



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.

Table with 2 columns of questions and Yes/No checkboxes. Includes questions 1-46 covering medical history, injuries, and family health. Includes a section for 'If yes, check appropriate blank and explain below:' with body parts listed. Includes a 'FEMALES ONLY (optional)' section with questions 42-46 about menstrual periods.

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)

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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*
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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)

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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.



Florida High School Athletic Association

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

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

School: _____ School District (if applicable): _____

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

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

Signature lines for Student-Athlete, Parent/Guardian, and 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 is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

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

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

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

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 / /
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Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
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Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
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Florida High School Athletic Association

Affidavit of Compliance for Heat Illness, Concussion and Sudden Cardiac Arrest Courses

This form certifies that all individuals required to complete a course or courses (see above-referenced policies) have/will do so prior to the first practice date for their sport for the 2019-2020 school year. Courses must be completed on or after April 1, 2019. Complete this form and e-mail to amoscleay@fhsaa.org. Deadline to submit is Monday, July 29, 2019.

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

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

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

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Name of School: _____ City: _____

Name of Principal: _____ Name of Athletic Director: _____

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

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

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

Name of School: _____ City: _____

Signature of Principal: _____

Signature of Athletic Director: _____

Date Submitted to FHSAA: _____

Course Ordering

- Step 1: Go to www.nfhslearn.com.
- Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.
- OR
- If you do not have an account, “Register” for an account.
- Step 3: Click “Courses” at the top of the page.
- Step 4: Scroll down to the specific course from the list of courses.
- Step 5: Click “View Course”.
- Step 6: Click “Order Course.”
- Step 7: Select “Myself” if the course will be completed by you.
- Step 8: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for these courses.)

Beginning a Course

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

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the NFHS Help Desk at (317) 565-2023.



CONSENT FOR TREATMENT

Minor's Name: _____

Date of Birth: _____

I hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively "providers") of Broward Health ("BH") to conduct routine medical, medical screening, diagnostic, or any other procedure deemed necessary in order for the above minor child ("child") to participate in school athletics. In the event that an injury occurs to child while participating in school athletics, I further authorize and give permission to providers to render to my child appropriate and necessary care at that time. This may include but not be limited to the rendering of first-aid or emergency treatment. If medical necessity exists beyond that which can be reasonably dealt with on school grounds I further authorize and give permission to providers to arrange for professional medical transport to a medical facility. I understand that every effort will be made to contact the parent or guardian in the case of a medical emergency.

I understand that BH is a teaching facility and that medical, nursing, and other health care personnel in training may participate in child's care and that these individuals are not necessarily employees or agents of BH. I also understand that BH contracts with physicians and physician groups to provide services to patients, and that they may be independent contractors and are not necessarily the agents or employees of BH. I understand that BH is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of BH. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by any BH agent.

Signature of Parent(s)/Guardian

Date Signed

Relationship to Minor

Name of Parent(s)/Guardian

Pre-existing medical condition:

Medication:

*Broward Health is affiliated with the University of Florida and Nova Southeastern Colleges of Medicine
And is an equal opportunity employer and affirmative action procurer of goods and services*



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I _____ (Parent/Guardian) hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively “providers”) of Broward Health (“BH”) to release the health information of _____ (Minor’s name) to the School or its employees, school officials, coaches, teachers or agents, for the purpose of engaging in school athletics and determining child’s ability to participate in school athletics. The health information consists of history, physical, examinations, medical screenings, past or present health information, or information pertaining to injury or illness that may have a bearing on child’s ability to participate in school athletics. I understand BH will release only the minimum amount of information necessary to fulfill a request. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by federal confidentiality laws or BH.

I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign and BH will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. I understand that I may revoke this authorization at any time by notifying in writing the BH representative at child’s school. In the event I revoke this authorization, it will not have any effect on actions taken by BH prior to the revocation. This authorization expires one year from the date it is signed.

Signature of Parent(s)/Guardian

Date Signed

Relationship to Minor

Pompano Beach High School Sportsmanship Policy

Pompano Beach High School is committed to good sportsmanship as a means to achieve goals and establish a healthy and productive life. Athletics is an extension of the classroom and student athletes are held to a higher standard than the everyday student. Athletics is an extra curricular activity and students who do not perform in the classroom with respectful behavior and high grades will not be permitted to participate.

