



Consent and Release of Liability Certificate

Part 1. General Information.

Sport(s): _____ 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 2. Student Acknowledgment and Release (to be signed by student).

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the 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, 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), I release and hold harmless my school, the schools, against which it competes, the contest officials, and the 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 any of the above referenced entities 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. Furthermore, I grant the released parties and their assigns the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicly, 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.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Student: _____ Signature of Parent/Guardian: _____
 Name of Student (printed): _____ Name of Parent/Guardian (printed): _____

Part 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.

 Student's Signature School Attended Last Year: _____ School City, State

 Signature of Parent/Guardian Home Phone / Work Phone Date Relationship to Student

Part 4. Parental / Guardian Consent, Acknowledgement and Release of Liability (to be completed and signed by all parents/guardians; if divorced or separated, parent/guardian with legal custody must sign).

- A. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have **not marked out**:
Boys Sports: Baseball, Basketball, Cross Country, 11-Man Tackle Football, Golf, Soccer, Swimming and Diving, Tennis, Track and Field, Weightlifting, Wrestling.
 Other sports added to this form by school: _____
- Girls Sports:** Basketball, Cross Country, Golf, Soccer, Fast-Pitch Softball, Swimming and Diving, Tennis, Track and Field, Volleyball and Competitive Cheerleading.
 Other sports added to this form by school: _____
- B. I/we understand that participation may necessitate an early dismissal from classes.
- C. I/we consent to the disclosure, by my child's/ward's school, to the FHSAA upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records and the FHSAA the right to inspect any and all records pertaining to the eligibility of a student-athlete, including but not limited to records regarding enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness of such school concerning my child/ward. I/we 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/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.
- D. I/we know and acknowledge that my child/ward knows of the risks involved in athletic participation, understands 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/we release and hold harmless my/our child's/ward's school, the schools against which it competes, the contest officials, and the 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 any of the above-referenced entities because of any accident or mishap involving the athletic participation of my/our child/ward. I/we further authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. Furthermore, I/we grant the released parties and their assigns the right to photograph and/or videotape my/our child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- E. **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 the appropriate box(es):

- My/our child/ward is covered under our family health insurance plan which has coverage limits of not less than \$25,000.
 Company: _____ Policy Number: _____
- My/our child/ward is covered by his/her school's activities medical based insurance plan. (8 HR. _____ 24 HR. _____)
- I/we have purchased supplemental football/soccer/lacrosse insurance through my/our child's/ward's school.

Signature of person making Affidavit: _____ Parent/Guardian
 Produced Identification: _____

Affidavit: State of Florida. Before me this day personally appeared _____ County of Lee who, being duly sworn, deposes and states that all of the above information is true and correct. Sworn and subscribed before me this _____ day of _____ A.D. 20 _____

Notary

My Commission expires _____

THE SCHOOL DISTRICT OF LEE COUNTY



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school.

Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3).
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
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. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be 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. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.



Florida High School Athletic Association Preparticipation Physical Examination

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 following page.

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: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work 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 |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing chronic illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends during exercise?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you had high blood pressure or high cholesterol?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been told you have a heart murmur?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever had a stinger, burner, or pinched nerve?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever become ill from exercising in the heat?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you cough, wheeze, or have trouble breathing during or after activity?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you have asthma?..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 29. Do you have seasonal allergies that require medical treatment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retained on your teeth, hearing aid)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had any problems with your eyes or vision?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Do you wear glasses, contacts, or protective eyewear?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a sprain, strain, or swelling after injury?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you broken or fractured any bones or dislocated any joints?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, check appropriate box and explain below.

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |

- | | | |
|---|--------------------------|--------------------------|
| 36. Do you want to weigh more or less than you do now?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Do you lose weight regularly to meet weight requirements for your sport?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Do you feel stressed out?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Record the dates of your most recent immunizations (shots) for: | | |

Tetanus: _____ Measles: _____
 Hepatitis B: _____ Chickenpox: _____

FEMALES ONLY (optional)

- | | |
|--|-------|
| 40. When was your first menstrual period?..... | _____ |
| 41. When was your most recent menstrual period?..... | _____ |
| 42. How much time do you usually have from the start of one period to the start of another?..... | _____ |
| 43. How many periods have you had in the last year?..... | _____ |
| 44. 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 11.8, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Examination

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 below.

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: ____/____ (____/____, ____/____)

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

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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MEDICAL

- 1. Appearance _____
- 2. Eyes/Ears/Nose/Throat _____
- 3. Lymph Nodes _____
- 4. Heart _____
- 5. Pulses _____
- 6. Lungs _____
- 7. Abdomen _____
- 8. Genitalia (males only) _____
- 9. Skin _____

MUSCULOSKELETAL

- 10. Neck _____
- 11. Back _____
- 12. Shoulder/Arm _____
- 13. Elbow/Foreman _____
- 14. Wrist/Hand _____
- 15. Hip/Thigh _____
- 16. Knee _____
- 17. Leg/Ankle _____
- 18. Foot _____

*station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

- Cleared without limitation.
- Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Referred to: _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print or type): _____ DATE: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

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.
- Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____, MD or DO