ANNUAL SPORTS AND SELECTED ACTIVITY PARTICIPATION

(Includes All Sports, JROTC, Competitive Dance Teams, Marching Band and Guard)

STUDENT FULL NAME: _____ TODAY'S DATE: _____

STUDENT DATE OF BIRTH: _____ STUDENT ID#: _____ GRADE: _____

NOTICE TO PARENT/LEGAL GUARDIAN

The School Board of Orange County, Florida ("SBOC") offers a variety of athletic sports and other physical activities to registered students and endeavors to have each high school and middle school be an active member of Florida High School Athletics Association in order for student athletes to participate in sanctioned sport competitions. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named student athlete participating in sports and selected activities: including but not limited to pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, and hereby gives permission for the named student to participate in sports and selected activities (JROTC, Competitive Dance Teams, Marching Band and Guard) as a student athlete and/or participant in other selected activities.

NOTICE OF RESPONSIBILITY OF STUDENT ATHLETE OR PARTICIPANT AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student athlete who will be participating in sports and selected activities held by SBOC athletic and other programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

Qualifications to Participate

- a) Sports Screening Physical Exam of student athlete/participant is required and the results shall be provided to the school athletics department designee (usually the Athletic Trainer) annually in accordance with FHSAA rules and guidelines. Physicals must be performed by a medical provider licensed in the State of Florida with no family relation to the student athlete. Athletics shall prevent the student athlete/participant from participating if all required paperwork is not received 48 hours prior to deadline/try-outs.
- b) The student athlete/participant is required to have an electrocardiogram ("ECG") prior to participation in any conditioning, practice or game. Failure to have an ECG will result in the denial of the student athlete's/participant's ability to participate in sports and selected activities. The result of such ECG must demonstrate no abnormalities before the student athlete/participant is allowed to participate in any conditioning, practice and game. If the student athlete/participant has an abnormal ECG, the student athlete/participant shall not be allowed to participate in any conditioning, practice and game until such time as a pediatric cardiologist or a cardiologist clears the student athlete/participant for full participation. The student athlete/participant will be required to provide his/her athletic trainer with written clearance that the student athlete/participant is allowed to fully participate in conditioning, practices and games prior to being allowed to participate after an abnormal ECG result. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, arising out of the ECG examination and/or any injury and/or death arising out of participation in any conditioning, practices and games after the ECG examination is completed. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, for any injury and/or death arising out of participation in conditioning, practices or games after a student athlete/participant is fully cleared to participate by a pediatric cardiologist or a cardiologist after an abnormal ECG. A student will only be required to have one ECG during his/her four years of participation while enrolled at OCPS.
- c) Attendance to all practices and games, including timely arrival and coming prepared, is a commitment by the parent/legal guardian and student athlete to his/her team, school, and the sport. The student athlete/participant and parent/legal guardian agree to follow school directives regarding the student athlete's participation in the sports activities.

School Use: filed on:____ Retention: 2 years Form: RM_SAW 3.2022

- d) Arrival and departure from sports activities is the responsibility of the parent/legal guardian, unless specific SBOC designated transportation is provided. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability arising from SBOC releasing the student athlete/participant from the sports and selected activities for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/herself, friend, relative, or other persons at the student athlete's/participant's discretion.
- e) The student athlete's/participant's eligibility to participate in sports activities and other selected activities shall be determined by the school administration, in accordance with SBOC Code of Student Conduct, including but not limited to, the student athlete/participant maintaining satisfactory grades, appropriate behavior, and compliance with team rules.
- f) Report immediately to SBOC Athletic Trainer or Athletic Director any and all injuries, changes in medical conditions, and/or medical treatments that occurred as a result of student athlete participating in sports activities or that may affect his/her ability to continue to participate in sports and selected activities. Upon request, the student athlete/participant will seek medical treatment and provide SBOC with medical provider records on eligibility to participate in sports and selected activities. Participation in any sport activity or selected activity may be withheld by SBOC at any time deemed appropriate and the student athlete/participant shall not be allowed to resume sport or selected activities without satisfactory medical provider note or records.
- g) If any sports document, physical exam form, or signature on such document has been falsified, misrepresented, or intentionally excluded, the student athlete/participant shall be immediately suspended from the sports team/group and declared as ineligible status from all sports or selected activities. Ineligible status and sport suspension shall be effective for one calendar year from the date of disclosure.
- h) The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner. The ECG results must be interpreted by a pediatric cardiologist or a cardiologist.

ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19** is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

SBOC will conduct extracurricular activities in the Summer of 2022 and continuing into the 2022-23 school year. These activities, including pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the activities will be required to adhere to all safety protocols and are subject to immediate removal from the activities if they do not comply. Extracurricular activities are a privilege, and not a right, of public school students.

SBOC, has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities where close contact may be inevitable will increase your risk and your child(ren)'s risk of contracting COVID-19. By signing below, I agree that I will:

- Perform daily temperature checks on 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 72 hours.
- Proactively monitor 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

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activity), fatigue, or extreme fussiness. If my child(ren) exhibits 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 72 hours.

- 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 and only then if my child(ren) are exhibiting no symptoms of COVID-19.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours 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 the named student athlete may be exposed to or infected by COVID-19 as a result of participation in the extracurricular activities, 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), SBOC 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 myself and the named student athlete being able to participate in the extracurricular activities, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Orange County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or the named student athlete, or my or our representatives, sustain during or related to student athlete's participation or involvement in the activities.

,	this document in its entirety; reviewed and explained the terms with to be bound by the terms on behalf of myself and the named student
Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Name (printed)	School Name



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Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

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

Pa	art 1. Student Information (to be comple	eted b	y stude	nt or	parent)		
Stu	dent's Name:				Sex:Age:Date of Bir	th://	
Scl	nool:		Gr	ade in	School: Sport(s):		
					Home Phone: (
					E-mail:		
	son to Contact in Case of Emergency:						
					Work Phone: () Cell Phone:		
Per	sonal/Family Physician:			C	ty/State: Office Phone: ()	
Pa	art 2. Medical History (to be completed by st	udent	or pare	ent). H	xplain "yes" answers below. Circle questions you do	on't know answers	rs to.
	•		No				No
1.	Have you had a medical illness or injury since your last check up or sports physical?				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 activity?	arter	-
	Have you ever been hospitalized overnight?	-	71	28	Do you have asthma?		
	Have you ever had surgery?				Do you have seasonal allergies that require medical treatm		
	Are you currently taking any prescription or non-		()		Do you use any special protective or corrective equipment		
3.	prescription (over-the-counter) medications or pills or using an inhaler?	-	-	30.	medical devices that aren't usually used for your sport or p (for example, knee brace, special neck roll, foot orthotics,	osition	
6	Have you ever taken any supplements or vitamins to				retainer on your teeth or hearing aid)?	sirarit,	
o.	help you gain or lose weight or improve your			31.	Have you had any problems with your eyes or vision?		
	performance?			32.	Do you wear glasses, contacts or protective eyewear?		
7.	Do you have any allergies (for example, pollen, latex,			33.	Have you ever had a sprain, strain or swelling after injury?		
0	medicine, food or stinging insects)?			34.	Have you broken or fractured any bones or dislocated any)	-
	Have you ever had a rash or hives develop during or after exercise?		:	35.	Have you had any other problems with pain or swelling in tendons, bones or joints?	muscles,	-
	Have you ever passed out during or after exercise?				If yes, check appropriate blank and explain below:		
	Have you ever been dizzy during or after exercise?				Head Elbow Hip		
	Have you ever had chest pain during or after exercise?				Neck Forearm Thigh		
12.	Do you get tired more quickly than your friends do		_		Neck Forearm Thigh Back Wrist Knee Chest Hand Shin/Calf		
12	during exercise?				Chest Hand Shin/Calf		
13.	Have you ever had racing of your heart or skipped heartbeats?				Shoulder Finger Ankle		
14	Have you had high blood pressure or high cholesterol?			26	Upper Arm Foot		
	Have you ever been told you have a heart murmur?				Do you want to weigh more or less than you do now?		-
	Has any family member or relative died of heart			31.	Do you lose weight regularly to meet weight requirements sport?	ior your	
	problems or sudden death before age 50?	3		38	Do you feel stressed out?		
17.	Have you had a severe viral infection (for example,				Have you ever been diagnosed with sickle cell anemia?		
	myocarditis or mononucleosis) within the last month?			40.	Have you ever been diagnosed with having the sickle cell t	rait?	
18.	Has a physician ever denied or restricted your				Record the dates of your most recent immunizations (shots		
10	participation in sports for any heart problems?				Tetanus: Measles:		
	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)	?	-		Hepatitus B: Chickenpox:	-	
	Have you ever had a head injury or concussion?			FE	IALES ONLY (optional)		
21.	Have you ever been knocked out, become unconscious or lost your memory?				When was your first menstrual period?		
22	Have you ever had a seizure?				When was your most recent menstrual period?		
	Do you have frequent or severe headaches?				How much time do you usually have from the start of one		
	Have you ever had numbness or tingling in your arms,		-		the start of another?		
4 7.	hands, legs or feet?			45.	How many periods have you had in the last year?		
25.	Have you ever had a stinger, burner or pinched nerve?			46.	What was the longest time between periods in the last year?		
Exi	olain "Yes" answers here:						
1							
_							





