Miami-Dade County Public Schools
Division of Athletics and Activities
Athletic Physical Form Procedures

Procedures for Completing M-DCPS Athletic Physical Form FM-3439 Rev. (05-16)
Page 1

- Please be sure to complete the following sections:
    - Section I - Student Information
    - Section II - Parent/Guardian Information
    - Section III - Parent/Guardian Insurance Information
- The physical will not be accepted as complete if any information is missing.

Florida High School Athletic Association (FHSAA) Preparticipation Physical Evaluation EL2 Revised 03/16
Page 1

- Complete Part 1, Student Information
- Complete Part 2, Medical History. Check “Yes” or “No” to the questions. If the student/parent answers "Yes" to any question, explain why or what at the bottom of page in section provided.
- Student signature and date required
- Parent/Guardian signature and date required

Page 2

- Part 3, Physical Examination, is to be completed by a licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant, or certified registered nurse practitioner.
- The FHSAA EL2 will not be accepted without an official signature and stamp from the medical office where the physical was completed.

Page 3

- This page should only be used if the student is referred to a specialist or another doctor for medical clearance to participate in sports.

FHSAA Consent and Release from Liability Certificate EL3 – REVISED 04/16
Parent/Guardian and Student: please read **ALL** pages thoroughly before entering information and signing.
Page 1

- Fill in school name and school district – Miami-Dade
- Part 2, Parental/Guardian Consent, Acknowledgement and Release
    - Section A, Parent/Guardian should list any sport(s) in which the student is **NOT** allowed to participate.
    - Section G, Parent/Guardian must check off all insurance options that apply to their child.
- Parent/Guardian signature and date required
- Student signature and date required

FHSAA Consent and Release from Liability Certificate for Concussion (page 2 or 4)
Page 2- **Concussion Information**

- Fill in school name and school district – Miami-Dade
- Read thoroughly, parent/guardian and student
- Student signature and date required
- Parent/Guardian signature and date required

FHSAA Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-related Illnesses (Page 3 of 4)

Page 3 **– Sudden Cardiac Arrest and Heat-related Illness**

- Fill in school name and school district – Miami-Dade
- Read thoroughly, parent/guardian and student
- Student signature and date required
- Parent/Guardian signature and date required

FHSAA Consent and Release from Liability Certificate (Page 4 of 4)

Page 4 **– FHSAA Eligibility Rules**

- Read thoroughly, parent/guardian and student. Please note this form is non-transferable; a separate form must be completed for each different school at which the student participates.
- Student signature and date required
- Parent/Guardian signature and date required

M-DCPS Contract for Student Participation in Interscholastic Competitions or Performances Form FM-7155 Rev. (05-16)

- Complete information requested at top of page
- Read thoroughly, parent/guardian and student
- Student signature and date required
- Parent/Guardian signature and date required

GMAC Student-Athlete Sportsmanship Contract

- Print student athlete name and date
- Signature of student athlete

Student Acknowledgement and Consent FM-3439

- Read thoroughly, parent/guardian and student sections pages 1 and 2

Page 1

- Student signature and date required

Page 2

- Parent/Guardian read the parent/Guardian Acknowledgement and consent section starting on page and continued at the top of page 2.
- If parent grants child permission to participate in all interscholastic athletics, write **"None"** in the blank provided.
- If parent does not grant child permission to participate in all interscholastic athletics, **list the sports not allowed** for participation in the blank provided.
- Parent/Guardian signature and date required, and **MUST BE NOTARIZED WITH AN OFFICIAL NOTARY STAMP AND SIGNATURE.**
- **Sportsmanship Agreement**
    - Parent/Guardian signature and date required

Once packet is complete with all required signatures, dates, and notarization, student is eligible to participate in the pre-season sports physical examination.

