# WELCOME TO ATHLETICS POMPANO BEACH HIGH SCHOOL

ZOOM PRESENTATION

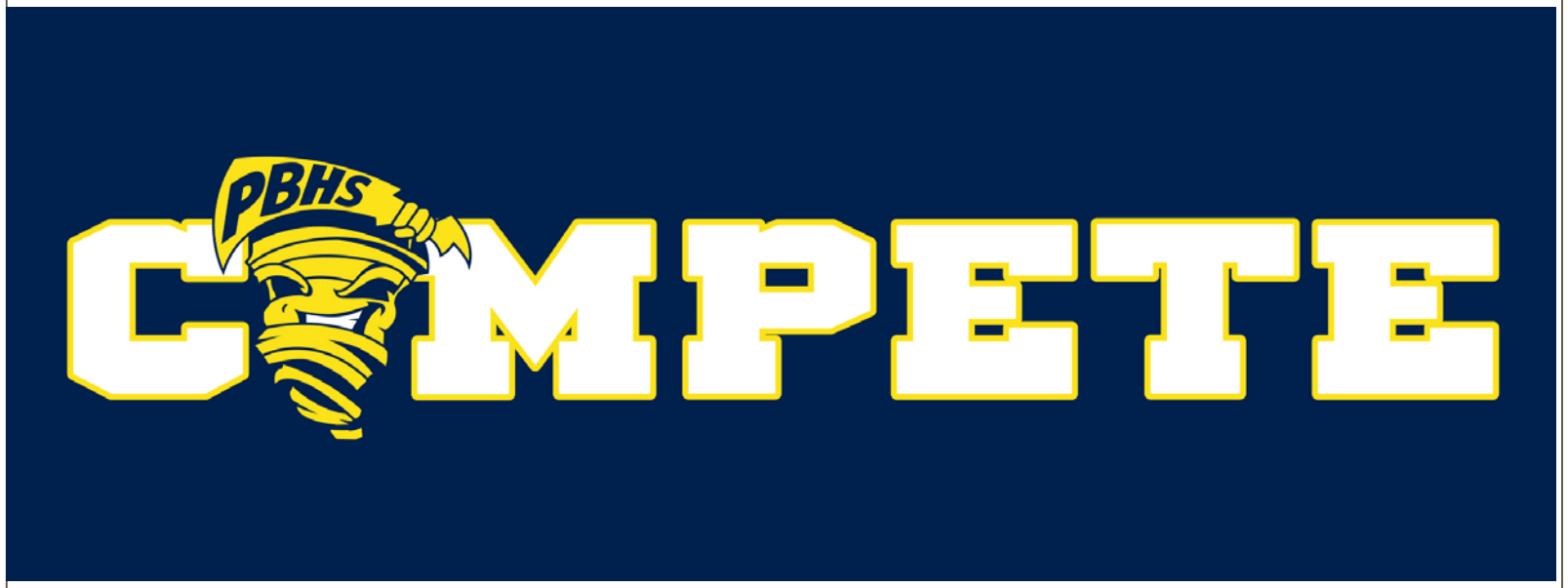
AD- JASON FREY

ASST. AD- THOMAS DIDYMUS, JIM ELDER

PRINCIPAL- HUDSON THOMAS

# GOLDEN TORNADOES ATHLETICS

THE MISSION




On the field

On the courts

In the classroom

In the community

Strive to be the best in all facets of life.

# THE TEAM, THE TEAM, THE TEAM

NO MAN IS MORE IMPORTANT THAN THE TEAM. NO COACH IS MORE IMPORTANT THAN THE TEAM. THE TEAM, THE TEAM, THE TEAM, AND IF WE THINK THAT WAY, ALL OF US, EVERYTHING THAT YOU DO, YOU TAKE INTO CONSIDERATION WHAT EFFECT DOES IT HAVE ON MY TEAM?