Florida High School Athletic Association

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Preparticipation Physical Evaluation (Page 2 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:								Date of Birth:	//
Height: Weight:	(% Body Fat (o)	otional):			Pulse:	Blood Pressure:	/(/	_,/
Temperature: Hea	nring: right: P	F	left: P_	F					
Visual Acuity: Right 20/	Left 20/	_ Corrected:	Yes	No	Pupils:	Equal	Unequal	_	
FINDINGS	NORMAL				ABNO	RMAL FIND	DINGS		INITIALS
MEDICAL									
 Appearance 									
Eyes/Ears/Nose/Throat	·	V							
Lymph Nodes	-	-							
4. Heart		8							
5. Pulses		(v)							
6. Lungs	-	17							
7. Abdomen									
8. Genitalia (males only)									
9. Skin									
MUSCULOSKELETAL	3								
10. Neck									
11. Back		8							
12. Shoulder/Arm		-							-
13. Elbow/Forearm	1	8							
14. Wrist/Hand									-
15. Hip/Thigh		11 							:
16. Knee	-								
17. Leg/Ankle		-						<u> </u>	-
18. Foot									
* - station-based examination only									
ASSESSMENT OF EXAMINING	PHYSICIAN/I	PHYSICIAN A	ASSIST	ANT/N	URSE I	PRACTITION	NER		
I hereby certify that each examination								following conclusion	n(s):
Cleared without limitation	on noted above v	vas perrorinea	oj mjoc	01		aar ander my	and supervision with the	Tono mig concretion	(0).
Disability:					Diagno	neie.			
Disdointy					_ Diagno	J313.			
Dragoutions		MI III III III III III III III III III							
Precautions:							1)		
Net sleered feet							Pagan:		
Not cleared for:							Reason.		
Cleared after completing evaluation									
Referred to				-			For:		
Recommendations:									
Name of Physician/Physician Assist								Date:	
Address:									





Florida High School Athletic Association

dic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

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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	y myself or an individual under my direct supervision with the following conclusion(s):
Cleared without limitation	
Disability:	Diagnosis:
Precautions:	
Not cleared for:	
Cleared after completing evaluation/rehabilitation for:	
Recommendations:	
Name of Physician (print):	
Address:	
Signature of Physician:	
Based on recommendations developed by the American Academy of Family Physicians. Amer	rican Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopae-



Name of Student (printed)

Florida High School Athletic Association

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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.

