INSTRUCTIONS FOR SUBMITTING ATHLETIC FORMS

ALL COMPLETED PACKETS MUST BE SUBMITTED WITH $100 FEE

As we prepare for the new athletic year it is required that all student athletes submit a packet prior to participating in any activity at ANY St. Lucie County High School. This information is designed to assist all new and returning athletes to access the forms required for participation.

1. PLEASE GO TO: WWW.STLUCIESCHOOLS.ORG
2. CLICK ON THE PARENTS AND STUDENTS TAB AND FIND THE INFORMATION ON THE RIGHT SIDE OF THE PAGE.

FORMS THAT NEED TO BE SUBMITTED PRIOR TO ANY PARTICIPATION

EL2 FHSAA Pre-participation Physical *Must be maintained annually on the date of student physical date. This form must be current!*

1. SPORTS PERMISSION & RELEASE
2. SPORTS CONSENT & RELEASE FROM LIABILITY CERTIFICATE (EL3)
3. ATHLETIC POLICY AGAINST HAZING AND HARASSMENT
4. ATHLETIC PASS AGREEMENT
5. $100.00 PROCESSING FEE

*(All items on this list must be completed BEFORE YOU WILL BE CLEARED TO PARTICIPATE)*

PLEASE NOTE!!!!

*(PROOF OF AGE REQUIREMENT)*

PER FHSAA POLICY A BIRTH CERTIFICATE OR OTHER LEGAL DOCUMENT MUST BE SUBMITTED TO VERIFY DATE OF BIRTH FOR ALL FIRST TIME STUDENT ATHLETES

SCHOOL CONTACT INFORMATION
Lincoln Park Academy, Jill Corey 468-5111
Fort Pierce Central, Peter Crespo 468-5760
Fort Pierce Westwood, Jill Willette 468-5422
Port St. Lucie High School, Brandon North 337-6726
St. Lucie West Centennial, Steve Ripley 344-4426
Treasure Coast, Dan Comeau 807-4309

COUNTY ATHLETIC OFFICE CONTACT INFORMATION
Pamela Jones, County Athletic Secretary 772-468-5163
Jill Willette, County Athletic Director 772-468-5164

ATH0012 Revised 5/16
PARENT AND PLAYER AGREEMENT, PERMISSION, AND RELEASE

Name of Student Athlete (Please print) ____________________________

Home Address ____________________________________________________________________________________________

Home Phone __________________ Date of Birth ___________ Place of Birth __________________________

Parent/Guardian Work Phone ___________________ Other Emergency Phone _________________

School ___________________ Grade Level ___________ Sport(s) _________________________

I/We, the undersigned parent(s)/Guardian(s) of the above named student (Student Athlete), acknowledge that competing in interscholastic athletics in the St. Lucie County Schools is entirely voluntary and subject to the eligibility rules and regulations of the Florida High School Athletic Association. I/We further acknowledge that we have not violated and in the future will abide by all the rules set down by the School Board of St., Lucie County, the Florida High School Athletic Association and the school in which the Student Athlete is enrolled (School). All infractions of the Code of Student Conduct shall be reported to school administration. All infractions are subject to the appropriate Discipline Response as defined in The School Board of St. Lucie County Code of Student Conduct.

Student Athletes and parents or guardians of Student Athletes should have a thorough understanding of the responsibilities and implications of participating in a voluntary extracurricular activity. For this reason, each Student Athlete in the St. Lucie Public Schools, and his/her parent(s), or guardian(s), shall read, and sign this agreement, permission, and release prior to the Student Athlete being allowed to participate in any form of athletic practice or contests.

I/We, the undersigned Parent(s)/guardian(s) of the above name Student Athlete:

1. Understand that I must complete the FHSAA Pre-participation Physical Evaluation and the FHSAA Consent and Release of Liability Certificate in order to participate as a student athlete in St. Lucie County

2. Understand that only a supplementary insurance premium for the Student Athlete is to be paid from school board funds. This insurance will have a $500.00 deductible. This deductible will be applied concurrent with primary coverage which will be paid at 100% Reasonable and Customary. If there is no primary coverage, this insurance will pay 100% of Reasonable and Customary after the $500.00 deductible.

