:**

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

**Steps to take if you suspect your child has suffered a concussion:**

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

**Return to play or practice:**

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

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

**Statement of Student Athlete Responsibility**

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

**I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at [www.nfhslearn.com](http://www.nfhslearn.com). I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.**

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /



Florida High School Athletic Association
Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

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

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

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

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

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

What to do if your student-athlete collapses:

- 1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

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

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

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

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

Who's at Risk?

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

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) Signature of Student-Athlete Date

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

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



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

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

### Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

**By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.**

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**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 I compete, 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, 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 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 in 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

# **Assumption of Risk, Waiver, Release & Hold Harmless**

## **Pinellas County School District COVID-19 and Voluntary Extracurricular Activities Summer 2020 and School Year 2020-21**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Pinellas County, Florida, and the Pinellas County School District (collectively, "PCS"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

PCS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity, without appeal, if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), PCS staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Pinellas County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Print name of Student

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Date of signature