Clear Form

Miami-Dade County Public Schools
Division of Athletics and Activities
ATHLETIC PHYSICAL FORM

SCHOOL NAME _____ SCHOOL YEAR _____ / _____ GRADE _____

SPORT(s) _____ _____ _____

SECTION I - STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

BIRTHDATE _____ FEMALE ☐ MALE ☐ ID # _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

ARE YOU A UNITED STATES CITIZEN YES ☐ NO ☐ EMAIL _____

SECTION II - PARENT/GUARDIAN INFORMATION

PARENT/GUARD _____ PHONE # _____ EMAIL _____

PARENT/GUARD _____ PHONE # _____ EMAIL _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE _____

SCHOOL BOARD INSURANCE INFORMATION

IN ACCORDANCE TO SCHOOL BOARD POLICY 2431, INTERSCHOLASTIC ATHLETICS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport**. Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. **Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased.** Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100% of all bills for any one accident. **Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. All School Board-approved insurance is non-refundable.**

SECTION III - PARENT/GUARDIAN INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED _____ EMPLOYER _____

INSURANCE COMPANY NAME _____ PHONE # _____

INSURANCE COMPANY ADDRESS _____

INSURANCE POLICY # _____ GROUP # _____

PRIMARY CARE PHYSICIAN _____ PHONE # _____

Florida High School Athletic Association

Revised 03/16

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
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2. Do you have an ongoing chronic illness?	☐	☐
3. Have you ever been hospitalized overnight?	☐	☐
4. Have you ever had surgery?	☐	☐
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	☐	☐
8. Have you ever had a rash or hives develop during or after exercise?	☐	☐
9. Have you ever passed out during or after exercise?	☐	☐
10. Have you ever been dizzy during or after exercise?	☐	☐
11. Have you ever had chest pain during or after exercise?	☐	☐
12. Do you get tired more quickly than your friends do during exercise?	☐	☐
13. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
14. Have you had high blood pressure or high cholesterol?	☐	☐
15. Have you ever been told you have a heart murmur?	☐	☐
16. Has any family member or relative died of heart problems or sudden death before age 50?	☐	☐
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	☐	☐
20. Have you ever had a head injury or concussion?	☐	☐
21. Have you ever been knocked out, become unconscious or lost your memory?	☐	☐
22. Have you ever had a seizure?	☐	☐
23. Do you have frequent or severe headaches?	☐	☐
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
25. Have you ever had a stinger, burner or pinched nerve?	☐	☐
26. Have you ever become ill from exercising in the heat?	☐	☐
27. Do you cough, wheeze or have trouble breathing during or after activity?	☐	☐
28. Do you have asthma?	☐	☐
29. Do you have seasonal allergies that require medical treatment?	☐	☐
30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	☐	☐
31. Have you had any problems with your eyes or vision?	☐	☐
32. Do you wear glasses, contacts or protective eyewear?	☐	☐
33. Have you ever had a sprain, strain or swelling after injury?	☐	☐
34. Have you broken or fractured any bones or dislocated any joints?	☐	☐
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	☐	☐

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: _____
Hepatitus 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 _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

☐ Cleared without limitation

☐ Disability: _____ Diagnosis: _____

☐ Precautions: _____

☐ Not cleared for: _____ Reason: _____

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Referred to _____ For: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

Florida High School Athletic Association

Revised 03/16

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.

EL3

Florida High School Athletic Association

Revised 04/16

Consent and Release from Liability Certificate (Page 1 of 4)

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

School: _____ **School District (if applicable):** _____

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 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.

Company: _____ **Policy Number:** _____

☐ My child/ward is covered by his/her school's activities medical base insurance plan.

☐ I have purchased supplemental football insurance through my child's/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
		____/____/____

FM-3439 Rev. (05-16)

Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussions

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, Amyotropic 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

Revised 04/16

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 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

Florida High School Athletic Association

Revised 04/16

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 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

Clear Form

Miami-Dade County Public Schools
Contract for
Student Participation in Interscholastic Competitions or Performances per School Board Policy 5845, Student Activities

Senior High School _____

Student Name (Print or Type)_____

Student ID Number_____

Team/Performing Group _____

A student who participates in interscholastic competitions and/or performance groups should demonstrate high standards of ethics and promote the development of good character and other life skills. A model student participant should exhibit a high degree of decorum demonstrating respect for self, family, and all people regardless of ethnicity, race, religion, gender or physical condition. As a representative of Miami-Dade County Public Schools (M-DCPS), I commit to adhering to the following values and team rules.

