

In this package, you will find all the information that you need for your student to be apart of our athletic season here at Awesome Olsen Middle School. We are offering Cheerleading, Soccer, Basketball, Volleyball, Flag Footbal, Track & Field. Each sport will require proper shoes or cleats. Students are responsible for bringing water bottles to practice and games. Practice days and times and a schedule for games both home and away will be distributed as soon as they come available for each sport. Please review the check list below before submitting the application packages. If you have any questions please contact us at 754-322-3800.

- o Athletic Contract (parent & student signatures required)
- o Insurance statement need to be notaraized with proof of insurance. A copy of your childs insurance card is required
- o School Entry Health form must be current to ensure that your childis suitable to play sports and must be signed by doctor

\*\*Weekly Progess reports will be filled out by teachers and need to be turned in weekly to the  $coach^{**}$ 

Check all that apply:

Sport: Soccer \_\_\_\_ Basketball \_\_\_\_ Cheerleading \_\_\_\_ Flag Football \_\_\_\_

Volleyball \_\_\_\_ Track \_\_\_\_



#### **Student Athletic Contract**

Participation in interscholastic athletics is a privilege. Students wishing to take advantage of the opportunities presented to by Awesome Olsen Middle School, Students/ Parents will abide by the following:

- 1. Students/Parent will comply with the Student Code of Conduct Handbook.
- 2. Students/Parents will abide by all school rules, regulations, and policies.
- 3. Students will maintain a 2.0 or higher and turn in weekly progress reports on Fridays to the coach.
- 4. Students understand that if their grades drop, the student will not be permitted to practice until the grade goes back up.
- 5. Students will be on time to school in the morning and every class every day. Missing School or being late to school will result in consequences (Extra practice exercises and benched at games).
- 6. Students will be respectful to one another, their teachers, administration, and staff.
- Students will use language that is socially acceptable. Profanity, vulgar talk and obscene gestures will not be tolerated.
- 8. Students will be at practice/games on time. Students will notify his/her coach if they are going to late or not make practice. Being late or missing practices will result in extra practice exercises and benched at games.
- 9. Parents understand the importance of picking their student up on time from practice and games. If a student is being picked up late on numerous occasions, the student will not be able to participate.

<u>-</u>	have read and understand this athletic contract. I know if any rules					
are broken, the coach has the right take appre	opriate actions including the possibility of probation and/ or					
termination from the team. Any student exter	rnally suspended from school is removed from the team.					
Student Signature	Date					
As the parent of	, I have read and understand the athletic					
contract Large to the policies and procedu	res of this contract for my child to participate in.					
comment ragice to the ponoiss and process	(40 or my 407 mg, 407					
•						
D (C . 1) (C)	Data					
Parent/ Guardian Signature	Date					



#### THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

# Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form Required for participation in any and all afterschool clubs, events, activities or supplemental programs

Student Name:		Telephone:	
Club/Activity/Event Name	·*		
Description or nature of the	e club, activity or event:		
Date the club, activity or eve	nt will begin:		
Date the club, activity or eve	nt will end:		
			The second secon
Types of guests that may att	end the club, activity, or ever	nt:	
Scheduled Days of the Wee		·	
Monday Tuesd	lay Wednesday	Thursday 'Friday	Saturday
Scheduled Time: From	То	·	
I give my child permissi du	on to participate in the abovering the dates and times list	ve named extracurricular activity or ted above for the 2023-24 school ye	supplemental program
Name of Parent:		Telephone:	
Signature of Parent:		Date:	•
Scheduled days of the w	eek and times may vary thr determined forms of comm	roughout the school year. Club/action of any change in ENCY CONTACT	vity sponsor will contact
Name:		Telephone:	
Relationship to Student:		ny the club, activity, or event spons	cor prior to student

This form must be submitted and retained by the club, activity, or event sponsor prior to student participation.

