

Athletic Paperwork Check Sheet

1. Athletic Paperwork must be completed in full and signed by a parent or guardian in the presence of a notary. A notary is available at Island Coast High School for your convenience from 6:45am until 12:00 noon during the regular school year. There is no charge for this service. It is ILLEGAL FOR A FLORIDA NOTARY TO NOTARIZE INCOMPLETE DOCUMENTS.
2. In order to abide by the Florida High School Athletic Association (FHSAA) rules, which regulates interscholastic sports in Florida, every student must turn in a birth certificate before competing in interscholastic sports for the first time.
3. Every athlete must have accident insurance. If you do not have insurance, you can purchase a policy. Go to www.schoolinsuranceofflorida.com. This insurance covers all school-sponsored events (**except football**) for the school year. Football insurance is available in two ways: Option 1: \$50.00; Option 2: \$57.00. We suggest you take Option 2 if the student plans to play other sports also, if the student is NOT covered by another health insurance policy. Please be aware the school insurance policies, including football insurance, are limited. They usually cover less than 50% of the total medical cost. If you purchase school insurance, access it via: www.schoolinsuranceofflorida.com. Using this link will make the insurance available immediately.
4. If you are a first time athlete to ICHS coming from a private school or out-of-state school, you need verification of grades before you begin participation. This can be in the form of a report card or transcripts.
5. Additional FHSAA paperwork required with signature of parent and student-athlete, this is an EL3CH FHSAA "Concussion and Heat Related Illnesses Information" release form.

HAVE YOU COMPLETED THE FOLLOWING ON THE ATHLETIC PAPERWORK FORM?

- ✓ Filled in ALL information for Part 1 of the Consent and Release of Liability Certificate and this page is notarized
- ✓ Filled in all blanks with student and parent signature on the Consent and Release of liability/concussion and Heat Release Form Certificate Part 2, Part 3 and Part 4.
- ✓ Filled in the Medical History on the Pre-participation Physical Evaluation Form.
- ✓ Using the physical form required by the FHSAA located on the back of the provided form, you must undergo a pre-participation physical evaluation and been certified as being physically fit for participation in interscholastic athletics. The physical evaluation is valid for 365 calendar days from the date that it was administered, after which time, you must successfully undergo another physical evaluation to continue your participation.
- ✓ Turned in a copy of the athlete's Birth Certificate (if the first time trying out for a sport at ICHS)
- ✓ Verified your GPA

The Emergency Card must be filled out completely and signed by a parent/guardian. This form may be obtained online or in the Athletics Office.



ATHLETIC EMERGENCY CARD

APPENDIX BB

Date _____

Date of Birth _____

Grade _____

Social Security # _____

STUDENT'S FULL LEGAL NAME: _____
Last First Middle

Name of School: _____

Home Phone: _____ Address: _____
Street City Zip Code

Parent's email address: _____

STUDENT LIVES WITH: **CUSTODY RESTRICTION** Please Check

Father: Natural Step Foster Please check one

Name Home Phone Cell Phone Work Phone

Mother: Natural Step Foster Please check one

Name Home Phone Cell Phone Work Phone

Guardian (if different from above)

Name Home Phone Cell Phone Work Phone

INSURANCE:

Primary Carrier _____ Policy Number _____

School Insurance Football Insurance Policy Holder _____

PLEASE TURN OVER

MIS 328 06/16

HEALTH INFORMATION

Parent's Statement: I accept responsibility for notifying the school of any changes of home or business address or phone number. In the event of serious illness or accident and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed below be contacted to care for my child until I can be reached.

Date _____ Signature of Parent or Guardian _____

Person(s) who will care for student in case parent cannot be reached:

Name _____ Relationship _____ Phone (Home) _____ Phone (Work) _____

Name _____ Relationship _____ Phone (Home) _____ Phone (Work) _____

Please check if athlete has had problems with any of the following:

- Diabetes Medication _____
- Severe Allergies Specify: _____
- Asthma Medication _____
- Kidney Disease _____
- Heart Disease _____
- Epilepsy Medication _____
- Sickle Cell Disease or Trait Medication _____
- Seizures Specify: _____
- Ears _____
- Speech _____
- Glasses/Contacts _____
- Hearing Aid _____
- Concussions Followed up by Physician _____
- Any other conditions requiring observation: _____
- Medications _____