# ABC APPROACH

ACCEPTED

BELIEVED IN

CARED FOR

# FALL SPORTS

- Football- Firth
- Cheerleading- Jackson
- Golf Girls- Campbell
- Golf Boys- Hammond
- Swim- Judd
- Cross Country- Brown
- Girls Volleyball- Pico

# WINTER SPORTS

BOYS BASKETBALL- STONE

GIRLS BASKETBALL- JENKINS

BOYS SOCCER- ELDER

GIRLS SOCCER- FREDYS

# SPRING SPORTS

- Baseball- Cohen
- Softball- McGuire
- Tennis- Messano
- Flag Football- Firth
- Boys Volleyball- Gillespie
- Girls Lacrosse- Oscar
- Boys Lacrosse- Xavier
- Water Polo- Pliske

# WHAT DO I NEED TO GET STARTED

UPLOAD

EL2- PHYSICAL

INSURANCE CARD

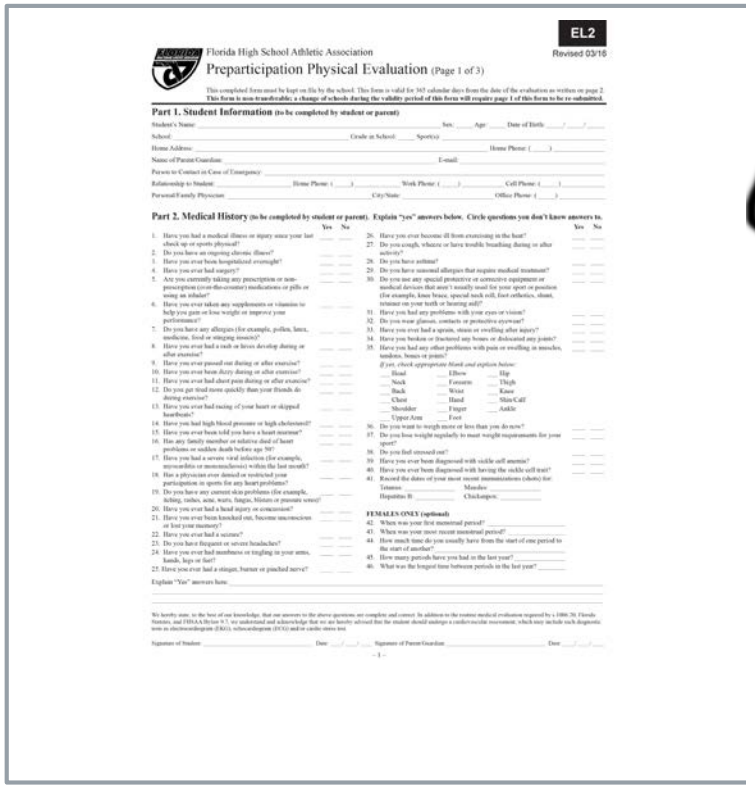
E-SIGN

SPORTSMANSHIP

EL3-CONSENT

SOCIAL MEDIA POLICY

U-18 RELEASE



EL2

Florida High School Athletic Association

Revised 03/16

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 |
|---|---|---|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | | |
| 2. Do you have an ongoing chronic illness? | | |
| 3. Have you ever been hospitalized overnight? | | |
| 4. Have you ever had surgery? | | |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | | |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | | |
| 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? | | |
| 8. Have you ever had a rash or hives develop during or after exercise? | | |
| 9. Have you ever passed out during or after exercise? | | |
| 10. Have you ever been dizzy during or after exercise? | | |
| 11. Have you ever had chest pain during or after exercise? | | |
| 12. Do you get tired more quickly than your friends do during exercise? | | |
| 13. Have you ever had racing of your heart or skipped heartbeats? | | |
| 14. Have you had high blood pressure or high cholesterol? | | |
| 15. Have you ever been told you have a heart murmur? | | |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | | |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | | |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? | | |
| 20. Have you ever had a head injury or concussion? | | |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | | |
| 22. Have you ever had a seizure? | | |
| 23. Do you have frequent or severe headaches? | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? | | |
| 25. Have you ever had a stinger, burner or pinched nerve? | | |