3. Understand that in the event of accident or injury, only School required accident forms will be completed by School officials, and that all claims under any applicable insurance policy for injuries received while participating in athletic activities or travel incidental to such activities shall be processed by the Parent(s)/guardian(s) or the Student Athlete through the company agent handling the Student Athlete's insurance policy, and not through School officials.

4. Understand that a ONE HUNDRED DOLLAR ($100.00) NON-REFUNDABLE PROCESSING FEE must be paid when this form is submitted. This fee does not guarantee selection to a team. I also understand that additional fees may be assessed to participate in a specific sport due to financial limitations and the uncertainty of financial times.

5. Understand that an official St. Lucie County School Board Receipt will be given for all fees paid to the school for athletic purposes.

6. Accept financial responsibility for any athletic equipment lost by the Student Athlete.

7. Understand that if the behavior of this student athlete results in a fine being imposed by the FHSAA, that the fine will be assessed to the student and must be paid prior to further participation. Minimum fine for gross unsportsmanlike conduct is $250.00

8. Authorize the School to transport the Student Athlete and to obtain, through a physician of the School's choice, any emergency medical care that may become reasonably necessary for the student in the course of athletic activities or travel incidental to such activities; and agree that the expenses for such transportation and treatment shall not be borne by the School Board or its employees.

9. Accept full responsibility and grant permission for the Student Athlete to travel on any trips including overnight trips approved by the school’s principal.

10. Consent to the release of educational records relating to the student’s name, date of birth, and eligibility for athletics to the Florida High School Athletic Association and its service provider C2C Schools, Inc. for the purpose of reporting eligibility to participate in athletics and authorize the release of student transcripts to colleges or their representatives for recruiting purposes.

11. Consent to the release of the student’s name, photo, voice, video, height, weight, name of school attending, grade level, and athletic position and statistics for public access, including but not limited to, inclusion on District and school websites and broadcasts and in athletic programs.
NOTICE TO PARENTS/GUARDIANS OF MINOR CHILD PARTICIPANTS

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 THE SCHOOL DISTRICT OF ST. LUCIE COUNTY, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS USE 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 ST. LUCIE COUNTY SCHOOL DISTRICT 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 THE ST. LUCIE COUNTY SCHOOL DISTRICT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/WE, THE UNDERSIGNED PARENT(S) AND STUDENT ATHLETE ACKNOWLEDGE HAVING RECEIVED AN ADEQUATE OPPORTUNITY TO REVIEW THIS AGREEMENT, PERMISSION, AND RELEASE AND TO ASK QUESTIONS OF SCHOOL OFFICIALS. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT; THAT I AGREE TO ITS TERMS; THAT I WILL COMPLY WITH ALL SCHOOL BOARD AND STATE ASSOCIATION RULES. IT IS UNDERSTOOD THAT THE STUDENT ATHLETE IS REQUIRED TO COMPLY WITH ALL SAFETY RULES AND INSTRUCTIONS PROVIDE WITH EACH SPORT, COMPETITION, AND PRACTICE WHILE ENGAGING IN SUCH ACTIVITIES.

I/WE UNDERSTAND THAT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS IS A PRIVILEGE. FURTHERMORE, WE/I UNDERSTAND THAT THE PRINCIPAL OR DESIGNEE HAS THE SOLE DISCRETION TO WITHDRAW MY ELIGIBILITY AT ANY TIME DUE TO AN ON-CAMPUS OR OFF-CAMPUS BEHAVIOR THAT IS DEEMED BY THE PRINCIPAL OR DESIGNEE TO BE UNBECOMING OF A STUDENT ATHLETE.

-------------------------------Acknowledgment of Parent/Guardian Signature)-------------------------------

Print Parent/Guardian Name _____________________________________   Date _______________

Sign Parent/Guardian Name (In presence of Notary) _________________________________

STATE OF FLORIDA
COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by __________________________________. He/She is ___ personally known to me, or ___ has produced ___________________________ as identification, and ___ did ___ did not take an oath.

(Notary Seal)   My Commission Expires _______________

Notary Public State of Florida ____________________________________________

Print Notary Name _______________________________________________________

ATH0012 Rev. 5/16
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/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 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/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/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 AGREING 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/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.
- I have purchased supplemental football insurance through my child/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 __/__/____

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 __/__/____
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, 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/concussionin youthsports/ 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-What You Need to Know” 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 __/__/____

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.
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.