## MSAA INTERSCHOLASTIC SPORTS PARENTAL PERMISSION AND INSURANCE STATEMENT

TO: Janet Giancari	<u> </u>	, Principal
Olsen Middle	treasure that the same that th	School
	PARTI	
Ĭ,	(Parent	or Guardian), hereby grant permission
for my son/daughter		
Day, Year), to		
school year.		
(Please circle the sports in which your son/	daughter <b>MAY</b>	NOT participate.)
Soccer, Cross Country, Golf,		
My son/daughter has been examined by a sports stated above.		
The original physical is attached with doct	or's stamp of app	proval.
I authorize my child to accompany the so local or out of town trips; also: I author choice, any emergency medical care that n game participation.	ize the school t hay become reaso	o obtain, through a physician of its own onably necessary for my child as a result o
We have accident insurance with Insurance Company) which will cover sport injury as required by School Bo payment of doctor and hospital bills suffer while participating in athletic a responsibility of the parent to notify the	for treatment residence for treatment	of any injury my son/daughter mighty change occurs in this policy, it is the
A photocopy of the front of the Insurer's	policy card is att	ached.
(Signed)Parent or Guardi	an	*********
**************************************		ZATION
*NOTE*	COUNTY	FFLORIDA OF and subscribed before me
A COPY OF VALID INSURANCE I.D. CARD MUST BE ATTACHED TO		day of, 20
THIS FORM		Notary Public
My Commission Expires:	<del>*********</del> ***	*******************************

#### PART II

## INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have the document notarized.

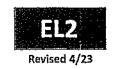
2. Attach proof of Insurance AND proof of Student Physical WITH Doctor's Stamp.



#### PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



#### MEDICAL HISTORY FORM

Studen	t's Full Name:	completed by student a			Sex.	Assigned	at Birth: Age: D	ate of Birth:	_/	/
School					Grad	de in Scho	ool: Sport(s): Home Phone: ( )			
Home	Address:		City/Stat	e:			Home Phone: ()			
Name	of Parent/Guardian:				E-mai	l:	•			
Person	to Contact in Case of En	nergency:			Relatio	onship to	Student:Other Phone:			
Emerge	ency Contact Cell Phone:	( )	Wor	k Phone:	(	ر	Other Phone: (	[)		
Family	Healthcare Provider:	· · · · · · · · · · · · · · · · · · ·	Cit	y/State:			Office Phone: (			
						and the second section of the section of the second section of the		and the factor of the second s		
List pa:	st and current medical co	onditions:								
Have y	ou ever had surgery? If y	es, please list all surgical p	procedur	es and da	ites:					
Medici	ines and supplements (p	lease list all current prescr	iption m	edication	s, over	r-the-cou	nter medicines, and supplem	ents (herbal a	ınd nutri:	tional}:
 До уог	ı have any allergies? If ye	es, please list all of your all	ergies (i.	e., medic	ines, p	ollens, fo	od, insects):	-		<del></del>
Patien	t Health Questionaire v	ersion 4 (PHQ-4) often have you been bothe	ered by a	ny of the	follow	ing probl	ems? (Circle response)			
	· · · · · · · · · · · · · · · · · · ·	Not at all					Over half of the days	Nearly	everyda	у
	ng nervous, anxious,	0				-	2		3	
<del>                                     </del>	edge									
conti	rol worrying	· · · · · · · · · · · · · · · · · · ·	0 3		<u>.                                    </u>	2			3	
1	interest or pleasure ling things	. 0	1		1	2			3	
	ng down, depressed, opeless	D		1			2 3			
1							•			
Expla	ERAL QUESTIONS  in "Yes" answers at the end equestions if you don't know	of this form.	Yes	No		RT HEALT tinued)	H QUESTIONS ABOUT YOU		Yes	No
1	Do you have any concerns that your provider?	t you would like to discuss with			8	example, o	or ever requested a test for your hea electrocardiography (ECG) or echocar			`
2	Has a provider ever denied or	restricted your participation in			9		t light-headed or feel shorter of breat	th than your		
sports for any reason?  3 Do you have any ongoing medical issues or recent illnesses?				10	friends during exercise?  Have you ever had a seizure?					
		Yes	No	HEA	EART HEALTH QUESTIONS ABOUT YOUR FAMILY Y			Yes	No	
4	Have you ever passed out or exercise?	nearly passed out during or after			11	had an un	amily member or relative died of hear expected or unexplained sudden dea ding drowning or unexplained car cra	th before age		
5	Have you ever had discomfor your chest during exercise?	fort, pain, tightness, or pressure in ?			12	as hypert arrhythm	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC),			
6	Does your heart ever race, flu (irregular beats) during exerc	nter in your chest, or skip beats ise?				syndrome	yndrome (LQTS), short QT syndrome ( e, or catecholaminerigo polymorphic ( iia (CPVT)?	eutricular Serici, Brugada	ļ	
7	Has a doctor ever told you th	at you have any heart problems?			13		ne in your family had a pacemaker or or before age 35?	an implanted		



