Florida High School Athletic Association
Clearance for Participation Form

To be completed by the student: Please PRINT all information clearly.

______________________________ ___________________
Student’s OFFICIAL Full Name Date of Birth (mm/dd/yy)

______________________________
School Attended the Previous School Year Current Grade Level

______________________________
Sport (a separate form MUST be used for each sport)

To be completed by school official only:

ELIGIBLE: [ ] YES [ ] NO

REASON NOT ELIGIBLE: [ ] GPA [ ] LIMIT EXPIRED [ ] PROOF OF AGE NEEDED
MISSING FORM (if applicable): [ ] EL4 [ ] EL7 [ ] EL12 [ ] EL14

PHYSICAL ON FILE (EL2 Form)

______________________________
Date of Exam

CONSENT/RELEASE ON FILE (EL3 Form)

______________________________
[ ] GA4 (if applicable)

______________________________
[ ] STUDENT HAS BEEN ADDED TO
   THE C2CSchools DATABASE

______________________________
[ ] Student Athlete Code of Conduct
Preparticipation Physical Evaluation (Page 1 of 3)

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: (_____ ) _______

Personal/Family Physician: ___________________ City/State: ___________ Office Phone: (_____ ) ________

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a medical illness or injury since your last check up or sports physical?</td>
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<tr>
<td>Do you have an ongoing chronic illness?</td>
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<tr>
<td>Have you ever been hospitalized overnight?</td>
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<tr>
<td>Have you ever had surgery?</td>
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<tr>
<td>Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?</td>
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<tr>
<td>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</td>
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<tr>
<td>Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?</td>
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<tr>
<td>Have you ever had a rash or hives develop during or after exercise?</td>
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<tr>
<td>Have you ever passed out during or after exercise?</td>
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<tr>
<td>Have you ever been dizzy during or after exercise?</td>
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<tr>
<td>Have you ever had chest pain during or after exercise?</td>
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<tr>
<td>Do you get tired more quickly than your friends do during exercise?</td>
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<tr>
<td>Have you ever had racing of your heart or skipped heartbeats?</td>
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<tr>
<td>Have you had high blood pressure or high cholesterol?</td>
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<tr>
<td>Have you ever been told you have a heart murmur?</td>
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<tr>
<td>Has any family member or relative died of heart problems or sudden death before age 50?</td>
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<tr>
<td>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?</td>
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<tr>
<td>Has a physician ever denied or restricted your participation in sports for any heart problems?</td>
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<tr>
<td>Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?</td>
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<tr>
<td>Have you ever had a head injury or concussion?</td>
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<tr>
<td>Have you ever been knocked out, become unconscious or lost your memory?</td>
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<tr>
<td>Have you ever had a seizure?</td>
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<tr>
<td>Do you have frequent or severe headaches?</td>
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<tr>
<td>Have you ever had numbness or tingling in your arms, hands, legs or feet?</td>
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<tr>
<td>Have you ever had a stinger, burn or pinched nerve?</td>
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</tbody>
</table>

If yes, check appropriate blank and explain below:

- Head
- Elbow
- Hip
- Neck
- Forearm
- Thigh
- Back
- Wrist
- Knee
- Chest
- Hand
- Shin/Calf
- Shoulder
- Finger
- Ankle
- Upper Arm
- Foot

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:    |     |    |
|   Tetanus: ___________________ Measles: ________________________________|
|   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?        |     |    |

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: __/__/____

Revised 03/16
### Part 3. Physical Examination

#### Medical

<table>
<thead>
<tr>
<th>Finding</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>Initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<tr>
<td>Lymph Nodes</td>
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<tr>
<td>Heart</td>
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<td></td>
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<tr>
<td>Pulses</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Abdomen</td>
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<td></td>
</tr>
<tr>
<td>Genitalia (males only)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skin</td>
<td></td>
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<td></td>
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</tbody>
</table>

#### Musculoskeletal

<table>
<thead>
<tr>
<th>Station</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Shoulder/Arm</td>
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<td></td>
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<tr>
<td>13. Elbow/Forearm</td>
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<td></td>
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<tr>
<td>14. Wrist/Hand</td>
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<tr>
<td>15. Hip/Thigh</td>
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<tr>
<td>16. Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Leg/Ankle</td>
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<tr>
<td>18. Foot</td>
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</tr>
</tbody>
</table>

* – 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:**

**For:**

**Referred to:**

**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: ____________________________________________________

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):

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 AGREEING THAT, EVEN IF MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY, YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child’s team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

   - My child/ward is covered under our family health insurance plan, which has limits of not less than $25,000.
   - My child/ward is covered by his/her school’s activities medical base insurance plan.
   - 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

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 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), a licensed podiatrist (as per Chapter 459, Florida Statutes), a licensed audiologist (as per Chapter 459, Florida Statutes), a licensed optometrist (as per Chapter 459, Florida Statutes), a licensed chiropractor (as per Chapter 459, Florida Statutes), or a licensed physical therapist (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-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 __ ______/_______/____________
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 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.

______________________________
Name of Student-Athlete (printed)  
Signature of Student-Athlete  
Date /__ /____

______________________________
Name of Parent/Guardian (printed)  
Signature of Parent/Guardian  
Date /__ /____
Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring and good citizenship (the “Six Pillars of Character”). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M) values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of the Student-Athlete Code of Conduct and this Contract can dramatically improve the quality of a child’s sports experience.