I. Objectives of student participation in the Athletic Program

Each student who participates in the PBHS Athletic Program is expected:

On the field/court to:

1. Conduct themselves in an appropriate manner regardless of outcome.
2. Abstain from illegal tactics
3. Abstain from the use of profanity
4. Abstain from displaying fits of temper or other undesirable behavior
5. Cooperate with officials, coaches, and athletes

At school:

1. Maintain a 2.0 unweighted GPA
2. Be respectful to teachers
3. Lead by example to fellow classmates
4. Follow the school code of conduct
5. Attend classes as deemed by the school waiver

On school grounds:

1. Be respectful to all equipment related to athletics and the school
2. Respect the property of others
3. Represent PBHS with the highest regard

II. Minimum Training rules and Regulations as Established by the Athletic Department

1. Students are expected to be at practices on time. Students should personally consult with coach before missing practice. Missing practice or games without good reason is unacceptable.
2. Students are to respect all equipment (uniforms and equipment). Each student is financially obligate to return equipment issued them during the season, and will not be cleared to compete in another sport until all equipment or obligations are paid for.
3. Athletes are held subject to all rules in the code of conduct and failure to follow rules will result in loss of participation in athletics.
4. Students are expected to remain on a team for the duration of the season. Quitting a team is a serious matter and should be discussed with not only the coach but the Athletic Director. Anyone quitting a sport will not be allowed to participate in another sport until the previous season is completely over (this includes conditioning/tryouts). Students will also be banned from use of the weight room and other athletic facilities until the season is over.
5. All paperwork must be up to date with the Athletic Department, including a current copy of the insurance card.
6. Students are to respect and keep the locker room and the weight room neat and organized during school and after school.
7. Players and coaches are to travel as a team to and from all contests except in the case of an emergency or is arrangements are made between the Athletic Director and parents via Email.
8. Student athletes are required to attend and participate in all classes for which they are enrolled including Physical Education on a game day.

9. If an athlete is injured during practice or a game he/she must inform the Athletic Trainer.

III. Penalties

1. Failure to follow the above rules will result in
 - a. 1st offense: No participation in 1 game
 - b. 2nd offense: 2 week suspension from sport
 - c. 3rd offense: Dismissal from team
2. Unauthorized possession of school equipment: Any student in unauthorized possession of PBHS equipment will be immediately suspended from athletics and reported to their respected Assistant Principal.
3. Drugs and Alcohol: Any team member found using or possessing alcohol or drugs on school property at any time will be suspended from competing in athletics immediately for the remainder of the season.

Athletic Rules Committee will meet and review the offense and determine the actions to be taken. The Committee is made up of the Principal, Athletic Director, Assistant Athletic Director, Assistant Principal and the Coach.

IV. Appeals

1. If a team member, suspended by a coach wishes to appeal he/she will notify the Athletic Director to set up a meeting with Athletic Rules Committee.

V. Team Rules

Each coach and team is required to have additional training rules and regulation on file and signed by each athlete prior to the first game. The coaching staff has the right to hold an athlete out of competition as they deem necessary.

VI. Eligibility Rules

To be eligible to play a sports a student must fulfill all of the eligibility requirements established by the FHSAA, BCAA, SBBC, and PBHS

1. *A student must have 6/7 yes on their Play Sheet*
 - a. *2 “no’s” will result in a probationary week, failure to remove those “no’s” will result in 1 week suspension of game activities.*
 - b. *3 or more “no’s” will result in immediate suspension from **all** activities beginning the Friday and ending with the next Play Sheet.*
 - c. *Students with 3 consecutive weeks of 3 or more “no’s” will be immediately suspended for the remainder of the season.*
2. A student must have an unweighted GPA of 2.0 or higher.
3. A student must attend 4 classes in order to practice that day.
4. A student must attend 4 classes in order to play in the day’s game.
 - a. A student missing one or more classes with an unexcused absence on the day of a game is ineligible to participate on that day.

