



The School Board of
Broward County, Florida

Donna P. Korn, Chair
Dr. Rosalind Osgood, Vice Chair

Assumption of Risk, Waiver, Release
& Hold Harmless
COVID-19 and Voluntary Extracurricular
Activities
Summer 2020 and School Year 2020-21

Lori Alhadeff
Robin Bartleman
Heather P. Brinkworth
Patricia Good
Laurie Rich Levinson
Ann Murray
Nora Rupert

Robert W. Runcie
Superintendent of Schools

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

BCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year, herein after the "Activity". For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the Activity, Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

The School Board of Broward County, Florida

- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) are to remain home until illness-free for at least 5 days without the use of medicine.

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

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

By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)’s participation in the Activity including any claim based on the negligent acts or omissions of School District employees and agents.

Signature of Parent/Guardian

Signature of Student

Print Name of Parent/Guardian

Print Name of Student

Date of Signature

Date of Signature

Name _____ Student # _____ Sport _____



PLANTATION HIGH SCHOOL

2020 -2021



ATHLETIC PARTICIPATION CLEARANCE PACKET

Please submit all paperwork at one time, including a copy of insurance card. Incomplete packets will not be accepted. Paperwork must be turned in BEFORE students may participate in any sport, including conditioning and try-outs.

KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS

_____ A 2.0 **unweighted GPA** is required for all athletes.

_____ **Acknowledgement of Code of Ethics and Conduct**

Requires parent signature and student signature.

_____ **Pre-participation Physical Evaluation (EL2)**

Physical must be completed by a certified M.D. and must be completed on attached form.

No other physical forms will be accepted.

Requires Physician signature, parent signature and student signature.

_____ **Consent and Release from Liability Certificate (EL3)***

Requires parent signature and student signature. 4 pages of signatures - front and back of each page *(this form has been updated with revision date of 5/18)

_____ **Affidavit of Compliance for Concussion, Sudden Cardiac AND Heat Related**

Illnesses Courses (AT17)

Requires all student athletes complete on-line course at www.nfhslearn.com. Athletes must submit copies of the 3 certificates: (1) Concussion in Sports (2) Sudden Cardiac Arrest and (3) Heat Related Illnesses

_____ **Consent for Treatment from Memorial Healthcare System**

Requires parent signature

_____ **Photocopy of front and back of current insurance**

Please copy on standard letter size 8.5 x11" paper. You must have insurance. Student insurance may be purchased. Applications are available in the Welcome Center.

ALL FORMS (including insurance card and certificates)
ARE TO BE SUBMITTED ELECTRONICALLY **AND ORIGINAL**
COPIES TURNED IN TO COACH KEELER.
DIRECTIONS **for Dragonfly Max are attached.**



DragonFly MAX is an electronic health record designed to save you time & ensure the athlete is healthy and ready to participate in athletic competition. We focus on the details so you can focus on what matters...safe and healthy athletes.

Follow the easy steps below to get started using DragonFly MAX.

"I'M A PARENT"

1. Visit www.dragonflymax.com, click "Do My Forms" and follow prompts to the sign-up page.
2. On the sign-up page, click "Sign Up for Free".
3. Follow the prompts to create your **Parent Account** with **your** email address or phone number.
4. Enter your child's School Code when prompted and confirm this is the correct school.
5. Click "Add A Child" in the DragonFly MAX web site, then follow the prompts to create your **child's profile** and complete his/her participation forms, including uploading any necessary documents.
6. After completing your child's forms, you can review his/her profile OR add another child's profile.

Now that you're done, download DragonFly MAX from the App Store or Google Play and sign in.

"I'M AN ATHLETE, COACH, OR SCHOOL ADMINISTRATOR."

1. Download the DragonFly MAX app from either the App Store or Google Play.



2. Click "Get Started" and follow the prompts to create your account.
3. Choose your role in the school (i.e. - Athlete, Coach, Administrator, etc).
 - If you are a Coach or Administrator, select whether your school IS or IS NOT already using MAX.
(Hint: If you have a School Code, then your school IS using MAX)
4. Enter your School Code (shown below) when prompted, then tap "Request" to join the school.