Explain "Yes" answers here: _____

| | Yes | No |
|---|---|---|
| 26. Have you ever become ill from exercising in the heat? | | |
| 27. Do you cough, wheeze or have trouble breathing during or after activity? | | |
| 28. Do you have asthma? | | |
| 29. Do you have seasonal allergies that require medical treatment? | | |
| 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)? | | |
| 31. Have you had any problems with your eyes or vision? | | |
| 32. Do you wear glasses, contacts or protective eyewear? | | |
| 33. Have you ever had a sprain, strain or swelling after injury? | | |
| 34. Have you broken or fractured any bones or dislocated any joints? | | |
| 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? | | |

*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? | | |
| 37. Do you lose weight regularly to meet weight requirements for your sport? | | |
| 38. Do you feel stressed out? | | |
| 39. Have you ever been diagnosed with sickle cell anemia? | | |
| 40. Have you ever been diagnosed with having the sickle cell trait? | | |

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

Tetanus: _____ Measles: _____

Hepatitis B: _____ Chickenpox: _____

**FEMALES ONLY (optional)**

42. When was your first menstrual period? _____
43. When was your most recent menstrual period? _____
44. How much time do you usually have from the start of one period to the start of another? _____
45. How many periods have you had in the last year? _____
46. What was the longest time between periods in the last year? _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.3, 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: ____/____/____

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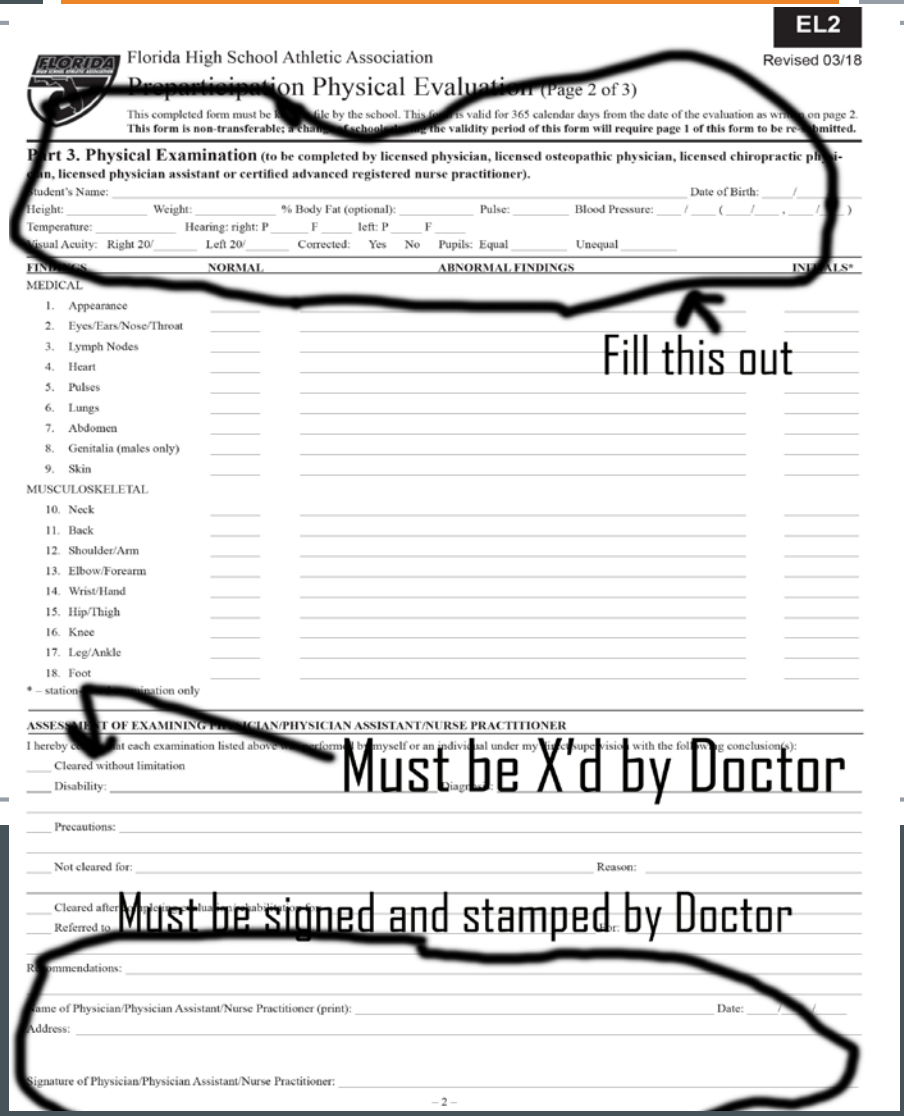