	This form is non-transferable; a change	of schools during the validity period of this form will require thi	s form to be re-submitted.
School:		School District (if applicable):	
I have read the (c my school in inte know that athleti sion, and even de participating in a hereby release an liability for any in athletic participat I hereby grant to academic standin used my name, fact limitation. The re- and that I may re- eligible for partic	ondensed) FHSAA Eligibility Rules printed on rescholastic athletic competition. If accepted a participation is a privilege. I know of the risath, is possible in such participation, and choo hletics, with full understanding of the risks in d hold harmless my school, the schools agains jury or claim resulting from such athletic particion. I hereby authorize the use or disclosure of FHSAA the right to review all records relevang, age, discipline, finances, residence and phye, e, likeness, voice and appearance in connecties eased parties, however, are under no obligatio voke any or all of them at any time by submit ipation in interscholastic athletics.	ease (to be signed by student at the bottom) In Page 4 of this "Consent and Release Certificate" and know of no reals a representative, I agree to follow the rules of my school and FHS sks involved in athletic participation, understand that serious injury see to accept such risks. I voluntarily accept any and all responsibility wolved. Should I be 18 years of age or older, or should I be emancified twhich it competes, the school district, the contest officials and FH icipation and agree to take no legal action against FHSAA because of my individually identifiable health information should treatment for the my athletic eligibility including, but not limited to, my records sical fitness. I hereby grant the released parties the right to photogrant on with exhibitions, publicity, advertising, promotional and comment to exercise said rights herein. I understand that the authorizations at thing said revocation in writing to my school. By doing so, however	SAA and to abide by their decisions. In including the potential for a concustry for my own safety and welfare while pated from my parent(s)/guardian(s), I SAA of any and all responsibility and fany accident or mishap involving my or illness or injury become necessary relating to enrollment and attendance, ph and/or videotape me and further to creat materials without reservation or and rights granted herein are voluntary, I understand that I will no longer be
tom: where divo	ced or separated, parent/guardian with leg	wledgement and Release (to be completed and signed by al custody must sign.) any FHSAA recognized or sanctioned sport <u>EXCEPT</u> for the following	
List spor	t(s) exceptions here		
C. I know of, a is possible in such risks involved any and all respondent or my child/ward by treatment, while information shou athletic eligibility I grant the release connection with cobligation to exerparticipate once s	in participation and choose to accept any and a st., I release and hold harmless my child's/war assibility and liability for any injury or claim ishap involving the athletic participation of my a healthcare practitioner, as defined in F.S. 45 my child/ward is under the supervision of the st of treatment for illness or injury become necess including, but not limited to, records relating and parties the right to photograph and/or video whibitions, publicity, advertising, promotional cise said rights herein. of the potential danger of concussions and/or under an injury is sustained without proper med	f, the risks involved in interscholastic athletic participation, understa all responsibility for his/her safety and welfare while participating in d's school, the schools against which it competes, the school district resulting from such athletic participation and agree to take no legal y child/ward. As required by F.S. 1014.06(1), I specifically authorize to the consensual properties of a healthcare practicular to the fereby authorize the use or disclosure of my child's/sary. I consent to the disclosure to the FHSAA, upon its request, of a to enrollment and attendance, academic standing, age, discipline, finotape my child/ward and further to use said child's/ward's name, fall and commercial materials without reservation or limitation. The recheat and neck injuries in interscholastic athletics. I also have knowical clearance.	n athletics. With full understanding of t, the contest officials and FHSAA of action against the FHSAA because of healthcare services to be provided for itioner, should the need arise for such ward's individually identifiable health that records relevant to my child/ward's nances, residence and physical fitness. ice, likeness, voice and appearance in eleased parties, however, are under no wledge about the risk of continuing to
		REFULLY. YOU ARE AGREEING TO LET YOUR Y. YOU ARE AGREEING THAT, EVEN IF MY CI	
THE SCHOOUSES REAS OUSLY INJUINHERENT GIVING UP SCHOOLS A A LAWSUIT THAT RESU FUSE TO SIO CHILD PAR	OLS AGAINST WHICH IT COMP ONABLE CARE IN PROVIDING TRED OR KILLED BY PARTICII IN THE ACTIVITY WHICH CAN YOUR CHILD'S RIGHT AND YOU GAINST WHICH IT COMPETE FOR ANY PERSONAL INJURY LTS FROM THE RISKS THAT AL IN THIS FORM, AND MY CHILL OL DISTRICT, THE CONTEST OF ICIPATE IF YOU DO NOT SIGN	ETES, THE SCHOOL DISTRICT, THE CONTES' G THIS ACTIVITY, THERE IS A CHANCE YOU PATING IN THIS ACTIVITY BECAUSE THERE NOT BE AVOIDED OR ELIMINATED, BY SIGNI OUR RIGHT TO RECOVER FROM MY CHILD' S, THE SCHOOL DISTRICT, THE CONTEST O , INCLUDING DEATH, TO YOUR CHILD OR A RE A NATURAL PART OF THE ACTIVITY, YOU D'S/WARD'S SCHOOL, THE SCHOOLS AGAINS OFFICIALS AND FHSAA HAS THE RIGHT TO N THIS FORM.	I OFFICIALS AND FHSAA JR CHILD MAY BE SERI- ARE CERTAIN DANGERS NG THIS FORM YOU ARE S/WARD'S SCHOOL, THE FFICIALS AND FHSAA IN NY PROPERTY DAMAGE HAVE THE RIGHT TO RE- T WHICH IT COMPETES, D REFUSE TO LET YOUR
tion in FHSAA s F. I understand writing to my sch G. Please chec	tate series contests, such action shall be filed that the authorizations and rights granted be ool. By doing so, however, I understand that refer the appropriate box(es):	injunctive relief or other legal action impacting my child (individ d in the Alachua County, Florida, Circuit Court. erein are voluntary and that I may revoke any or all of them at any my child/ward will no longer be eligible for participation in interschence plan, which has limits of not less than \$25,000.	time by submitting said revocation in
		D-1!	
	ard is covered by his/her school's activities me		
	nased supplemental football insurance through READ THIS CAREFULLY AND KNO	n my child's/ward's school. OW IT CONTAINS A RELEASE (Only one parent/guard	lian signature is required)
Name of Parent/O	Guardian (printed)	Signature of Parent/Guardian	Date /
Name of Parent/O	Guardian (printed) I HAVE READ THIS CAREFU	Signature of Parent/Guardian LLY AND KNOW IT CONTAINS A RELEASE (student	Date // must sign)