Core Values

CITIZENSHIP

I will:

- Comply with school, classroom and interscholastic competition rules.
- Respect all laws and rules of society.
- Use appropriate language at all times.
- Demonstrate behavior that is fair, civil, polite and courteous.
- Abide by and understand the rules of the competition in which I am participating.

COOPERATION

I will:

- Resolve conflicts with peers in an appropriate and lawful manner.
- Adhere to the school dress code.
- Accept responsibility for my own behavior.
- Support classmates and team members in their lawful endeavors.
- Demonstrate school pride in an appropriate manner.
- Cooperate with administrators, teachers, coaches, and sponsors.

COMPASSION

I will:

- Provide support to people who are in need of assistance.
- Demonstrate kindness to peers and adults.
- Assist teachers, coaches, and sponsors in making my school environment a positive place in which to learn.
- Support community outreach programs and charities when possible.
- Make contributions of time and energy that enrich the school environment.

HONESTY and RESPONSIBILITY

I will:

- Tell the truth.
- Live and compete honorably.
- Report any inappropriate or illegal act to an administrator, teacher, coach, or sponsor.
- Complete all work independently.
- Return lost property to the owner.
- Attend school and all classes regularly and on .time.

INTEGRITY

I will:

- Express beliefs and feelings without regard to social pressure and do what's right even when it is unpopular or personally costly. Help fellow classmates and teammates.
- Support school activities and interscholastic programs.
- Exercise self-control.
- Engage in healthy life-style practices.

EXCELLENCE

I will:

- Put forth maximum effort and complete all academic assignments.
- Maintain a cumulative GPA of at least 2.00.
- Maintain an average conduct grade of at least 2.00 in each semester.
- Commit to being a student first and to getting the best education I can.

FAIRNESS and RESPECT

I will:

- Participate in activities that are safe, respectful and lawful.
- Treat all adults (administrators, teachers, coaches, and sponsors) and peers (teammates) with respect.
- Treat all people the same regardless of ethnicity, race, religion, gender, age or disability.
- Respect the integrity and judgment of competition judges or game officials.

Team Performing Group Rules

All interscholastic athletics and school activities are meant to contribute to the overall academic excellence achieved by a student participant. The following rules and consequences are seen as the basic conditions that must be met by a student who wishes to represent his or her school through interscholastic competitions or performances:

1) A student must maintain a cumulative 2.00 GPA or higher as specified by s. 1003.43(1) Florida Statutes.
2) A student must receive a minimum 2.00 in conduct in the preceding semester.
3) If a student is assigned to Indoor Suspension/School Center for Specialized Instruction (SCSI), he or she will be unable to participate in interscholastic competitions or performances on the day(s) on which he or she is assigned. If the assignment to SCSl takes place on/or includes a Friday, the student will be unable to participate in interscholastic competitions or performances on the weekend.
4) A student who is serving an Outdoor Suspension or is assigned to the Student Success Center (SSC) cannot practice or participate in interscholastic competitions or performances and may be subject to further sanctions or penalties.
5) A student who has a total of eleven (11) cumulative days of suspension (indoor, outdoor/SSC) will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
6) A student who has ten (10) or more cumulative absences will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year. (Outdoor suspension is considered an absence.)
7) A student who has twenty (20) or more cumulative tardies will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
8) A student must be reported as present for the school day in order to participate in interscholastic competitions or performances, including practices.
9) A student who participates in interscholastic competitions or performances and has not performed at grade level as defined by the Florida Department of Education may seek two (2) hours per week of academic tutoring.
10) Any student who is arrested for conduct occurring on or off school grounds will be prohibited from participating in all interscholastic competitions or performances for a minimum of ten (10) days, including practices.

I have read and understand the requirements of the Contract for Student Participation in Interscholastic Competitions or Performances. I understand that participation in interscholastic competitions or performances is a privilege and not a right. I understand that I am expected to perform according to this contract and the team/performing group rules. I understand that there may be sanctions or penalties, which may include suspension or dismissal from the team/performing group.