Parent/Guardian Name:

Parent/Guardian Name:

#### PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



Date: \_\_\_/ \_\_\_/

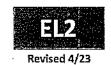
BON	E AND JOINT QUESTIONS	Yes	No	ME	DICAL QUESTIONS (continued)	Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special dlet or do you avoid certain types of foods or food groups?		
NEE	CAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Ex	olain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?					······································	
19	Do you have groin or testicle pain or a painful bulge or hemia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			∭ –			
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or failing?			_  -			
23	Have you ever become ill while exercising in the heat?	·		_  -	-		
24	Do you or does someone in your family have sickle cell trait or disease?			_]]		······································	
25	Have you ever had or do you have any problems with your eyes or vision?						
abover of the wear	cipation in high school sports is not without requestions allows for a trained clinician to assies and death. Florida Statute 1006.20 require sarticipation physical evaluation as the first stee year before participating in interscholastic as rephysical activity, including activities that occurrence by state, to the best of our knowledge, to routine physical evaluation required by Floricare hereby advised that the student should the	isk. The sess the s a stud p of inj ithletic ur outs that ou da Stat undergo	e studel Individ dent car Jury pre compe ide of the r answe ute 100 o a caro	nt-athlual stradidativentic tition ne schers to 06.20, diovas	udent-athlete against risk factors associated wi e for an interscholastic athletic team to succes in. This preparticipation physical evaluation sh or engaging in any practice, tryout, workout, ool year. the above questions are complete and corre- and FHSAA Bylaw 9.7, we understand and a cular assessment, which may include such di	th sport sfully co all be co condition ct. In ad cknowle agnostic	s-relat mplet mplet oning, dition dge tl tests
reco	trocardiogram (ECG), echocardiogram (ECHO), mmends a medical evaluation with your healtl s listed above.						
huti	ent-Athlete Name:(	printed)	Studen	t-Athle	te Signature: Da	ate:/	1

(printed) Parent/Guardian Signature: \_

\_\_\_\_\_(printed) Parent/Guardian Signature: \_



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.



#### PHYSICAL EXAMINATION FORM

tudent's Full Name:	Date of Birth://_	School:	
PHYSICIAN REMINDERS: Consider additional questions on more sensitive issues.			<b>.</b>
Do you feel stressed out or under a lot of pressure?	Do you ever feel sad, hopele	ss, depressed, or anxiou	15?
Do you feel safe at your home or residence?	During the past 30 days, did	you use chewing tobacc	co, snuff, or dip?.
Do you drink alcohol or use any other drugs?	<ul> <li>Have you ever taken anaboli supplement?</li> </ul>	ic steroids or used any o	ther performance-enhancing
<ul> <li>Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li> </ul>			
Verify completion of FHSAA EL2 Medical History (pages 1 and 2), rev Cardiovascular history/symptom questions include Q4-Q13 of Medi			f your assessment.
EXAMINATION	<u> </u>		
Height: Weight:		····	
BP: / ( / ) Pulse: Vision: R 20/	L 20/	Corrected: Yes	No
MEDICAL - healthcare professional shall initial each assessment  Appearance  Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, prolapse (MVP), and aortic insufficiency)	hyperlaxity, myopia, mitral valve	NORMAL.	ABNORMAL FINDINGS
Eyes, Ears, Nose, and Throat  Pupils equal  Hearing			
Lymph Nodes			
Heart  • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)			
Lungs	*****		·
Abdomen		<del></del>	
Skin  Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus.	Aureus (MRSA), or tinea corporis		
Neurological	are en	energia magadika da ada ada ada a	
MUSCULOSKELETAL - healthcare professional shall initial each assessm	nent .	NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder and Arm			
Elbow and Forearm			
Wrist, Hand, and Fingers	•		
Hip and Thigh			
Knee		, ,	` i
Leg and Ankle			·
Foot and Toes	•		
Functional  Double-leg squat test, single-leg squat test, and box drop or step drop test			
This form is not considered valid	d unless all sections are o	omplete.	•
*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnor Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your committee of the committee	mal cardiac history or examination fi our healthcare provider for risk factors	ndings, or any combination of sudden cardiac arrest w	on thereof, The FHSAA Sports Medicine which may include an electrocardiogram.
Name of Healthcare Professional (print or type):		Date	of Exam://
Address:Phone: ()			
Signature of Healthcare Professional:	Credentials:	Lic	ense #:

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopoedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



and/or cardio stress test.

#### PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



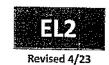
#### MEDICAL ELIGIBILITY FORM

Student Information (to be completed by					
Student's Full Name:		_Sex Assigned	at Birth:	Age: Date of i	Birth:/
School:		_Grade in Scho	ool:Sport	(s):	
Home Address:	City/State:		Home Phone	: ()	
Name of Parent/Guardian: Person to Contact in Case of Emergency:	E	c-man:	Cturdonte		······
Emergency Contact Cell Phone: ()	Work Phone: (	elationship to :	attituent:	that Phone: /	
Family Healthcare Provider:	City/State:		o	ffice Phone: (	· · · · · · · · · · · · · · · · · · ·
The second secon					,
☐ Medically eligible for all sports without restrict	ion				
☐ Medically eligible for all sports without restrict	ion with recommendations for fur	rther evaluation	or treatment of: (	use additional sheet, ij	fnecessary)
Medically eligible for only certain sports as list	ed below:				
☐ Not medically eligible for any sports					
Recommendations: (use additional sheet, if necessar	ry)				
I hereby certify that I have examined the above the conclusion(s) listed above. A copy of the acconditions that arise after the date of this maprofessional prior to participation in activities.	exam has been retained and co edical clearance should be pro	an be accessed operly evaluate	d by the parent ed, diagnosed,	as requested. Any is and treated by an a	njury or other medica oppropriate healthcare
Name of Healthcare Professional (print or type	÷);			Date of Exa	m:/
Address:				Phone: (	
Signature of Healthcare Professional:		Cred	lentials:	License #	
SHARED EMERGENCY INFORMATION - com	pleted at the time of assessm	ent by practiti	oner and paren		
Check this box if there is no relevant me participation in competitive sports.	edical history to share related	to	Provide	r Stamp (if required	by school)
Medications: (use additional sheet, if necessar	vl	ļ		····	
List:	,,				
Relevant medical history to be reviewed by at	hletic trainer/team physician: (	(explain below,	, use additional .	sheet, if necessary)	
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Co	oncussion 🗖 Diabetes 🗖 Heat	: Illness 🗀 Orth	opedic 🗋 Surgi	cal History □ Sickle	Cell Trait 🔲 Other
Explain:					
Signature of Student:					
We hereby state, to the best of our knowledge the advised that the student should undergo a cardiov.	Information recorded on this for	m is complete a	nd correct. We un	nderstand and acknow	ledge that we are hereby

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

### MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by stu	Ident and parent) print legibly
Student's Full Name:	Sex Assigned at Right Age Data of Dight. / /
3G100t,	(stade in School: Sport(s).
storile Address.	CITY/STATE: Home Phone: ( )
wome or ratemy duardian;	F-mail-
resson to Contact in Case of Emergency:	Relationship to Student:
culergency Contact Celt Mone; ()	Work Phone: { } Other Phone: ( )
Family Healthcare Provider:	City/State: Office Phone: ()
Referred for:	Diagnosis:
I hereby certify the evaluation and assessment for which the conclusions documented below:	this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with
☐ Medically eligible for all sports without restriction	as of the date signed below
Medically eligible for all sports without restriction	after completion of the following treatment plan: (use additional sheet, if necessary)
☐ Medically eligible for only certain sports as listed b	relow:
☐ Not medically eligible for any sports	
Further Recommendations: (use additional sheet, if nea	essory)
Name of Healthcare Professional (print or type); _	
	Phone: (
Signature of Healthcare Professional:	Credentials:License #:
	· 
Provider Stamp (if required by school)	
	1