Signature of Student



Name of Parent/Guardian (printed)

Name of Parent/Guardian (printed)

Florida High School Athletic Association

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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 a)	pplicable):
Concussion is a acceleration, a all concussions concussions are bump on the he	on Information a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by blow or jolt to the head, or by a blow to another part of the body with force transmitted to the hest occur without loss of consciousness. Signs and symptoms of concussion may show up right after potentially serious and, if not managed properly, may result in complications including brain dead can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms of from play, evaluated by a medical professional and cleared by a medical doctor.	ead. You can't see a concussion, and more than 90% of er the injury or can take hours or days to fully appear. All amage and, in rare cases, even death. Even a "ding" or a
Concussion syr	Imptoms of a Concussion: Imptoms may appear immediately after the injury or can take several days to appear. Studies have to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms call-inclusive)	
 Emotions out Headache or p Altered vision Sensitivity to Delayed verba Disorientation 	eness of surroundings of proportion to circumstances (inappropriate crying or anger) persistent headache, nausea, vomiting n light or noise al and motor responses n, slurred or incoherent speech	
 Decreased coe Confusion and Memory loss Sudden chang Irritability, de 	cluding light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimmin ordination, reaction time d inability to focus attention ge in academic performance or drop in grades spression, anxiety, sleep disturbances, easy fatigability loss of consciousness	g sensation)
Athletes with si concussion leav concussion hav	if your child continues to play with a concussion or returns too soon: igns and symptoms of concussion should be removed from activity (play or practice) immediate wes the young athlete especially vulnerable to sustaining another concussion. Athletes who sustai we resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms me" where the brain swells uncontrollably). There is also evidence that multiple concussions can	in a second concussion before the symptoms of the first s, permanent disability and even death (called "Second
Any athlete sus concussion, reg In Florida, an a physician (DO,	e if you suspect your child has suffered a concussion: spected of suffering a concussion should be removed from the activity immediately. No athlete negardless of how mild it seems or how quickly symptoms clear, without written medical clearance appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for sever ach if you think that your child may have a concussion. Remember, it's better to miss one game	from an appropriate health-care professional (AHCP). r Chapter 458, Florida Statutes), a licensed osteopathic ral hours. You should also seek medical care and inform
Following phys	ay or practice: sician evaluation, the return to activity process requires the athlete to be completely symptom from the supervision of a licensed athletic trainer, coach or medical professional and then, receive write	ee, after which time they would complete a step-wise itten medical clearance of an AHCP.
For current and	d up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or h	ttp://www.seeingstarsfoundation.org
Parents and st may lead to ab suggesting the	f Student Athlete Responsibility tudents should be aware of preliminary evidence that suggests repeat concussions, and ever bnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic E e development of Parkinson's-like symptoms, Amyotropic Lateral Sclerosis (ALS), severe tr s that may be related to concussion history. Further research on this topic is needed before	ncephalopathy (CTE)). There have been case reports aumatic brain injury, depression, and long term
injuries and ill have read and	e the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhsler llnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport inc I understand the above information on concussion. I will inform the supervising coach, athl ese symptoms or witness a teammate with these symptoms. Furthermore, I have been advi ard.	luding any signs and symptoms of CONCUSSION. I etic trainer or team physician immediately if I experi-
Name of Stude	ent-Athlete (printed) Signature of Student-Athlete	/
		, ,