This contract is in effect for one (1) calendar year from the date of signature.

Student's Signature_____ **Date**_____

Parent's Signature_____ **Date**_____

Escuelas Públicas del Condado de Miami-Dade
Contrato para la participación de los estudiantes en competencias inter escolares o presentaciones Póliza 5845 – Actividades de Estudiantes

Nombre de la Escuela _____

Nombre del/de la estudiante (Imprimir en letra de molde)_____

Número de Identificación (ID) del/de la estudiante_____

Equipo/Grupo a cargo de la presentación_____

El/la estudiante que participa en competencias inter escolares y/o los grupos que realizan presentaciones deben demostrar altos estándares éticos y fomentar el desarrollo de una buena reputación y de otras destrezas para la vida. El/la participante estudiantil modelo debe mostrar un alto grado de decoro que demuestre respeto por si mismo(a), la familia y todas las personas. Independientemente de su origen étnico, raza, religión, sexo o estado físico. Como representante de las Escuelas Publicas del Condado de Miami-Dade (M-DCPS, por sus siglas en inglés), me comprometo a adherirme a los siguientes valores y reglas de equipo.

Los valores fundamentales

CIVISMO
Haré lo siguiente:
- Cumpliré las reglas de las escuela, del aula y de la competencia entre escuelas.
- Respetaré todas las leyes y reglas de la sociedad.
- Emplearé un lenguaje apropiado en todo momento.
- Mostraré una conducta que sea justa, atenta, amable y cortes.
- Respetaré y comprenderé las reglas de la competencia en la que este participando.

COOPERACION
Haré lo siguiente:
- Solucionaré los conflictos con mis semejantes en una forma apropiada y legal.
- Cumpliré el código de vestuario de la escuela.
- Asumiré la responsabilidad de mi propia conducta.
- Apoyaré a mis compañeros de clase y a los miembros del equipo en sus esfuerzos legítimos.
- Me mostraré orgulloso(a) de mi escuela en una forma apropiada.
- Cooperaré con los administradores, maestros, instructores y patrocinadores.

COMPASION
Haré lo siguiente:
- Proporcionaré apoyo a las personas que necesitan asistencia.
- Mostraré amabilidad a mis compañeros y a adultos
- Ayudare a los maestros, instructores y patrocinadores a hacer que mi entorno escolar sea un lugar positivo en el cual aprender.
- Apoyaré todo lo posible a los programas de asistencia a la comunidad y a las instituciones benefactoras.
- Contribuiré tiempo y energía a fin de enriquecer el ambiente escolar.

HONESTIDAD Y RESPONSABILIDAD
Haré lo siguiente:
- Diré la verdad.
- Viviré y competiré honorablemente.
- Denunciare cualquier acto inapropiado o ilegal a la administración, maestro(a), entrenador(a) o patrocinador(a).
- Realizare todas mis tareas independientemente.
- Devolveré todas las posesiones perdidas a sus dueños.
- Asistiré a la escuela y a todas las clases regularmente y con puntualidad.

INTEGRIDAD
Haré lo siguiente:
- Expresaré mis creencias y sentimientos independientemente de las presiones sociales y haré el bien aún cuando ello sea impopular o personalmente costoso.
- Ayudaré a mis compañeros de clase y de equipo.
- Apoyaré a las actividades de la escuela y los programas entre escuelas.
- Ejerceré control sobre mi propia conducta.
- Participare en prácticas relacionadas con un estilo de vida saludable.

EXCELENCIA

Haré lo siguiente:

- Me esforzare al máximo y llevare a cabo todas mis tareas académicas.
- Mantendré un promedio acumulativo de calificaciones (GPA, por sus siglas en ingles) de 2.00 por lo menos.
- Mantendré un promedio de calificación en conducta de 2.00 por lo menos en cada semestre.
- Me haré el compromiso de ser primeramente un estudiante y de obtener la mejor educación que me sea posible.