TRUSTWORTHINESS

- **Trustworthiness** - Be worthy of trust in all you do.
- **Integrity** - Live up to high ideals of ethics-sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
- **Honesty** - Live honorably. Don’t lie, cheat, steal or engage in any other dishonest conduct.
- **Reliability** - Fulfill commitments. Do what you say you will do.
- **Loyalty** - Be loyal to the school and team; put the interests of the team above your child’s personal glory.

RESPECT

- **Respect** - Treat all people with respect at all times and requires the same of your student-athletes.
- **Class** - Teach your child to live and play with class and be a good sport. He/She should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- **Disrespectful Conduct** - Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature or actions, trash-talking, taunting, hazing, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect for Officials** - Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- **Importance of Education** - Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion
that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.

- **Role Modeling** - Remember, participation in sports is a privilege, not a right. Parent/guardians should also represent the school, coach, and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.

- **Self-Control** - Exercise self-control. Don’t fight or show excessive displays of anger or frustration.

- **Healthy Lifestyle** - Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs, and some over-the-counter nutritional supplements, as well as unhealthy techniques to gain, lose or maintain weight.

- **Integrity of the Game** - Protect the integrity of the game. Don’t gamble or associate with gamblers.

### FAIRNESS

- **Fairness and Openness** - Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

### CARING

- **Caring Environment** - Consistently demonstrates concern for student-athletes as individuals, and encourages them to look out for one another and think and act as a team.

### CITIZENSHIP

- **Spirit of the Rules** - Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

**I have read and understand the requirements of the Student-Athlete Code of Conduct and this Contract. I acknowledge that my child may be disciplined or removed from a team if he/she violates any of their provisions.** For specific provisions, please consult the SJCSD Student Code of Conduct.

Parent/Guardian Signature ___________________________ Date ______________

Print Name ___________________________ Date ______________

Sport ___________________________

Our athletic program endorses “Pursuing Victory with Honor” and the “Six Pillars of Character”, a project of the Josephson Institute of Ethics. [www.charactercounts.org/sports](http://www.charactercounts.org/sports)
Athletic competition for interscholastic age student-athletes should be fun and should also be a significant part of a sound educational program, embodying high standards of ethics and sportsmanship while developing good character and other important life skills. Essential elements of character building are intrinsic in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring and good citizenship. (the “Six Pillars of Character”). The highest potential of sports is achieved when learning from the T.E.A. M. concept (Teaching, Enforcing, Advocating and Modeling these values) and by committing to the ideal of pursuing victory with honor. Good-faith efforts to honor the words and spirit of the Student-Athlete Code of Conduct and this Contract will improve the quality of our programs and the well-being of all teammates.

**TRUSTWORTHINESS**

- **Trustworthiness** – Be worthy of trust in all you do.
- **Integrity** - Live up to high ideals of ethics and sportsmanship and always pursue victory with honor.
- **Honesty** - Live and compete honorably. Don’t lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct. Plagiarism or cheating is not acceptable.
- **Reliability** - Fulfill commitments. Do what you say you will do. Be on time to practices and games.
- **Loyalty** - Be loyal to your school and team. Put the team above personal glory.

**RESPECT**

- **Respect** - Treat all people, including the teacher-coach, with respect at all times. Demonstrate an appropriate demeanor that reflects self-control and an unwavering commitment to fair play.
- **Class** - Live and play with class. Be a good sport. Be gracious in victory and accept defeat with dignity. Help fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- **Disrespectful Conduct** - Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, hazing, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect for Officials** - Treat game officials with respect. Don’t complain about or argue with calls or decisions during or after an athletic event.

**RESPONSIBILITY**

- **Importance of Education** - The primary responsibility of a student-athlete is academic achievement. Be a student first, and commit to earning your diploma and getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level, and remember that many universities will not recruit student-athletes who do not have a serious commitment to their education, the ability to succeed academically or the character to represent their school honorably. Not achieving passing grades will result in your suspension from the team until the deficiency is corrected.
Role Modeling - Remember, participation in sports is a privilege, not a right, and that you are expected to represent your school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Self-Control - Exercise self-control. Don’t fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.

Healthy Lifestyle - Safeguard your health. Don’t use any illegal or unhealthy substances, including alcohol, tobacco, drugs and nutritional supplements, or engage in any unhealthy techniques to gain, lose or maintain weight. Be informed about the health risks involved in the use of recreational and performance-enhancing drugs, tobacco and alcohol, as well as eating disorders.

Integrity of the Game - Protect the integrity of the game.

FAIRNESS

Fairness and Openness - Live up to high standards of fair play. Be open-minded, always be willing to listen and learn.

CARING

Concern for Others - Demonstrate concern for others. Never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.

Teammates - Help promote the well-being of teammates through positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Playing by the Rules - Have a thorough knowledge of and abide by all applicable game and competition rules. Demonstrate and demand integrity.

Spirit of Rules - Honor, observe and enforce the spirit and the letter of rules. Avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship. Do not engage in or allow any conduct designed to evade the rules governing fair competition.

I have read and understand the requirements of the Student-Athletic Code of Conduct and this Contract. I acknowledge that I may be disciplined or removed from a team if I violate any of their provisions. For specific provisions, please consult the SJCSD student code of conduct.

Signature: __________________________ Date: __________________________

Printed Name: __________________________

Sports: __________________________

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