Date

Signature of Parent/Guardian

Signature of Parent/Guardian





Name of Parent/Guardian (printed)

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	y the school. This form is valid for 365 calendar days from the date of	of the most recent signature.
School:	School District (if applicable):	
Sudden Cardiac Arrest Information		
Sudden cardiac arrest (SCA) is a leading cause of sports-related mends added training. Sudden cardiac arrest is a condition in whand other vital organs. SCA can cause death if it's not treated with the condition in the cardiac arrest is a condition in who are cardiac arrest is a condition in the cardiac arrest arrest cardiac arrest ca	death. This policy provides procedures for educational requirements inch the heart suddenly and unexpectedly stops beating. If this happ thin minutes.	s of all paid coaches and recom- ens, blood stops flowing to the brain
Symptoms of SCA include, but not limited to: sudden collaps	e, no pulse, no breathing.	
Warning signs associated with SCA include: fainting during	exercise or activity, shortness of breath, racing heart rate, dizzin	ess, chest pains, extreme fatigue.
nal defibrillator (AED). Training is encouraged through agencies	unteer, be regularly trained in cardiopulmonary resuscitation (CPR) as that provide hands-on training and offer certificates that include an PR and the use of an AED must be present at each athletic event duri	expiration date. Beginning June 1,
The AED must be in a clearly marked and publicized location for the school year.	r each athletic contest, practice, workout or conditioning session, inc	cluding those conducted outside of
What to do if your student-athlete collapses: 1. Call 911 2. Send for an AED 3. Begin compressions		
FHSAA Heat-Related Illnesses Informat	<u>ion</u>	
	erly cool themselves by sweating. Sweating is the body's natural ai related illnesses can be serious and life threatening. Very high body eat-related illnesses and deaths are preventable.	
Heat Stroke is the most serious heat-related illness. It happens we nent disability and death.	when the body's temperature rises quickly and the body cannot cool of	lown. Heat Stroke can cause perma-
Heat Exhaustion is a milder type of heat-related illness. It usual	ly 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 dem the abdomen, arms, or legs. Heat cramps may also be a symptom	anding activity. Sweating reduces the body's salt and moisture and of heat exhaustion.	can cause painful cramps, usually in
Who's at Risk? Those at highest risk include the elderly, the very young, people succumb to heat if they participate in demanding physical activition, dehydration, poor circulation, sunburn, and prescription dr	with mental illness and people with chronic diseases. However, ever es during hot weather. Other conditions that can increase your risk for ug or alcohol use.	n young and healthy individuals can r heat-related illness include obesity,
By signing this agreement, I acknowledge the annual require courses at www.nfhslearn.com. I acknowledge that the inforn been advised of the dangers of participation for myself and th	ement for my child/ward to view both the "Sudden Cardiac Arre nation on Sudden Cardiac Arrest and Heat-Related Illness have hat of my child/ward.	st" and "Heat Illness Prevention" been read and understood. I have
Name of Student-Athlete (printed)	Signature of Student-Athlete	//
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	/

