



Callahan Middle School 2024-25 Athletic Tryout Information

All items must be completed, notarized where appropriate, and signed where appropriate.

- If any item is not completed, the packet will be deemed incomplete and the student may not participate.
- Please read all policies, codes, and pledges carefully.
- Please keep this first page for the dates, eligibility, and other valuable information.

The **Completed** Athletic Packet needs to be turned into Coach Arnold or the front office. They must be turned in by the "Due By" date for the specific sport. Failure to do so will result in no participation. **No Exceptions!**

Sport	Tryout Dates	Athletic Packet Due By
Football	Aug. 5-7 3:20-5 PM	Aug. 1
Volleyball	Aug. 5-7 4:15-6 PM	Aug. 1
Girls Soccer	Oct. 15-16 4-5:30 PM	Oct. 12
Boys Soccer	Oct. 17-18 4-5:30 PM	Oct. 12
Basketball	Girls Oct. 21-22 4-5:30 PM Boys Oct. 21-22 5:30-7 PM	Oct. 19
Softball	January 20-21 4-5:30 PM	Jan. 11
Baseball	January 20-21 5-6:30 PM (@ WNHS)	Jan. 11
Track	January 27-28 4-6:30 PM	Jan. 18

IMPORTANT INFORMATION BEFORE YOU GET STARTED

- Be sure to read CMS Athletic Department Procedures and Policies.
- All pages of Athletic Packet must be filled out completely and signed where appropriate.
- Athletic Packets will not be accepted after the due date. The date for each sport is announced at school, well in advance of the due date giving each student plenty of time to get the paperwork in.
- ONLY FHSAA physical forms will be accepted.
- Proof of Accident Insurance and the Medical Authorization Form must be notarized. There is someone at the school available to notarize the forms, but you must be present to sign and have proper identification.
- Being placed on a CMS athletic team is up to the coaches' discretion.
- A student needs to be in school at least half of the day to participate in that day's event.
- Students must be picked up from practice and after a game on time.
- While at practice or at a game, students should abide by the Nassau County Dress Code.
- Students must attend school regularly.

ELIGIBILITY

- Students participating in middle school athletics must maintain a 2.0 grade point average in ALL CLASSES each semester to continue participation in their respective sport(s). If a student falls below the 2.0 GPA, he/she will be ineligible until the next semester. Students may not become eligible at progress report time or any other time prior to the conclusion of the semester.
- Students cannot be failing any classes.
- Upon entering the sixth grade for the first time, a student will be automatically eligible through the first grading period. Thereafter, his/her eligibility will be monitored each and every semester.
- To determine the eligibility of seventh and eighth grade students for the first semester, the overall GPA of core subjects from the previous semester will be used.
- Any student athlete who receives disciplinary action will be reviewed by a committee to determine whether they will remain on their respective team. This decision will be made by the Principal, Asst. Principal, Athletic Director and Head Coach. These decisions are at the discretion of the committee and are final.
- Any student who quits a sport is ineligible for the remainder of the semester and will not be allowed to try out for any other sport during said semester.
- The students' grade point average will be calculated by using the following conversions:

Numerical Grade Range	Letter	Grade Transfer
90-100	A	4
80-89	B	3
70-79	C	2
60-69	D	1
59-0	F	0

TRYOUTS

- Tryouts are conducted by coaches and staff. All decisions are at their discretion.
- Be prepared to perform at the best of your ability. Do not wait until it's too late.
- The team will be posted at the school. Please do not call the school to find out if your child made the team. The front office is too busy to get those calls.
- There are no spectators permitted at these tryouts.

Student Name _____ Telephone# _____ Cell # _____

Team Rules: Students need to

- have good sportsmanship.
- follow the guidelines of the FHSAA.
- be on time to all games and practices.
- follow the coaches' team rules and expectations.
- **BE IN SCHOOL AT LEAST HALF OF THE DAY TO PARTICIPATE IN THAT DAY'S EVENT.**

Try-out Procedures:

- Athletic Packets will not be accepted after the due date.
- **Only FSHAA physical forms will be accepted.**
- Each sport will have a period of time in which the student/player will have an opportunity to show their skills.
- Being placed on a CMS athletic team is up to the coaches' discretion.
- Students are required to follow CMS dress code during after-school activities.

Travel Rules:

- Each student/player will follow the guidelines of Nassau County Bus Rules/Policies.
- Student/Player needs to be picked up on time. (No less than 30 minutes after arriving back to CMS).
- If your child is not going to ride the bus back they need the permission slip to be filled out and signed out that day.