School Name: Plantation High School
School Code: **QV46VX**

Now you're all set! You can find out more about additional features at
DRAGONFLYMAX.COM



Preparticipation Physical Evaluation (Page 1 of 3)

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

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

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

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

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 3 of 3)

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

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

AFFADAVIT OF COMPLIANCE FOR CONCUSSION, SUDDEN CARDIAC ARREST AND HEAT ILLNESS PREVENTION COURSES (AT-17)

You need to PRINT and submit 3 certificates from the 3 courses below.

You must take the course each school year:

Course 1: NFHS "Concussion in Sports"

Course 2: NFHS "Sudden Cardiac Arrest"

Course 3: NFHS "Heat Illness Prevention"

Repeat these steps for each of the courses:

(Important Note: If you have completed this course anytime in the past, the course must be "ordered" prior to beginning the course.)

Course Ordering

Step 1: Go to www.nfuslearn.com.

Step 2: "Sign In" to your account using the e-mail address and password you provided at time of registering for a 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 "Concussions in Sports" 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 this course.)

Beginning a Course.

Step 1: Go to www.nfllslearn.com.

Step 2: "Sign In" to your account using the e-mail address and password you provided at time of registering for a nfuslearn account.

Step 3: From your "**Dashboard,**" click "**My Courses**".

Step 4: Click "**Begin Course**" on the course you wish to take.

*Your course will launch on the same page of the web browser.

Click "Back to Dashboard**" when ready to exit course.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
CONSENT FOR TREATMENT: General Sports Medicine Program (U18)**

Minor's Name: _____

Date of Birth: _____

Please list all the Minor's Medication and Medical Conditions: _____

I, _____ the Parent or Guardian signing below, hereby authorize physicians, nurses, athletic trainers or any other healthcare provider (collectively "Providers") of Memorial Healthcare System ("MHS") to conduct routine medical, medical screenings, diagnostic or any other procedure deemed necessary in order for the above minor child ("Child") to participate in the event. In the event that an injury occurs to Child while participating in the event. I further authorize and give permission to Providers to render to my Child appropriate and necessary care at that time. If medical necessity exists beyond that which can be reasonably dealt with on location, I further authorize and give permission to Providers to arrange for professional medical transport to a medical facility. I understand that efforts will be made to contact the parent or guardian in the case of a medical emergency.

I understand the MHS has both employed and independent contractors who may participate in the Child's care and that these individuals are not always employees or agents of MHS. I also understand that MHS 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 MHS. I understand that MHS is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of MHS. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by an MHS employee, agent, or independent contractor.

I hereby authorize physicians, nurses, athletic trainers or any other Providers who are employees or independent contractors of MHS to examine and evaluate Child and to release the health information to the event coordinator and his/her employees, coaches, and agents, for the purpose of engaging in the event and determining Child's ability to participate in the event. 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 the event. 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 MHS.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign and MHS will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand that I may revoke this authorization at any time by notifying, in writing, the MHS representative at the event. In the event I revoke this authorization, it will not have any effect on actions taken by MHS prior to the revocation. This authorization will be effective until revoked or until the Child reaches eighteen (18) years of age.

PARENT(S) / GUARDIAN(S)

By: _____

Printed Name: _____

Date Signed

Relationship to Child

By: _____

Printed Name: _____

Date Signed

Relationship to Child



Authorization For Release Of Medical Information
Consent For Treatment: General Sports Medicine
Program (U18)

PATIENT/LABEL





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.

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



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

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

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

School: _____ **School District (if applicable):** _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest 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

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

PLANTATION ATHLETICS

SPORTSMANSHIP POLICY

Plantation high school is committed to a spirit of good sportsmanship to achieve exemplary citizenship and to enhance the image of our school community among students, patrons, and guests of our district. To enhance and promote our sportsmanship and citizenship goals, all students, sponsors and fans representing our school are expected to display exemplary levels of sportsmanship during all school-sponsored events and activities.

I. OBJECTIVES OF STUDENT PARTICIPATION IN THE ATHLETIC PROGRAM

Each student who participates in the Plantation High School athletic program is expected:

On the field or court to:

1. Be gracious and courteous regardless of whatever he/she wins or loses.
2. Abstain from the use of illegal tactics.
3. Abstain from the use of profanity.
4. Abstain from displaying fits of temper, clowning, or other inappropriate behavior.
5. Cooperate with officials, coaches, and athletes
6. Injured players need to be at practices to be considered part of the team.
7. If a player quits or is removed from a team they are not entitled to any past season activity (letters, banquets, scholar athlete, etc.)