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, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. 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
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 a 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 be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (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.

<table>
<thead>
<tr>
<th>Name of Student-Athlete (printed)</th>
<th>Signature of Student-Athlete</th>
<th>Date</th>
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<table>
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<tr>
<th>Name of Parent/Guardian (printed)</th>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
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St. Lucie Public Schools
Athletic Policy against Hazing and Harassment

The School District of St. Lucie County strives to maintain a healthy athletic program in which all students feel safe and welcome. It is the goal of the district for athletes, parents and the community to be proud of the school and programs which they represent.

I understand that hazing of any kind is not allowed on this campus and in the athletic program. This includes mental, verbal, physical and any other act of harassment intended to demean another student. I further understand that it is my duty to report any such acts that I observe to a staff member on campus.

By signing below, I agree to uphold this policy and understand that any violation will result in my immediate suspension from athletics and consequences as prescribed in the St. Lucie County Schools Code of Student Conduct. Additionally, I understand that if Florida Statutes are violated that I will be subject to arrest.

________________________                ________________________
Athlete’s Name                                                                                      Athlete’s Signature

________________________                ________________________
Parent/Guardian Name                                                                         Parent/Guardian Signature

Definitions of Hazing
1. To persecute or harass with meaningless, difficult, or humiliating tasks.

2. To initiate, as into a high school team, by exacting humiliating performances from or playing rough practical jokes upon.
St. Lucie County Athletic Pass
Agreement and Usage Rules

The St. Lucie County Athletic Pass will be issued to all students who submit the Parent and Player Agreement and pay the $100.00 processing fee. The submission of this paperwork and payment of this fee does not guarantee selection to a team. However, the card will remain valid once issued for the entire school year unless it is revoked due to non-compliance with the agreement outlined below. The unique number on the back of the card will serve as the number associated with this student for athletic purposes. In order to be valid the student athletes name and school code must be printed on the card.

Card Rules:

1. Each card will have a unique number with a bar code which will be assigned to a specific student. Cards are not transferable. Cost to replace a lost card will be $5.00. There will be no charge for a stolen card if the request is accompanied by an official police report designating the card as stolen.
2. This card will be honored at all St. Lucie Public Schools and John Carroll High School. The card will not be honored for Varsity football games; pre-season tournaments; FHSAA State Series playoff games; FHSAA sanctioned events; and games played in front of the student body.
3. Card must be presented with photo identification when use of the card is being requested to gain admission to an athletic event. Failure to present the card will result in regular admission being charged at events or being denied access to other services related to the card.
4. During periods of suspension from school the card will not be valid for use.
5. A card that is lost or stolen must be reported immediately to the Athletic Office at the issuing school or the County Athletic Office at 468-5163.
6. Fraudulent or improper use of the card will result in a dean referral and the revocation of the card for the remainder of the year with no refund.

St. Lucie County Athletic Pass Agreement and Acceptance

I hereby accept and agree to the terms of the card I am being issued. I understand the limitations of use and agree to abide by the rules of use for my card. I understand that failure to follow the stated rules will result in disciplinary action and a revocation of my card with no refund.

I have been given a copy of this form for my records.

Name of Student ___________________________ ID # ______________

Signature of Student ___________________________ Date ______________
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: (_____)(______)_________ E-mail: ___________________________
Name of Parent/Guardian: ___________________________ Person to Contact in Case of Emergency: ___________________________
Relationship to Student: ___________________________ Home Phone: (_____)(______)_________ Work Phone: (_____)(______)_________
Cell Phone: (_____)(______)_________ City/State: ___________________________ Office Phone: (_____)(______)_________
Personal/Family Physician: ___________________________