EL2

Florida High School Athletic Association

Revised 03/18

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* |
|---|---|---|---|
| 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[illegible]ination only

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

I hereby c[illegible]at each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

___ Referred to: _____ for: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

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Fill this out

Must be X'd by Doctor

Must be signed and stamped by Doctor

EL2

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Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: _____

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

I hereby certify that the examination(s) for which referral 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.*

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# EL2

UPLOAD TO ATHLETIC CLEARANCE PG2 IS THE MOST IMPORTANT IF YOU ARE DOING BY PHONE JUST DO PAGE 2!!!!!!!

# INSURANCE

Valid insurance card must be uploaded to Athletic Clearance in order to participate

www.schoolinsuranceofflorida.com

# ELECTRONIC SIGNATURES ON THE FOLLOWING

Sportsmanship (vaping/drugs)
Social Media Policy
EL3 Consent- liability
U-18 treatment form

# ATHLETICCLEARANCE.COM

All athletes must be cleared by Athletic Department prior to any athletic activity, this includes conditioning, tryouts and practice.

**Step 1.** Go to www.athleticclearance.com and click on FL
**Step 2.** If you are new to Pompano Beach High School click on register
**Step 3**. Enter the Code in the Box to begin
**Step 4.** Click on Start Athletic Clearance
**Step 5**. Click on school year 2018/19
**Step 6**. Click on Pompano Beach High School
**Step 7.** Pick one sport to register for (do not select all sports), you can add other sports in the coming steps
**Step 8.** Enter all student information including insurance card number. Save and go on to the next step

upload the EL2 physical (must be both pages and the date must be on there from the doctor!!!)
*if you need the EL2 form you can download and print.
THE YELLOW PHYSICAL WON'T WORK, MUST BE ON THE EL2 FORM PROVIDED

upload a picture of the insurance card, (if you don't have insurance go to schoolinsuranceof florida.com
You can buy insurance and upload a picture of the card right away

Returning athletes already registered, you will need to upload a physical and insurance card also. If the physical is still valid (within 365 days and you previously uploaded) and your insurance is the same, you can go to your documents and resubmit!

Step 9. Enter all Medical History information
Step 10. Electronically Sign all the forms (parent and student)
Step 11. Print out confirmation, Sign (parent and student) bring in to Coach Frey Room 210
ONLY THE PRINT OUT CONFIRMATION IS TO BE TURNED IN

ONCE WE RECEIVE THE CONFIRMATION PAPER WORK, THE STUDENT WILL BE CLEARED WITHIN 24 HOURS. THEY MAY NOT PARTICIPATE UNTIL ALL FORMS ARE VERIFIED ONLINE AND CLEARED BY THE ATHLETIC DEPARTMENT

PAPER WORK CHECK IN TIME IS 12:00-12:45, SO GET IT TO ROOM 210 EARLY

# ONLY FORM TO TURN IN TO COACH FREY

Athletic Clearance Form

# IMPORTANT SITES TO LOOK @

www.Athleticclearance.com

https://www.browardschools.com/pompanobeachhigh