Travel Dress Code:

- Each student/player will abide by the Nassau County School Board Dress Code Policy.

Behavior Consequences:

- No student/player can participate in a game when assigned to In- School Suspension (ISS).
- If the student/player has been released, the student/player may play, but it will be up to the coaches' discretion.
- The student/player can practice while assigned to In- School Suspension (ISS).
- Any student who quits a sport becomes ineligible for the remainder of the semester and will not be allowed to try out for another sport during that respective semester.

Out-of-School Suspension:

- The student/player will not be allowed to participate in practices or games while on OSS.

Academic Standing:

- Students participating in middle school athletics must maintain a 2.0 grade point average in **ALL CLASSES** each semester to continue participation in their respective sport(s). If a student falls below the 2.0 GPA, he/she will be ineligible until the next semester. Students may not become eligible at progress report time or any other time prior to the conclusion of the semester.
- Students cannot be failing any classes.
- Upon entering the sixth grade for the first time, a student will be automatically eligible through the first semester. Thereafter, his/her eligibility will be monitored each and every semester.
- Any student that has or receives two or more long-forms during that respective semester is ineligible for the remainder of that semester.

Numerical Grade Range	Letter	Grade Transfer	GPA Value
90-100		A	4
80-89		B	3
70-79		C	2
60-69		D	1
59-0		F	0

Coaches and student/players will follow the FHSAA Handbook and the Nassau County rules and expectations. All student/players participating in extra curricular activities will abide by the school's Code of Conduct book.

Student/Player Signature: _____

Parent/Guardian Signature: _____ Date: _____

Athlete's Pledge

Individual and team success in sports results from commitment. The extent to which young athletes are able to make such commitments reflects their maturity as well as their dedication to family, friends, school and team. Your coach already has made a similar kind of commitment.

Pledge:

As an athlete at Callahan Middle School, I promise: (initial each number to ensure you read and understand the pledge)

_____ 1. To be a worthy representative of my teammates and coaches, abiding by school and community expectations and reflecting my team's values of commitment and hard work.

_____ 2. To reflect the knowledge that a commitment to victory is nothing without the commitment to hard work in practice.

_____ 3. To attend every practice unless excused by my coach.

_____ 4. To understand that my future as a responsible adult relates more to my academic than my athletic activities.

_____ 5. To find the time to satisfy my family relationships and responsibilities.

_____ 6. To accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive interaction, and mutual respect.

_____ 7. To reflect my belief that true strength involves gentleness and that even the toughest athlete is sensitive to others.

I have read the above statements and promise to live up to them:

(Signature) _____

Date: _____

Callahan Middle School Athletic Code

Athletics Philosophy

Callahan Middle School officials, coaches of athletic teams and sponsors of student activities believe that students who are selected for the privilege of membership on teams, squads, performing groups, clubs and other school organizations should conduct themselves as responsible representatives of the school. In order to assure this conduct, coaches and sponsors enforce the Code of Conduct. Furthermore, members of teams and organizations who fail to abide by the Code of Conduct are subject to disciplinary action. Members of teams and organizations must always serve as exemplars of high moral character and must demonstrate appropriate academic commitment which is expected from all students. As recognized representatives of their school, members are expected to exhibit appropriate behavior during the season or out of season, in uniform or out of uniform, on campus or off campus.

Callahan Middle School has as its primary goal the academic education of all students. Therefore, each coach has the obligation to encourage students to perform within reasonable academic standards.

Attendance is extremely important to a student's success. Students must attend school for at least $\frac{1}{2}$ a day to participate in that day's athletic practice or event.

Each coach has the prerogative to establish additional rules pertaining to the activity supervised. These rules may include attendance at practices, dress, and general conduct of participants during practices, contests, etc. Rules set by coach should be communicated to the athletes before the activity.

Students who are suspended in or out of school are not allowed to participate in activities or athletics while they are under suspension.

My signature acknowledges that I have read the policies of the athletic department.

Signature of Parent _____ Signature of Student _____

The Parents' Pledge

Cooperation among coaches, athletes, parents, and school personnel is essential if students are to realize the values of athletic participation. Like coaches and athletes, parents must make commitments to the athletic program assure such cooperation. We ask that you read and initial the following Pledge. Thank you for your help and support.

As the parent of an athlete in this school, I promise:

_____ To work closely with all school personnel to assure an appropriate academic as well as athletic experience for my child while he or she is middle school.

_____ To assure my child will attend all scheduled practices and athletic contests.

_____ To acknowledge the ultimate authority of the coach to determine strategy, playing time, and player selection.

_____ To promote mature behavior from students and parents during athletic contests.

_____ To work cooperatively with other parents and school personnel to assure a wholesome and successful athletic program for our school.