Signature of Parent/Guardian



Name of Parent/Guardian (printed)

Florida High School Athletic Association

Revised 06/21

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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending 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 the first 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 eight semesters 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 not turn 19 before **July 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 ineligibile. (FHSAA Bylaw 9.6)
- 8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
- 9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
- 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	_/	_/	
			1	1	

Date

Signature of Parent/Guardian

OCPS Cardiology Report: Electrocardiogram (ECG) Clearance

Parents/Guardians: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. In accordance with School Board Policy JJ titled Extracurricular Activities, The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have 1 electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in high school. The initial ECG may be completed by any licensed physician, including a primary care physician, pediatrician, licensed physician assistant, or certified advanced registered nurse practitioner. If the ECG comes back ABNORMAL, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.

tudent's Name: (Print):	Student ID #:	DOB:
Parent/Legal Guardian Name Printed	Parent/Legal Guardian Signature	Date
Submit the email you received from the o	Play For, Orlando Health, Advent Health, or Nemorganization to Athletic Clearance, along with the with the top completed must be submitted.	
ECG's performed by a PCP, Urgen	nt Care Center, or Walk-in Clinic must complete	the form below
PHYSICIAN INSTRUCTIONS: This form is to be completed by an app interpret ECG readings based on the International Criteria (https://ieeCG is interpreted as NORMAL, complete the Normal Electrocardion Only a cardiologist can clear a student with an ABNORMAL ECG interpretation.	ropriate health care provider (AHCP) trained in the latest ECG inte <u>uwsportscardiology.org/</u>). After completing and interpreting the E gram Clearance. If the initial ECG is interpreted as ABNORMAL, the	erpretation guidelines. It is recommended CG, select the appropriate box below. If
NORMAL	Electrocardiogram Clearance:	
	n full by a licensed physician, PA or ARNP)	
I hereby certify that an ECG was performed by m	yself or an individual under my direct supervisio	n with the following
conclusion: Low Risk/Cleared for Participation		
Low hisky cleared for Farticipation		,
Name of Physician/PA/ARNP (print)	Signature of Physician/PA/ARNP	 Date
Stamp of Physician Office:	Phone:	
Address:	City:	Zip Code:
An <u>ABNORMAL</u> ECG was found and student has been re	ferred to cardiology. Physician name:	Date:
ABNORM	AL Electrocardiogram Clearance:	
(To be completed in	full by a cardiologist or pediatric cardiologi	
An abnormal ECG screening was found and the cardiologist.	he student was subsequently evaluated by a	ı cardiologist or pediatric
I hereby certify that the student above ha cardiac perspective.	s had a cardiac evaluation and is cleared for ath	letic participation from a
Name of Cardiologist/Pediatric Cardiologist (print	t) Signature of Cardiologist/Pediatric Cardi	ologist Date
		-
Stamp of Cardiology Office:	Phone:	
Address:	City:	Zip Code:

District of the second of the	D. C. COMON POLICE OF AN	m P: A
EMERGENCY TREATMENT AUTHORIZATION CAR	D-English SCHOOL BOARD OF ORANGE COUNTY, Florida	(Please Print)
Athlete's Legal Name:		
Athlete's Date of Birth:		
My child is allergic to the following medications:		
•		
Please identify any serious injuries or illnesses your child h	nas had:	
100 E 100 E	gency:	
	Telephone Number(s):	
Primary Care Doctor Name:	Telephone Number:	
understand that your child is only covered by OCPS sport is Please write "none" if you have no personal insurance on t		5 7
Insurance Company Address:		
	ny signature or information on the emergency medical treatment card, the stud	
staff and their designees to render medical treatment or aut harmless in the administration of such assistance. I hereb	y for one full calendar year from disclosure date. You further give your penthorize medical treatment by a hospital and/or doctor and agree to hold the So by acknowledge and certify that I have read the emergency medical documents of perjury, I declare that I have read the foregoing and that the facts state motice with my child.	chool Board and its employees
Signature of Parent/Legal Guardian	Print Name of Parent/Legal Guardian	Date
Telephone (H)	Telephone (W)Other	
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Please Co	omplete Both Car	ds
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