Thank you for your interest in participating in our athletic program. Middle school athletics include the following:

1. Volleyball
2. Basketball
3. Track & Field
4. Flag Football

Please complete the checklist below in order to be eligible for each sport at Dunedin Highland Middle School.

- Complete the Middle School Participation Form (attached)
- Purchase the mandatory student accident insurance and provide proof of purchase.
  
  https://www.pcsb.org/studentaccidentinsurance

- Receive a current sports physical signed by a physician & provide a copy. Physicals are good for up to a year after the date they are given. If you need a form, the Florida High School Athletics Association (FHSAA) form is attached.

- Meet academic eligibility by having a 2.0 GPA from the previous semester.
  
  - For Volleyball and Basketball:
    - 7th & 8th grade athletes: Eligibility is based on 2021-2022 Spring semester GPA.
    - 6th grade athletes: Automatically eligible for first semester sports.
  
  - For Track and Flag Football:
    - Eligibility will be based on 2022-2023 1st semester GPA.
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.

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 named above. The school will be responsible for any associated charges. I understand that the school accident policy covers only a portion of these charges. The balance will be paid by the family. In the event the student is injured or becomes ill as a result of his or her actions during this activity, the person(s) listed on this form in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

Name(s) and Relationship of Person(s) you Live with if other than parent(s) or legal guardian:

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 www.pcsb.org under the quick link for student accident insurance. 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.

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 named above in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.

1) Allergies and/or special medical problems (list medications carried by student):

_______________________________________________________________________________________

_______________________________________________________________________________________

2) Date of last Tetanus shot

3) Family Physician

_______________________________________________________________________________________

Phone

Please attach Physical Evaluation Form and any 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.

STATEMENT:

I hereby certify that I have read both sides of this form and understand the rules contained herein, and that the information supplied is true and accurate to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future change of this information.

_______________________________________________________________________________________

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Please read both pages of this form before returning it to your school or coach.
Please read both pages of this form before returning it 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.

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.

Parents and/or Guardians of Prospective Interscholastic Athletes:

Before trying out for an interscholastic sport a student must be certified as eligible, in accordance with the Florida High School Athletic Association rules and the policies of the School Board of Pinellas County.

Parents or Guardians must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Insurance. Your student will not be allowed to practice until this form is completed and is on file at the school.

The Pinellas County School Board requires students participating in extracurricular activities to purchase the Mandatory Student Accident Insurance (School Board Policy 8760) regardless of your existing insurance coverage.

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 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

* Students must attend the school they are assigned.
* Students whose residences are outside the zone may enroll in a school through the open enrollment process.
* Students who change school assignment between the end of one school year and the beginning of the next school year, are eligible to participate at the newly assigned school provided they are enrolled and attending at the newly assigned school as of the first day of the school year.
* Home educated students must be assigned to a school through the Student Reservation System at any school.
* 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 any regular school. Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid to his/her school. The fine is $50 or $250 for gross unsportsmanlike conduct.

ELIGIBILITY REQUIREMENTS

Academic Eligibility
A middle/junior high student must have a 2.0 GPA, or the equivalent of a 2.0 GPA based on a 4.0 scale, at the conclusion of each semester. A student who is academically eligible at the beginning of the semester will continue to be academically eligible for that entire semester. Likewise, a student who is academically ineligible at the beginning of the semester will continue to be academically ineligible for that entire semester, except as provided in Bylaw 9.4.5.1.2 in regards to work not completed due to illness or excused absence.

PLEASE CONTACT YOUR SCHOOLS' ATHLETIC CONTACT IF YOU HAVE QUESTIONS.

* A student may participate one (1) year as a 6th grader, one (1) year as a 7th grader, and one (1) year as an 8th grader.
* A student will be eligible if they are under the age of 15 prior to September 1st.
* Students have four (4) consecutive years of high school eligibility from the date they first enter the 9th grade.
* Physicals are good for 365 days from the date they are given. Once the date has passed the student becomes ineligible.
Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

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

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

Student’s Name: ___________________________  Sex: ______  Age: _____  Date of Birth: _____ / _____ / _____

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

Home Address: ___________________________________________  Home Phone: ( _____)

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

Person to Contact in Case of Emergency: ___________________________________________

Relationship to Student: ___________________________________________  Home Phone: ( _____)  City/State: ___________________________  Office Phone: ( _____)

Personal/Family Physician: ___________________________________________  Home Phone: ( _____)  City/State: ___________________________  Office Phone: ( _____)

Part 2. Medical History (to be completed by student or parent). Explain “Yes” answers below. Circle questions you don’t know answers to.

1. Have you had a medical illness or injury since your last check up or sports physical? ______ Yes  ______ No

2. Do you have an ongoing chronic illness? ______ Yes  ______ No

3. Have you ever been hospitalized overnight? ______ Yes  ______ No

4. Have you ever had surgery? ______ Yes  ______ No

5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? ______ Yes  ______ No

6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ______ Yes  ______ No

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ______ Yes  ______ No

8. Have you ever had a rash or hives develop during or after exercise? ______ Yes  ______ No

9. Have you ever passed out during or after exercise? ______ Yes  ______ No

10. Have you ever been dizzy during or after exercise? ______ Yes  ______ No

11. Have you ever had chest pain during or after exercise? ______ Yes  ______ No

12. Do you get tired more quickly than your friends do during exercise? ______ Yes  ______ No

13. Have you ever had racing of your heart or skipped heartbeats? ______ Yes  ______ No

14. Have you had high blood pressure or high cholesterol? ______ Yes  ______ No

15. Have you ever been told you have a heart murmur? ______ Yes  ______ No

16. Has any family member or relative died of heart problems or sudden death before age 50? ______ Yes  ______ No

17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? ______ Yes  ______ No

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

19. Have you any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? ______ Yes  ______ No

20. Have you ever had a head injury or concussion? ______ Yes  ______ No

21. Have you ever been knocked out, become unconscious or lost your memory? ______ Yes  ______ No

22. Have you ever had a seizure? ______ Yes  ______ No

23. Do you have frequent or severe headaches? ______ Yes  ______ No

24. Have you ever had numbness or tingling in your arms, hands, legs or feet? ______ Yes  ______ No

25. Have you ever had a stinger, burn or pinched nerve? ______ Yes  ______ No

26. Have you ever become ill from exercising in the heat? ______ Yes  ______ No

27. Do you cough, wheeze or have trouble breathing during or after activity? ______ Yes  ______ No

28. Do you have asthma? ______ Yes  ______ No

29. Do you have seasonal allergies that require medical treatment? ______ Yes  ______ No

30. Do you use any special protective or corrective equipment or medical devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? ______ Yes  ______ No

31. Have you had any problems with your eyes or vision? ______ Yes  ______ No

32. Do you wear glasses, contacts or protective eyewear? ______ Yes  ______ No

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

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

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

If yes, check appropriate blank and explain below:

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

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

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

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

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

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

41. Record the dates of your most recent immunizations (shots) for:

Tetanus: _______________  Measles: _______________
Hepatitis B: _______________  Chickenpox: _______________

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? ______

FEMALES ONLY (optional)

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: _____ / _____ / _____

Page 1 of 3
### 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).**

- **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

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<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<tr>
<td>1. Appearance</td>
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<td>17. Leg/Ankle</td>
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<td>18. Foot</td>
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### 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: ___________________________
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.