_____ To support the coaches additional standards on academics and/or discipline.

Signature _____ Date: _____

MEDICAL AUTHORIZATION FORM

_____ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by _____ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is _____ Policy Number _____.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has
(Name of person acknowledged)

produced _____ as identification and who did (did not) take an oath.
(Type of Identification)

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: _____ Date: _____

The Nassau County School District

PROOF OF ACCIDENT INSURANCE

Required for Athletic, Cheerleading, and Extracurricular Activity Participants

The Florida Statutes and the Nassau County School Board Administrative Rule 5.71 require that students participating in Interscholastic Athletics, Cheerleading, and Extracurricular Activities MUST have accident insurance, and proof of the insurance is to be kept on file at the school.

This is to confirm that my child, _____, who is a
(Print Name of Student)
student at _____ is covered under the
(Name of School)
following accident insurance policy:

Name of Insurance Company _____
Policy Number _____

I understand that my child will not be permitted to participate in Interscholastic Athletics, Cheerleading, and/or Extracurricular Activities without accident insurance, and I agree to maintain accident insurance coverage for my child during his/her participation.

Parent Signature _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has
(Name of Person Acknowledged)

produced _____ as identification and who did (did not)
(Type of Identification)

take an oath.

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA
OFF-CAMPUS SCHOOL ACTIVITY CONSENT FORM

TO: School Principal: _____ School, Nassau County School District

FROM: Parent or Guardian of Student

I/We, _____ parent(s) and/or guardian(s) of _____, hereby grant our permission for _____ to participate in the following off-campus school activity, to wit: _____

Date/Time of Departure: _____ Date/Estimated Time of Return: _____

I can be reached during this trip, at these phone numbers: A.M. _____ P.M. _____

I/We acknowledge that my/our child will be transported to and from said activity either via charter bus, school bus or private vehicle, and I/We hereby authorize him/her to travel in whichever form of transportation is used. I/We further acknowledge the right and necessity of said vehicle(s) to make incidental stops in route to, and in return from, the designated activity when determined to be necessary or desirable by representatives of the District School Board of Nassau County.

I/We understand that under present law, if my/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/We agree to submit any medical bills incurred by my/our insurance company for payment. If my/our policy has been issued with a deductible clause relative to the personal injury protection, I/We understand that I/We have assumed that deductible amount when I/We purchased the policy. I/We have health and/or family automobile insurance with the following company(ies):

health insurance co.: _____ policy number _____

automobile insurance co.: _____ policy number _____

In the event that I/We do not have family automobile insurance, I/We hereby acknowledge that that decision is a personal one which I/We have chosen to make, and I/We hereby agree to be solely responsible for any and all medical bills incurred as a result of injury or treatment to my/our child even though I/We have no insurance coverage.

I/We, on behalf of ourselves, our heirs, executors, successors and assigns, in consideration of my/our child participating in the above referenced off-campus school activity, do hereby release and agree to save and hold harmless the District School Board of Nassau County, Florida, its agents, servants, employees and successors, from any and all claims, actions, or liability which may or might arise out of my/our child's participation in the above referenced off-campus school activity.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY OFF-CAMPUS ACTIVITY WITHOUT FIRST RETURNING A VALID, EXECUTED AUTHORIZATION FORM. FAILURE TO EXECUTE AND RETURN THIS AUTHORIZATION FORM TO THE SCHOOL IN A TIMELY MANNER MAY RESULT IN YOUR CHILD'S INABILITY TO PARTICIPATE IN THE CONTEMPLATED ACTIVITY.

I/We hereby certify that we have read the entire contents of this Consent Form and that I/We understand the significance of its terms and condition and agree to abide by the covenants stated herein.

Witness

Parent/Guardian

Date

For Middle and High School Students:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of the District School Board of Nassau County, my School Code of Conduct, and I agree to obey the commands and directions of the particular school personnel chaperoning the activity in which I am participating. I further acknowledge that any violation of these rules and regulations will subject me to disciplinary action just as if said violation occurred on campus.

Date: _____ Student: _____



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.				<i>(continued)</i>			
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2
 Revised 4/23

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: Yes No
MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____



PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ___/___/___
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*
- Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



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. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, 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 / /



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

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

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

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

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

_____/_____/_____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date



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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending 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 the first 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 eight semesters 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 not turn 19 before **July 1st** to participate at the high school level; must not turn 16 prior to **September 1st** to participate at the junior high level; and must not turn 15 prior to **September 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