VII. Additional Information

If you have questions of the above information feel free to contact the athletic director at Jason.frey@browardschools.com , refer to the FHSAA website, or the BCAA website.

VIII. Acknowledgement

I have read, understand and agree with the above rules of conduct and ethics required as a member of any Pompano Beach High School Athletic Team.

Student Athlete _____

Parent _____ Date _____

POMPANO BEACH HIGH SCHOOL
SOCIAL MEDIA GUIDELINES FOR STUDENT-ATHLETES

Playing and competing for Pompano Beach High School is a privilege. Student-athletes are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to portray your team, your coaches, our school, and yourselves in a positive manner at all times. Facebook, Twitter and other social media sites have increased in popularity globally, and are used by the majority of student-athletes in one form or another.

Student-athletes should be aware that third parties--including the media, faculty, future employers and college officials--could easily access your profiles and view all personal information. This includes all pictures, videos, comments and posters. Inappropriate material found by third parties affects the perception of the student-athlete and our school. This can also be detrimental to a student-athlete's future options (i.e. college, profession). Examples of inappropriate and offensive behaviors concerning participation in online communities may include depictions or presentations of the following:

- Photos, videos, comments or posters showing the personal use of alcohol, drugs and tobacco.

- Photos, videos, and comments that are of a sexual nature. This includes links to websites of a pornographic nature and other inappropriate material.

- Pictures, videos, comments or posts that condone drug-related activity. This includes but is not limited to images that portray the personal use of marijuana and drug paraphernalia.

- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity (examples: derogatory comments regarding another school; taunting comments aimed at a student-athlete, coach or team at another school and derogatory comments against race and/or gender). No posts should depict or encourage unacceptable, violent or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, and illegal drug use).

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as those of Pompano Beach High School. Remember, always present a positive image and do not do anything to embarrass yourself, the team, your family or Pompano Beach.

By signing below you affirm that you understand the Pompano Beach High School Social Media Guidelines for Student-Athletes and the requirements that you must adhere to as an PBHS student-athlete. Also, you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension from your athletic team, and you may be subject to additional penalties imposed by the school and/or school district.

Athlete Name _____ Parent Name _____
Signature _____ Signature _____
Date _____

POMPANO BEACH HIGH SCHOOL PARENT COMMUNICATION POLICY Between Coach and Parent/ Parent Communication Plan

AREAS OF COMMON AGREEMENT BETWEEN COACHES AND PARENTS

The purpose of the interscholastic athletic program at Pompano Beach High School is to provide an area in which students can learn and grow in meaningful way that are not always possible in the classroom setting. Everyone involved in the program, including our coaches, athletes, parents, and administrators, is committed to doing all he or she can to provide a positive athletic experience for each participant. Our ultimate success in achieving this goal will be measured by our ability to establish lines of communication. Through good communication, people feel valued and understood, even if complete agreement is not always reached.

Parenting and coaching are both challenging endeavors. Clearly, coaches and parents have at least one strong, common bond. They share concern for the well being of each athlete. By establishing mutual understanding, parents and coaches are better able to accept the actions of the other in order to provide a greater benefit to each athlete.

We are all about the complete education of our students. Part of the process of growing up is learning to handle your own difficult situations. If a conflict of misunderstanding between an athlete and coach occurs, learning to resolve it is an important educational experience for the athlete. How the parents react greatly impacts the magnitude of the crisis and significantly determines the perspective of the athlete. If mom and dad rant and rave and further compound the problem by criticizing the coach, the athlete may receive the wrong message and develop inadequate strategies for personal conflict resolution.

Parents should react slowly. In reality, how many athletes go home to present and even-handed descriptions of the day's events? All children tend to exaggerate at times, leave out part of the story, or present a skewed version of an incident. Taking responsibility for your part in a conflict is a learned skill. It requires maturity and honest self-reflection. Athletes vent frustration at the dinner table expecting mom and dad to take their side of the issue. Thoughtful parents, however, realize that they were not present at practice to see how their child behaved, interacted with the coach, or to evaluate his or her skill and effort. Concerned thoughtful parents always seek more information before drawing conclusions.

The most productive long-term help a parent can give a child in an awkward situation with a coach is to teach and model the skills of conflict resolution. Help your child resolve his or her own differences.