JUSTICIA Y RESPETO

Haré lo siguiente:

- Participaré en actividades que sean seguras, respetuosas y licitas.
- Trataré con respeto a todos los adultos (administradores, maestros, entrenadores y patrocinadores) y a mis compañeros de equipo.
- Trataré igualmente a todas las personas, independiente de su origen étnico, raza, religión, sexo, edad o discapacidad.
- Respetaré la integridad y la opinión de los árbitros de la competencia o de los oficiales a cargo del juego.

Reglas para equipos y grupos a cargo de presentaciones

Todas las actividades de atletismo Inter-escolares y escolares tienen la intención de contribuir a la excelencia académica en general que logre el/la estudiante participante. Las siguientes reglas y consecuencias se consideran las condiciones básicas que deberá cumplir un(a) estudiante que desee representar a su escuela mediante competencias inter escolares o presentaciones.

1) El/La estudiante deberá mantener un promedio acumulativo de calificaciones (GPA, por sus siglos en ingles) de 2.00 o superior, según se especifica en s. 10003.43(1), de los *Estatutos de la Florida.*
2) El/La estudiante deberá recibir un mínimo de 2.00 en conducta cada semestre.
3) Si se asigna a un/a estudiante al Centro Suspensión Interna para la Instrucción Especializada (SCSI, por sus siglas en ingles), el/ella no podrá participar en competencias inter escolares o presentaciones en los días en los que este asignado(a). Si la asignación al SCSI toma lugar y/o incluye a un viernes, el/la estudiante no podrá participar en competencias inter escolares o presentaciones durante el fin de semana.
4) El/La estudiante que esta cumpliendo una suspensión externa o esta asignado al Student Success Center (SSC) no podrá practicar o participar en competencias inter escolares o presentaciones y pudiera estar sujeto/a a mas sanciones o penalidades.
5) No se permitirá al/a la estudiante que tenga un total de once (11) días de suspensión/SSC acumulados que participe en competencias inter escolares o presentaciones por el resto del curso escolar.
6) No se permitirá alta la estudiante que tenga diez (10) o mas ausencias acumuladas que participe en competencias inter escolares o presentaciones por el resto del curso escolar.
7) No se permitirá al/a la estudiante que tenga veinte (20) o mas tardanza acumuladas que participe en competencias inter escolares o presentaciones por el resto del curso escolar.
8) Se deberá reportar al/a la estudiante como presente el día de clases para que pueda participar en competencias inter escolares o presentaciones, incluso en practicas.
9) El/La estudiante que participe en competencias inter escolares o presentaciones y que no se haya desempeñado a su nivel de grado según especifican el Departamento de Educación de la Florida puede asistir a dos (2) horas semanales de clases académicas privadas.
10) A cualquier estudiante al que se le arreste por actos ocurridos dentro o fuera de la escuela se le prohibirá la participación en todas las competencias inter escolares o presentaciones, incluso las practicas, por un mínimo de diez (10) días.

He leído y comprendo los requisitos del Contrato para la Participación del Estudiante en Competencias Inter Escolares o Presentaciones. Entiendo que la participación en competencias inter escolares o presentaciones es un privilegio y no un derecho. Entiendo que se espera de mi que actúe según este contrato y las reglas del equipo/de la presentación. Entiendo que pudiera haber sanciones o penalidades, las cuales pudieran incluir la suspensión o expulsión del equipo/grupo a cargo de la presentación.

Este contrato es efectivo por un año calendario del dia que se firme.

Firma del/de la estudiante_____ **Fecha**_____

Firma del padre/de la madre_____ **Fecha**_____

Lekòl Leta Miami Dade County
Kontra pou
Patiscipasyon Elèv nan Konpetisyon oubyen Pèfòmans Entè-Eskolè

Lekòl Segondè_____

Non Elèv la (Enprime oubyen Tape)_____

Nimewo ID Elèv la_____

Ekip/Gwoup ki ap Pèfòme a_____

Yon elèv ki patisipe nan konpetisyon e/oubyen gwoup k ap pèfome entèn-eskolè dwe demontre estanda wo pou etik e pwomote bonjan karaktè ak lòt ladrès lavi. Yon elèv modèl kap patisipe dwe egzibe yon degre dekowòm pou demontre respè pou pwòp tèt li, fanmi ak tout lòt moun san gade etnisite, ras, relijyon, fi/gason, oubyen kondisyon fizik diferan. Kòm yon reprezantatif nan "Miami-Dade County Public Schools (M-DCPS)" Lekòl Leta. Mwen pran angajman pou m obeyi valè ak règ sa yo.