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

1. Have you had a medical illness or injury since your last check up or sports physical? ____________ ____________
2. Do you have an ongoing chronic illness? ____________ ____________
3. Have you ever been hospitalized overnight? ____________ ____________
4. Have you ever had surgery? ____________ ____________
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? ____________ ____________
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ____________ ____________
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ____________ ____________
8. Have you ever had a rash or hives develop during or after exercise? ____________ ____________
9. Have you ever passed out during or after exercise? ____________ ____________
10. Have you ever been dizzy during or after exercise? ____________ ____________
11. Have you ever had chest pain during or after exercise? ____________ ____________
12. Do you get tired more quickly than your friends do during exercise? ____________ ____________
13. Have you ever had racing of your heart or skipped heartbeats? ____________ ____________
14. Have you had high blood pressure or high cholesterol? ____________ ____________
15. Have you ever been told you have a heart murmur? ____________ ____________
16. Has a physician ever denied or restricted your participation in sports for any heart problems? ____________ ____________
17. Have you had any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? ____________ ____________
18. Have you ever had a head injury or concussion? ____________ ____________
19. Have you ever been knocked out, become unconscious or lost your memory? ____________ ____________
20. Have you ever had a seizure? ____________ ____________
21. Do you have frequent or severe headaches? ____________ ____________
22. Have you ever had numbness or tingling in your arms, hands, legs or feet? ____________ ____________
23. Have you ever had a stinger, burn or pinched nerve? ____________ ____________
24. Have you ever had a head injury or concussion? ____________ ____________
25. Have you ever had a rash or hives develop during or after exercise? ____________ ____________
26. Have you ever become ill from exercising in the heat? ____________ ____________
27. Do you cough, wheeze or have trouble breathing during or after activity? ____________ ____________
28. Do you have asthma? ____________ ____________
29. Do you have seasonal allergies that require medical treatment? ____________ ____________
30. Do you use any special protective or corrective equipment or medical devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? ____________ ____________
31. Have you had any problems with your eyes or vision? ____________ ____________
32. Do you wear glasses, contacts or protective eyewear? ____________ ____________
33. Have you ever had a sprain, strain or swelling after injury? ____________ ____________
34. Have you broken or fractured any bones or dislocated any joints? ____________ ____________
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? ____________ ____________
36. Do you want to weigh more or less than you do now? ____________ ____________
37. Do you lose weight regularly to meet weight requirements for your sport? ____________ ____________
38. Do you feel stressed out? ____________ ____________
39. Have you ever been diagnosed with sickle cell anemia? ____________ ____________
40. Have you ever been diagnosed with having the sickle cell trait? ____________ ____________
41. Record the dates of your most recent immunizations (shots) for:
   - Hepatitis B: ___________________________
   - Measles: _______________
   - Chickenpox: ____________
   - Tetanus: _______________
   - Varicella: ____________
   - Influenza: ______________
   - Mumps: ____________
   - Polio: _______________
   - Rubella: ____________
   - Meningococcal: ____________
   - Hepatitis A: ____________
   - HPV: ____________
   - Diphtheria: ______________
   - BCg: ____________
   - Pertussis: ______________
   -狂犬病: ____________
   - Td: ____________
   - Tdap: ____________
   - Hepatitis B booster: ____________
   - Tuberculosis: ____________
   - Other: ___________________________

FEMALES ONLY (optional)

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

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, 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: __/__/____
Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student’s Name: _____________________________________________________________________________________________ Date of Birth: _____/_____/_____

Height: _____________ Weight: _____________ % Body Fat (optional): _____________ Pulse: _________ Blood Pressure: ____ / ____ ( ____/____ , ____ /____ )

Temperature: _____________ Hearing: right: P ______ F _____ left: P _____ F _____

Visual Acuity: Right 20/ ______ Left 20/ ______ Corrected: Yes No Pupils: Equal Unequal

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

1. Appearance

2. Eyes/Ears/Nose/Throat

3. Lymph Nodes

4. Heart

5. Pulses

6. Lungs

7. Abdomen

8. Genitalia (males only)

9. Skin

MUSCULOSKELETAL

10. Neck

11. Back

12. Shoulder/Arm

13. Elbow/Forearm

14. Wrist/Hand

15. Hip/Thigh

16. Knee

17. Leg/Ankle

18. Foot

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: ____________________________ Diagnosis: ____________________________

Precautions: ____________________________

__________________________ Not cleared for: ____________________________

__________________________ Reason: ____________________________

__________________________ Cleared after completing evaluation/rehabilitation for: ____________________________

__________________________ Referred to ____________________________ For: ____________________________

Recommendations:

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

Address: ____________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ____________________________
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: __________________________________________________________________