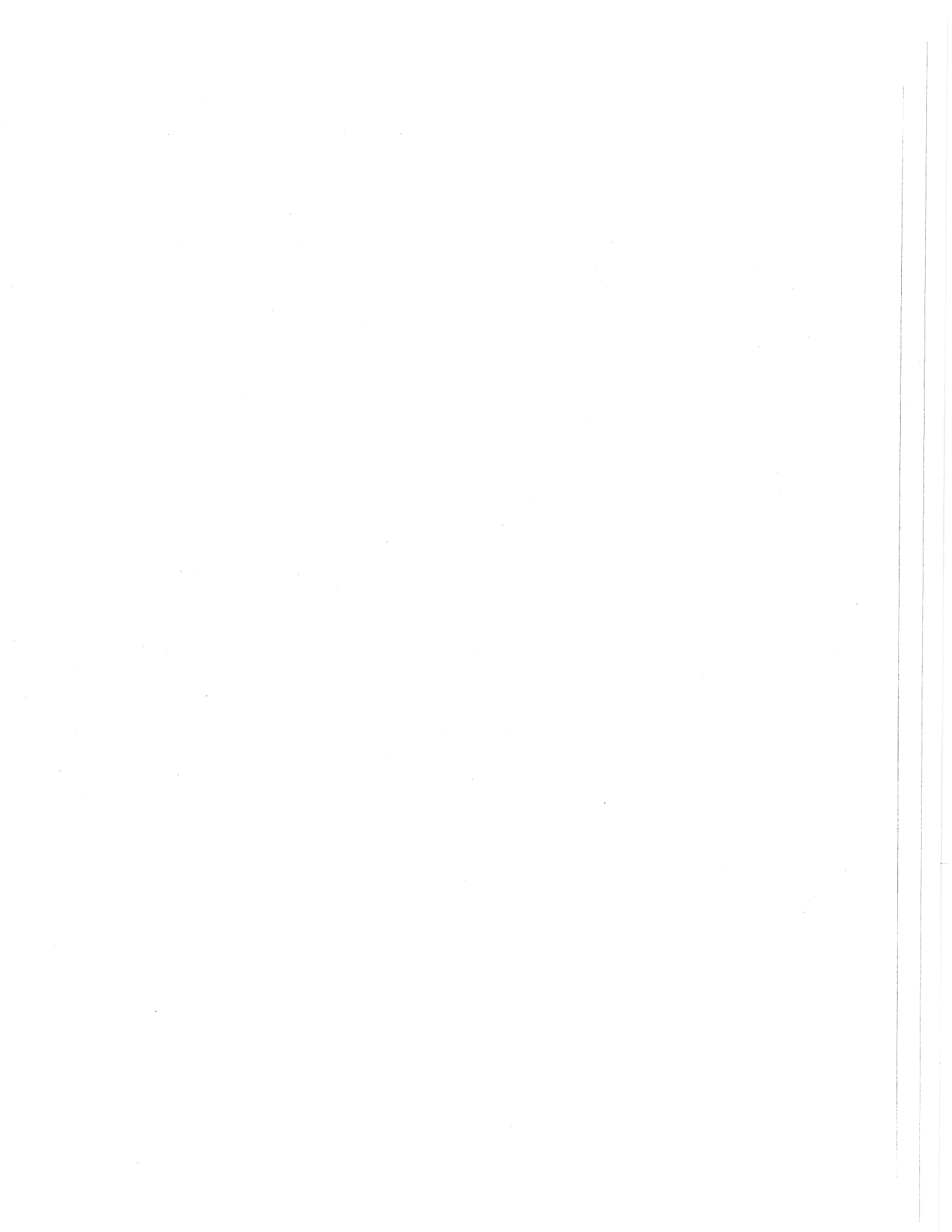
Family Physician _____

Phone _____

Family Dentist _____

Phone _____

Preferred Hospital _____





Florida High School Athletic Association
 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. General Information. A change of schools during the validity period of this form will require this form to be resubmitted.