Valè Prensipal

SITWAYENNTE
Mwen ap:
- Konfòme m ak règ lekòl la, salklas yo e konpetisyon entè-eskolè yo.
- Respekte tout lwa oubyen règ sosyete a.
- Sèvi ak langaj ki apwopriye tout tan.
- Demontre konduit ki jis, sivil, janti e koutwa.
- Obeyi e konprann règ konpetisyon mwen ap patisipe a.

KOLABORASYON
Mwen ap:
- Rezoud konfli ak kondisip mwen nan manyè ki apwopriye e legal.
- Suiv kòd abiman an.
- Aksepte responsablite pou pwòp konduit mwen
- Sipòte kondisip klas e mamn epik yo nan sa yo ap antreprann ki legal.
- Demontre fyète nan lekòl la nan manyè apwopriye.
- Kolabore ak administratè, pwofesè, antrenè e moun k ap patwone yo.

KONPASYON
Mwen ap:
- Ofri sipò bay moun ki bezwen asistans.
- Demontre jantiyès pou kondisip mwen ak gramnoun.
- Ede pwofesè, antrenè e moun k ap patwone yo nan fè anbyans lekòl la yon kote pozitif pou moun aprann.
- Sipòte pwogram ale jwenn kominote a ak òganizasyon charitab lè li posib.
- Bay kontribisyon tan ak eneji mwen nan anbyans lekòl la.

ONÈTETE ak RESPONSABLITE
Mwen ap:
- Di laverite.
- Viv e fè konpetisyon onorabman.
- Repòte nenpòt zak ki pa apwopriye oubyen ilegal bay yon administratè, pwofesè antrenè oubyen moun k ap patwone.
- Fini tout travay mwen endepandamman.
- Retounen bagay bay mèt li ki ta pèdi l.
- Ale nan tout klas mwen regilyèman e alè.

ENTEGRITE
Mwen ap:
- Eksprime kwayans ak santiman mwen san pè pou presyon sosyal, e fè sa ki jis menmsi sa pa popilè oubyen li va koute mwen anpil pèsonèlman.
- Ede kondisip klas ak kondisip ekip mwen.
- Sipòte aktivite lekòl yo e pwogram entè-eskolè yo.
- Kontwòle tèt mwen.
- Pratike yon estildevi ansante.

EKSELANS

Mwen ap:

- Fè efò maksimòm e fini tout travay akademik yo ba mwen fe.
- Kenbe yon mwayèn jeneral (GPA) omwen 2.00.
- Kenbe yon nòt mwayèn pou konduit omwen 2.00 nan chak trimès.
- Angaje m pou m yon elèv dabò e pou m kab gen meyè edikasyon posib.

ENPASYALITE ak RESPÈ

Mwen ap:

- Patisipe nan aktivite ki ansekirite, respektab e legal.
- Trete tout granmoun (administratè, pwofesè, antrenè, e moun k ap patwone yo ak kondisip (ekip) mwen ak respè.
- Trete tout moun egal-ego san gade etnisite, ras, relijyon, fi/gason, laj oubyen andomajman.
- Respekte entegrite e jijman gadyen konpetisyon oubyen ofisye jwèt yo.

Reg Ekip/Gwoup ki ap Pèfòme

Nan tout espò entè-eskolè ak aktivite lekòl fèt pou yo kab kontribye a tout ekselans siksè akademik yon patisipan elèv. Elèv dwe we règ ak konsekans ki suiv yo kòm kondisyon debaz yo dwe satisfè si yo vle reprezante lekòl la oubyen atravè konpetisyon oubyen pèfòmams entè-eskolè.