At school to:

1. Maintain good scholarship
2. Pay respectful attention to classroom activities.
3. Show respect for other students.
4. Avoid horseplay and unnecessary boisterousness
5. Maintain a good attendance record.

In the school building and on school grounds to:

1. Conduct him/herself to provide role models for other students.
2. Use school equipment with respect and care.
3. Respect the property of others
4. Represent Plantation High School with honor and pride.

II. MINIMUM TRAINING RULES AND REGULATIONS AS ESTABLISHED BY THE ATHLETIC DEPARTMENT

1. Students are expected to be at team practices on time. A student should always consult his/her coach before missing practice. Missing practice or a game without good reason is unacceptable.
2. Students are expected to treat all equipment as if it were his/her own. He/she should not abuse it or see it wantonly harmed. Each student is financially responsible for all equipment he/she checks out and will not be allowed to participate in another sport until the obligation is cleared.
3. Athletes, like all other students, are expected to conduct themselves in a reasonable, responsible manner in keeping with the school board of Broward Code of Conduct.
4. Students are expected to remain on a team until all contests are completed (play-offs and such). Dropping out of a sport is a serious matter. No student should quit any sport without first consulting his/her coach and explaining his/her intentions. Any athlete quitting or being dropped from a team is not permitted to participate in another sport or use athletic facilities until the conclusion of the sports that he or she quit or was dropped from.
5. Students must have a current physical examination and return to their coach a completed Physical Examination Summary form signed by the doctor and by the player's parent or guardian, before practicing or competing.
6. Students/ Athletes are to be dressed in official uniforms when representing Plantation High School in a game or meet. Deviations from or additions to the school uniform are not permitted.
7. Students/ Athletes are to keep the team locker room neat.

8. Players and coaches ARE to travel as a team to and from all contests except in the case of an emergency (injury, illness). Special arrangements will be addressed via a conference and in writing with the Athletic Director's office and the parents.
9. Student athletes are expected to attend and participate in all classes for which they are enrolled, including Physical Education on a scheduled contest date

III. PENALTIES

1. Unauthorized possession of school equipment: any student in unauthorized possession of an item of Plantation High School equipment or property will be immediately suspended from athletics and reported to his/her
2. Assistant Principal pending investigation.
3. Drugs and Alcohol: Any team member found using or possessing alcohol or drugs will be suspended from
4. competing in athletics immediately pending further investigation.
5. Any external suspension from school may result in automatic suspension from the sport and/or removal from the team.
6. Athlete/parents are responsible for any fines incurred by the athlete's misconduct or appeal of that misconduct. Or any fines associated with the student participating in athletics.

IV. APPEALS

If a team member, suspended by a coach wishes to appeal he/she will notify the athletic director to set up a meeting with the Principal, Athletic Director and Coach. The athlete and his/her parent(s) must be present.

V. ADDITIONAL COACHES RULE

A coach may if he/she so desires add to the above training rules and regulations and additional Penalties. This must be given to the AD prior to the season for approval.

VI. PLANTATION HIGH SCHOOL EUGIBILITY RULES

To be eligible to play a sport a student must fulfill all the eligibility requirements established by the FHSAA, BCAA, SBBC, and Plantation High School.

1. A student must complete all paperwork before grades are checked.
2. A student must carry an un-weighted cumulative GPA of 2.0 or higher.
3. A student must be in attendance on the day of a scheduled contest to be eligible to play in that contest.
 - a) Any student missing one or more classes with unexcused absence on the day an event is ineligible to participate on that date.
 - b) Any student "sleeping in" and arriving to school late or being dismissed early to "rest up before the Game" on the day of an event is ineligible to participate on that date.

VII. ADDITIONAL INFORMATION

If you have additional questions, please feel free to contact the Athletic Office (754)323-1850 or refer to the FHSAA website (www.fhsaa.org). The website offers the FHSAA Handbook with much useful information.

VIII. ACKNOWLEDGEMENT OF CODE OF ETHICS AND CONDUCT

I have read, understood and agree to comply with the above rules of conduct and ethics as required as a member of any Plantation High School Athletic Team.

Student Athlete (print) _____ Signature _____ Date _____

Parent or Guardian (print) _____ Signature _____ Date _____