School: _____ School District (if applicable): _____ Grade: _____
 Student's Legal Name: _____ DOB: _____ Student ID#: _____
 Address: _____ Race: _____ Date Entered Current School: _____
 Date Completed 8th Grade: / / Date Entered 9th Grade: / / E-Mail Address _____

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 actions 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. **ALL STUDENTS MUST HAVE INSURANCE TO PARTICIPATE IN SPORTS.** It is the parent's/guardian's responsibility to purchase and maintain insurance while student is participating in sports. The School District of Lee County and the FHSAA does not provide health insurance and is not responsible for medical bills. Please check appropriate boxes.

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 (school time coverage _____ 24 hrs. _____).

I have purchased supplemental football insurance through my child's/ward's school.

3. Residency Statement.

PLEASE READ CAREFULLY. The above-named student has resided with me, and I do hereby certify that I have read this and understand the rules contained herein and that the information supplied is true and correct to the best of my knowledge. I understand that this student must continue to reside with me to maintain athletic eligibility. I accept responsibility to inform the school of any change in this information.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Student's Signature (Acknowledging parts 1 & 3) _____ Date / / _____ School Attended Last Year _____

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 (Acknowledging parts 2 & 3) _____ Date / / _____ Relationship to Student _____

CERTIFICATE, OATH OR AFFIRMATION/SIGNED DOCUMENT (FLORIDA)

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of (how the individual appeared; check one):

physical presence or online notarization this _____ day of _____, 20_____

by (name of individual making the sworn statement): _____

Individual identified by Personal knowledge Satisfactory Evidence; Type _____

Signature of Notary Public: _____

_____, Notary Public

(Typed, Printed or Stamped Name of Notary Public)

(Affix El. Notary Stamp Here)

THE SCHOOL DISTRICT OF LEE COUNTY



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 (SCA) 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 SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

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



Florida High School Athletic Association
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 / /



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) for:		
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: ____/____/____



Florida High School Athletic Association

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.

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 ___

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include MEDICAL (Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Genitalia, Skin) and MUSCULOSKELETAL (Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, 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: _____



Florida High School Athletic Association
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: _____