1) Yon elèv dwe kenbe yon "GPA" mwayèn jeneral 2.00 oubyen pi wo jan yo espesifye li nan s. 1003.43(1) nan *Estati (Lwa) Florid la.*
2) Yon elèv dwe resevwa yon mwayèn 2.00 minimòm pou konduit chak trimès.
3) Si yo plase yon elèv nan "Indoor Suspension/School Center for Specialized Instruction (SCSI)", (Sispansyon Anndan Sant Lekòl la pou Enstriksyon Espesyalize), li pap kab patisipe nan konpetisyon oubyen pèfòmans entè-eskolè nan jou sa a (yo). Si jou li ap patisipe nan "SCSI" la tonbe jou oubyen ligen ladan vandredi, elèv la pap kab patisipe nan konpetisyon oubyen pèfòmans entè-eskolè nan fèn semèn sa a.
4) Yon elèv ki ap sèvi pinisyon deyò pap kab antrene oubyen patisipe nan konpetisyon oubyen pèfòmans entè-eskolè eli kab sijè pou yo ajoute sou sanksyon an oubyen penalite a.
5) Yon elèv ki akimile yon total onz (11) jou sispansyon, yo pap pèmèt li patisipe nan konpetisyon oubyen pèfòmans entè-eskolè pou rès ane lekòl la.
6) Yon elèv ki akimile dis (10) oubyen plis absan, yo pap pèmèt li patisipe nan konpetisyon oubyen pèfòmans entè-eskolè pou rès tan ki rete nan ane lekòl la.
7) Yon elèv ki akimile ven (20) oubyen plis ameta yo pap pèmèt li patisipe nan konpetisyon oubyen pèfòmans entè-eskolè pou rès tan ki rete nan ane lekòl la.
8) Yon elèv dwe prezan nan jou lekòl la pou li kab patisipe nan konpetisyon oubyen pèfòmans entè-eskolè ki gen ladan entrenman.
9) Yon elèv ki ap patisipe nan konpetisyon oubyen nan pèfòmans entè-eskolè e li pap pèfòme nan nivo ane eskolè li ye nan fason Depatman Edikasyon Florid la defini an ap gen pou li ale nan leson patikilye akademik pou de (2)èd tan pa semèn. Si li pa ale nan leson patikilye yo mande a, rezilta a sèke li ap gen pinisyon pou sèt (7) jou nan kalandriye konpetisyon oubyen pèfòmans entè-eskolè.
10) Nenpòt elèv yo arete pou konduit ki pase anndan oubyen deyò teren lekòl la, yo ap defann li patisipe nan tout konpetisyon oubyen pèfòmans entè-eskolè pou yon minimòm dis (10) jou, ki gen ladan repetisyon.

Mwen te lie konprann demand yo ki nan Kontra a pou Patisipasyon Elèv nan Konpetisyon oubyen Pèfòmans entè-eskolè. Mwen konprann patisipasyon nan konpetisyon oubyen pèfòmans entè-eskolè se yon privilej e se pa yon dwa. Mwen konprann yo atann pou mwen pèfòme daprè kontra ak règ pou ekip/gwoup ki ap pèfòme a. Mwen konprann kab genyen sanksyon oubyen penalite, ki kab genyen ladan sipansyon oubyen revokasyon nan ekip/gwoup k ap pèfòme a.