When a student successfully deals with difficult interpersonal conflicts, he or she learns and grows. Supportive parents help their athlete learn the valuable lesson that athletics can teach, even the "tough lessons" that may be difficult for everyone involved.

Of course, a parent always retains the right to intervene on behalf of their child. We have established a few ground rules to help make parental intervention less contentious and more productive.

Adhering to these communication principles has proven so effective that we encourage each parent to carefully read the following guidelines.

Coaches and parents all want the athletic experience to be positive and educational for each athlete to the greatest extent possible. That does not imply that roadblocks along the way in the form of interpersonal conflicts are necessarily always negative. They are growth opportunities when parents and coaches work together.

Communication with Coaches

The Parent/Coach Relationship:

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your children become involved in our program, you have a right to understand what expectations are placed on your children. This begins with clear communication from the coach.

Communication You Should EXPECT From a Coach:

1. The coach's philosophy.
2. The expectations the coach has for your child as well as all the players on the squad.
3. The locations/times of all practices and games.
4. Any team requirements (i.e. fundraising, special equipment, off-season conditioning).
5. The procedures followed in the event that child is injured during athletic participation.
6. Any discipline that result in the denial of your child's participation.

Communication Coaches should EXPECT From Parents:

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts well in advance.
3. Specific concerns in regard to the coaches' philosophy and or expectations

It is important to understand that there may be times when things do not go the way you or your child wishes. At these times discussion the following with the coach is encouraged.

Concerns That Are Appropriate to Discuss With Coaches:

1. The physical and mental treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is difficult to accept that your child is not playing as much as you may hope. However, coaches are professionals. They make judgment decisions based on what they believe to be best for the team and all involved. As you have seen form the list above, certain things can be and should be discussed with your child's coach. Other things in the following paragraph must be left to the discretion of the coach.

AREAS OF CONTROL THAT BELONG TO THE COACH, ALONE!

Issues NOT appropriate to discuss with coaches.

1. **Playing Time**
2. **Position (S) played, lineups, team strategy ETC.**
3. **Play calling, offensive and defensive strategies and style of play.**
4. **Other student-athletes: Matter regarding other students.**

Pompano Beach High School Communications Procedural Guide

Whenever a question, concern or complaint arises regarding an athletic situation, we have found the following line of communication very effective in resolving issues.

Chain of Command

Coach

Sport specific

Athletic Director

Mr. Jason Frey, Jason.frey@browardschools.com 754-322-2000

Principal

Mr. Hudson Thomas, Hudson.thomas@browardschools.com, 754-322-2000

1. Player coach communication first –
2. Start with the source – Talk directly with the coach, in private, face to face, away from practice site or game area. A telephone call may be necessary to arrange an appointment. E-mail, voice mail, letters are good methods but NOT effective for communicating information. By their nature they tend to distance coaches and parents. **MAKE AN APPOINTMENT!** Sitting down and listening to both sides is far more productive in reaching a mutually satisfying resolution. Our coaches are expected and encouraged to meet with individual parents to discuss concerns that affect that parent's child. Our coaches are NOT EXPECTED to meet with groups of parents to discuss issues of concern.

Please do not attempt to confront a coach before, during or after a practice or contest. (Use the 24 hour rule). These can be emotional times for both the parent and coach. Our coaches are not expected to endure verbal physical abuse from parents. **MAKE AN APPOINTMENT!** Help teach your child the skills of mature conflict resolution.

3. If necessary and if your concern is with a SUB-Varsity coach, start with the source. The next level of communication then would be with the head coach of the Sport/Program.
4. If Necessary, talk with the Athletic Director. A meeting may be arranged with the concerned parties to discuss the issue. Getting everyone involved together in the same room to communicate openly resolves most issues
5. If Necessary, talk with the Principal

ALL COMPLAINTS MUST BE HEARD AT THE LOWEST LEVEL BEFORE INTERVENTION BY A HIGHER AUTHORITY CAN OCCUR.

This system works very well – please abide by it. However, the next level arbitrator will always be willing to meet with a complainant if sub-level discussions do not accomplish their intended purpose.

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