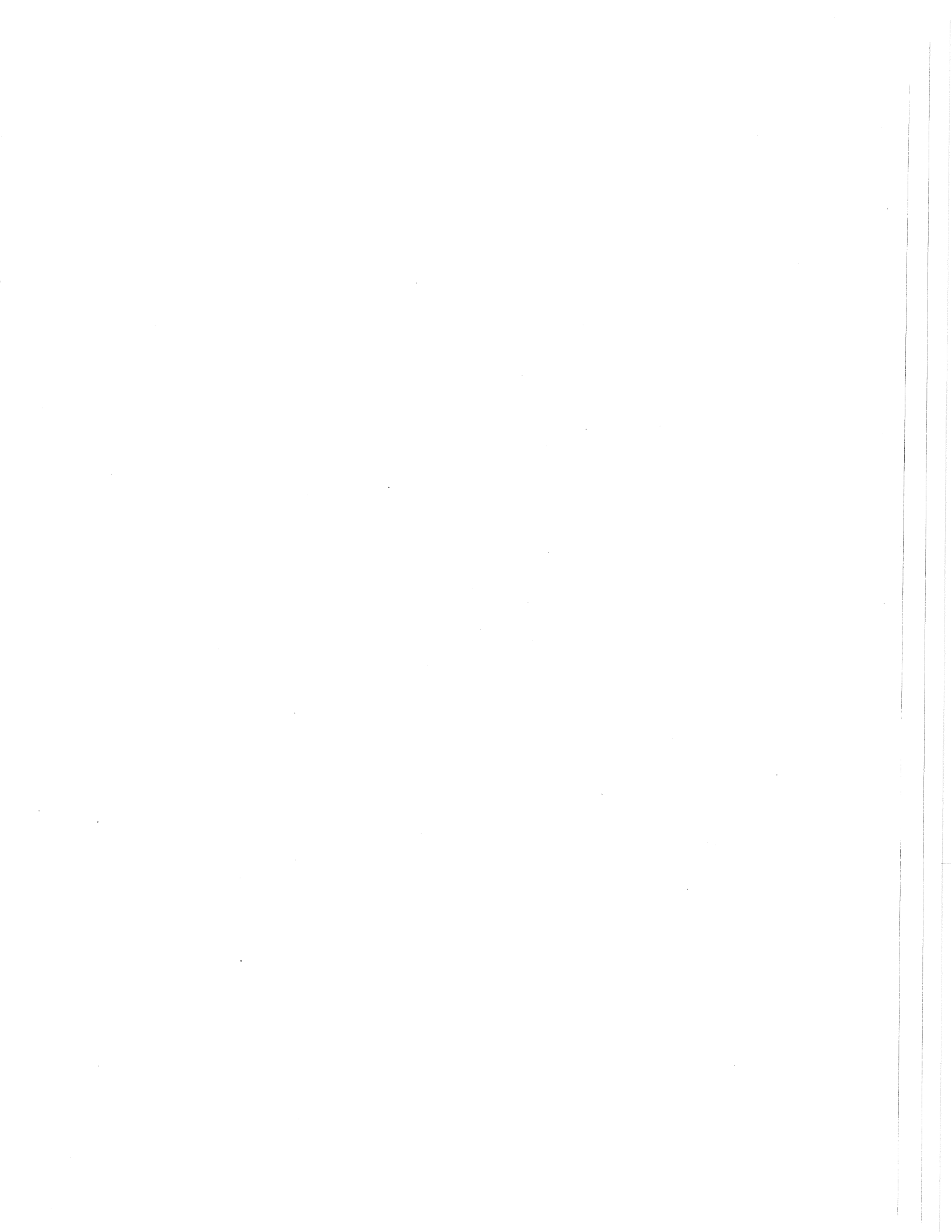
Recommendations: _____

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.



ISLAND COAST HIGH SCHOOL

ACTIVITIES/ ATHLETIC OFFICE- TRANSPORTATION PERMISSION MEMORANDUM

TO: Parent / Guardian of Island Coast High School Students
FROM: Winston Woods, Assistant Principal
Michael Dubbelde, Athletic Director
SUBJECT: Transportation to Athletic Events/ Practices/ Activities

From time to time, it is necessary to transport students to activities via private vehicles. We need to have on file permission for each student to travel in a private vehicle. Please initial the appropriate choice(s) of travel for your child. Parent/ Guardian and the student must sign this form as well as Parent/ Guardian having it notarized.

- 1. ___ Student may ride with the Coach/ Sponsor.
- 2. ___ Student may ride with a sibling.

(By School Board Policy 7.03, a student cannot transport a student other than a sibling.)

- 3. ___ Student may ride with another parent.
- 4. ___ Student will drive his/ her own car and may transport a sibling.
- 5. ___ Student will drive his/ her own car but may NOT transport a sibling.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

DRIVER INFORMATION

Necessary information for all drivers (students, coaches/ sponsors, parents) will need to be on file in the Island Coast High School Activities/ Athletic office for the duration of the year and includes the following:

- 1. Driver's Name _____
- 2. Driver License # _____
- 3. Car Registration # _____
- 4. Make and Model of Car _____
- 5. Insurance Company _____
- 6. License Plate # _____ State _____
- 7. **Copy of Driver License attached**

Island Coast High School
Student Transportation Release Form

- ___ Ride with a parent/ legal guardian (Licensed and Insured to Lee County Event
- ___ Ride with a parent/ legal guardian (Licensed and Insured) to Out-of- County Event
- ___ Permission for student to drive his/ her self (students are not permitted to drive to out of county events)

(Please complete reverse side)

Student Name (print) _____

Date: _____

Parent Name (print) _____

Parent Signature _____

Emergency Contact # _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on (date) _____

(Notary Seal)