Siyati Elev (yo)_____Dat_____

Siyati Paran (yo)_____Dat_____

STUDENT-ATHLETE SPORTSMANSHIP CONTRACT

1. Accept and understand the seriousness of your responsibility.
2. Show respect for opponents at all times. The opponent must be accorded respect, integrity and courtesy.
3. Respect cultural and ethnic differences.
4. Respect contest officials as impartial decision makers and contest managers. Accept decisions despite the impact on the contest. Control emotions.
5. Understand the rules of the game. Moreover, understand that playing rules are intended to provide safe control of a contest while preventing opponents from gaining an advantage.
6. Keep competition in perspective. Athletics must be educational experiences and not dominated by a consuming desire to win at the expense of fairness and integrity.
7. Respect opponent skills and talents. Demonstrate an appreciation for excellence in opponent performances.
8. Shake hands with opponents before and/or after a contest. Wish them good luck.
9. Accept victories or losses with equal self control, poise and dignity.
10. Accept responsibility for the leadership privilege that is accorded to student-athletes and competitors.
11. Make sport citizenship a total team commitment regardless of your individual role.
12. Treat opponents as you would wish to be treated.
13. Refrain from harassment, taunting or degrading commentary about opponents, officials or teammates.
14. Avoid disrespectful language or conduct, trash talk or profanity.
15. Demonstrate respect for officials' opinions and judgments at all times.

Student-Athlete's Name: _____ Date: _____

Student-Athlete's Signature: _____

STUDENT ACKNOWLEDGEMENT AND CONSENT

I have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate* (EL3), *Consent and Release from Liability Certificate for Concussions, Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Realted Illness*, and I have also read and signed the Miami-Dade County Public Schools (M-DCPS) Contract for Student *Participation in Interscholastic Competitions or Performances* (FM-7155). I also agree to comply with M-DCPS Board Policies and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers.

I agree to follow the rules of M-DCPS, the GMAC, and the FHSAA and 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 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, including the responsibility of reporting my injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

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 The School Board of Miami-Dade County, Florida, my school, the schools against which it competes, the contest officials, GMAC, 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 parties named 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 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. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me. 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.**

Name of Student Printed	Signature of Student	Date

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I/we have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate* (EL3), *Consent and Release from Liability Certificate for Concussions, Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness,* and I/we have also read and signed the Miami-Dade County Public Schools (M-DCPS) Contract for *Student Participation in Interscholastic Competitions or Performances* (FM-7155). I/we also agree to comply with M-DCPS Board Policies and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers. I/we know of, and acknowledge, that my/our child/ward knows of, the risks involved in interscholastic athletic competition, 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, including the responsibility of reporting my/our child's/ward's injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

With the full understanding of the risks involved, I/we for ourselves, and for our child/ward, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT(S) NOT TO SUE The School Board of Miami-Dade County, Florida, its members, officers, employees, agents, representatives, insurers, and assigns (referred to as "releases"), from any and all liability to the undersigned, his/her parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we for ourselves and for our child/ward, HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/we hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all the records relevant to his/her athletic eligibility including, but not limited to, his or her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness.** In addition, I/we grant the releases 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, promotional and commercial materials without reservation or limitation. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me. The released parties, however, are under no obligation to exercise said rights herein.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics. **I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

I/we have read and understood the previous information. Furthermore, I/we have reviewed my/our child's medical history form (EL2) and agree that it is accurate and complete. I/we give consent for my/our child to participate in ImPACT Testing: Cognitive Testing and Post Concussion Testing and King-Devick Testing: Rapid Eye Movement Sideline Screening. I/we give consent for the medical staff to perform the pre-season sport physical examination on my/our child, which I/we understand is not a substitute for regular check-ups and care from our own family physician. I/we also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my/our child, if necessary, at any physical, practice, or game upon my/our absence. My/our signature in the space(s) below indicates that the requirements have been carefully read and permission is granted for my/our child to participate in all interscholastic athletics, with the exception of

_____

(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____
(Please print name) (Please print name)

SIGNATURE _____ DATE _____
Father Mother Guardian

SIGNATURE _____ DATE _____
Father Mother Guardian

SWORN TO AND SUBSCRIBED BEFORE ME THIS_____ DAY OF _____ 20_____

BY _____, WHO PRODUCED A LEGAL IDENTIFICATION OR IS PERSONALLY KNOWN TO ME.

NOTARY NAME _____
(Please print name)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____

NOTARY SEAL

SPORTSMANSHIP AGREEMENT

Dear Parent/Guardians:

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to complete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son-daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provide a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a privilege to participate and not a right.

As parents you have committed yourselves to certain responsibilities and obligation as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guideline and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By Signing below, I agree and understand the contents contained in this letter.

_____ _____
(PARENT/GUARDIAN SIGNATURE) (DATE)