Signature of Notary _____

Printed Name of Notary _____

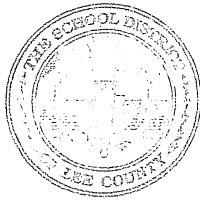
NOTARY PUBLIC

My commission expires: _____, 20 ____

Personally, known to me _____

Or produced Identification _____

Type of Identification Produced _____



THE SCHOOL DISTRICT OF LEE COUNTY

2855 COLONIAL BLVD. ♦ FORT MYERS, FLORIDA 33966 ♦ WWW.LEESCHOOLS.NET

School District of Lee County Student Athlete Behavior Contract 2019-2020

Athlete's Name: _____

The School District of Lee County invites all students who possess the ability, attitude, cooperative spirit and desire to favorably represent our secondary schools to become candidates and participate in our interscholastic or extracurricular activities programs. Student participation in these school activities is a privilege. Participants are representatives of their school communities; they often have higher visibility, receive greater recognitions, assume leadership roles and become examples for their peers. This creates a duty and responsibility on the part of a participant to conduct himself or herself, on and off school property, in a respectful manner. In order to maintain a high level of excellence in interscholastic or extracurricular activities, all candidates are required abide by the rules set forth in the School District of Lee County Student Code of Conduct. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

GWYNETTA S. GITTENS
CHAIR, DISTRICT 5
CHRIS N. PATRICCA
VICE CHAIR, DISTRICT 3
MARY FISCHER
DISTRICT 1
MELISA W. GIOVANNELLI
DISTRICT 2
DEBBIE JORDAN
DISTRICT 4
BETSY VAUGHN
DISTRICT 6
CATHLEEN O'DANIEL MORGAN
DISTRICT 7
GREGORY K. ADKINS, ED. D.
SUPERINTENDENT
ALAN L. GABRIEL, ESQ.
BOARD ATTORNEY

The following violations may result in suspension or dismissal from the Island Coast Athletic Program:

1. Using illegal drugs, alcohol, or tobacco at any time.
2. Participation in any illegal activity, in school or away from school.
3. Missing practice (unless excused by the Coach).
4. Excessive absences/tardies in school as defined by the Lee County School Board Policy.
5. Skipping class or school.
6. Poor sportsmanship.
7. Harassment (verbal/physical/sexual/etc.)
8. Malicious use of social media platforms. Malicious use may include, but not be limited to: derogatory language or remarks regarding any member of any school community, demeaning statements or threats that endanger the safety of another person, and/or incriminating photos or statements regarding illegal criminal behavior, underage drinking, and use of illegal drugs, sexual harassment or violence.
9. Acts of violence, on or off the field of play.
10. Any act (either in school or away from school) which in the opinion of the coaching and/or school administration, reflects in a negative manner on the school community.
11. The Principal has the final determination of the outcome for any and all offenses and has the authority to override or enact any and all consequences.

By signing below, you affirm that you have read this and fully understand the rules set forth by this Contract. You are also stating that you understand that violations of the School District of Lee County Student Code of Conduct could result in your being dismissed from the athletic program.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



THE SCHOOL DISTRICT OF LEE COUNTY

Assumption of Risk, Waiver, Release & Hold Harmless

COVID-19 and Voluntary Extracurricular Activities Summer 2020 and School Year 2020-21

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Lee County, Florida, and the Lee County School District (collectively, "LCSD"). 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.

LCSD will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. 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 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. I also agree that the District may screen my child(ren) for a fever prior to allowing participation in any extracurricular activities.
- 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 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.
- 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 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 my own actions, and/or omission those of my children, LCSD staff, volunteers, or agents, other Activity participants, or others

BOARD MEMBERS: MARY FISCHER, CHAIR, DISTRICT 1 | DEBBIE JORDAN, VICE CHAIR, DISTRICT 4 | MELISA W. GIOVANNELLI, DISTRICT 2
CHRIS N. PATRICCA, DISTRICT 3 | GWYNETTA S. GITTENS, DISTRICT 5 | BETSY VAUGHN, DISTRICT 6
CATHLEEN O'DANIEL MORGAN, DISTRICT 7 | GREGORY K. ADKINS, Ed.D., SUPERINTENDENT | KATHY DUPUY-BRUNO, BOARD ATTORNEY

not listed. By signing this, I acknowledge and accept all such risk in connection with my child(ren's) participation in the Activity. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the State of Florida, the Department of Health, the School Board of Lee County, Florida, or any other regulating entity.

In consideration of my child(ren) being able to participate in the Activity, I, on my own behalf and on behalf of my child(ren) or other family member assisting me in the participation in the Activity, hereby waive, release, and hold the School Board of Lee County, Florida, and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, 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.

Signature of Parent/Guardian

Signature of Student

Print name of Parent/Guardian

Print name of Student

Date of signature

Date of signature