THOMAS E. WEIGHTMAN MIDDLE SCHOOL

CHEER TRYOUTS

CHEER TRYOUT CLINIC: AUGUST 19 - 20 FROM 3:00PM - 5:30 PM
TRYOUTS: AUGUST 21ST FROM 3:00 PM - 5:30 PM
(TRYOUTS ARE MANDATORY)

CHEER COACH: MS. KORTE
EMAIL: AKORTE@PASCO.K12.FL.US
PHONE NUMBER: (813) 794-0200

LOCATION: TEWMS GYM

REQUIREMENTS TO TRY OUT AS FOLLOWS:
FHSAA PHYSICAL FORM/CONSENT FORM, ATHLETIC PARTICIPATION FORM, AND GENERAL INFORMATION FORM
Athletic Fees  
2018-19

<table>
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<tr>
<th>High Schools</th>
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<td>Tryout Fees</td>
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<td>1&lt;sup&gt;st&lt;/sup&gt; Sport</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt; Sport</td>
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<td>Family (same school)</td>
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<td>Individual cap</td>
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<th>Middle Schools</th>
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<tr>
<td>Tryout Fees</td>
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<td>Individual cap</td>
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</table>

All participation forms and physical forms must be completely filled out and turned in to the Athletic Director prior to a student actively engaging in physical activity.

**NO Tryout Fee:** Students have three (3) days to pay fees after they make the team. No one will participate in game competition until fees have been paid.

Please be aware that the participation fee does not guarantee playing time, only the opportunity to be on the team if selected.
ATHLETIC PARTICIPATION FORM

PLEASE CLEARLY PRINT OR TYPE:

GRADE LEVEL/SCHOOL YEAR: ___________________ STUDENT I.D. #: ___________________

Name of Student (As it appears on the student’s birth certificate):

LAST ___________________ FIRST ___________________ MIDDLE ___________________

STUDENT ADDRESS: __________________________________________________________

CITY/STATE/ZIP __________________________

HOME PHONE (WITH AREA CODE): ___________________ D.O.B: _____/_____/_______

EMERGENCY CONTACT: ___________________ PHONE: (_____) ___________________

NAME OF LAST SCHOOL ATTENDED/YEAR: __________________________

FATHER/GUARDIAN:

STREET/P.O. BOX ___________________ CITY/STATE/ZIP ___________________

EMPLOYER’S NAME ___________________ EMPLOYER’S PHONE (_____) ___________

MEDICAL INSURANCE COMPANY ___________________ MEMBER ID # ___________________

MOTHER/GUARDIAN:

STREET/P.O. BOX ___________________ CITY/STATE/ZIP ___________________

EMPLOYER’S NAME ___________________ EMPLOYER’S PHONE (_____) ___________

MEDICAL INSURANCE COMPANY ___________________ MEMBER ID # ___________________

Is the company or plan listed above considered a Health Maintenance Organization (HMO)? YES: _______ NO: _______

Participation in competitive athletics may result in severe injury, including paralysis or death. Improvements in equipment, medical treatment, and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above named adult student, do hereby consent to the release of confidential educational records/data including, but not limited to: student’s name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider C2C Schools, Inc. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or C2C to colleges/universities or their representatives for recruiting purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of the records/date provided under this consent is authorized.

INSURANCE: The District School Board of Pasco County provides only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical services. You may encounter certain out-of-pocket expenses when your son or daughter is treated for accidental injuries.

BIRTH CERTIFICATE: Each athlete MUST present to the athletic director or coach a certified copy of a valid birth certificate. The copy will be returned.

IN THE EVENT OF AN INJURY AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER COACH PERMISSION TO HAVE YOUR CHILD TREATED MEDICALLY? YES: _____ NO: _____

PARENT SIGNATURE ___________________________________________ DATE __________________________

STATE OF FLORIDA
COUNTY OF ___________ The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by __________________________, who is personally known to me or produced __________________________ as identification.

Signature of Notary __________________________________________

NOTARY SEAL

Printed Name of Notary __________________________________________
Academic Eligibility: In order to participate in high school interscholastic athletics, a student must currently have and maintain a cumulative grade point average of 2.0 or above on a 4.0 un-weighted scale. The athletic director and/or coach will verify all grades within a five-day period subsequent to team tryouts and monitor grades thereafter. Failure to have and maintain a cumulative 2.0 grade point average will result in immediate dismissal from any interscholastic athletic team. Middle school students must have a 2.0 grade point average for the previous semester in order to be eligible.

Athletic Transfer Verification: Any high school student who has been authorized to transfer from one school to another must meet the athletic transfer verification requirements. This includes, but is not limited to, students who were previously enrolled in public schools, private schools, charter schools, home schools, magnet schools and alternative schools. For more information on the procedures, visit your school or district website or contact your school athletic director. The verification policy/procedures can be located at the following web address: [http://www.neola.com/pasco-fl/](http://www.neola.com/pasco-fl/) and the "Athletic Transfer Verification Procedures".

Athletic Fees: There are no try-out fees. Once a student is selected for a team a fee will be due: $70.00 for high school students; $50.00 for middle school students. The fee for the second sport is $40.00 for high schools; $30.00 for middle schools. The total family fee (for the same school) is $180.00 for high schools; $130.00 for middle schools. The individual cap for high schools is $110.00. The individual cap for middle schools is $80.00. A student will not be allowed to dress out, participate in a game or be considered part of the team until the full fee is paid. ALL FEES MUST BE PAID WITHIN 3 DAYS OF THE CONCLUSION OF TRYOUTS.

Student Statement: As a student athlete, I agree to maintain athletic eligibility, comply with training rules, and conduct myself so as to bring pride to my school, my team, and my family. I understand I, as well as my parent(s)/guardian(s), are responsible for any uniforms, equipment, and/or supplies issued to me while participating in interscholastic athletics. I agree to repair or replace any damaged item and replace any lost item. I understand suspension from school, in or out, will result in suspension from practices or games during the time of the suspension.

Payment of FHSAA Fees: As a student athlete I am representing my school and my school district. I am responsible for my conduct in the athletic program. I will follow guidelines and rules outlined in the District School Board of Pasco County’s Code of Student Conduct and the FHSAA Handbook. In the event of an ejection or disqualification while participating in athletics my parent(s)/guardian(s) and I agree to pay the FHSAA fines, which are assessed by the FHSAA (Example: $250.00 gross unsportsmanlike conduct).

My parent(s)/guardian(s) and I understand I won’t be able to participate in any athletic contests until all fees have been paid to my school and I am subject to additional disciplinary action by any school administration depending on the severity of my actions.

Print Student Name
Student Number

Student Signature
Date

Parent/Guardian Signature
Parent/Guardian Signature
Date
Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 1 of 3)

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: ( _____) _________

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.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes ___  No ___

2. Do you have an ongoing chronic illness? Yes ___  No ___

3. Have you ever been hospitalized overnight? Yes ___  No ___

4. Have you ever had surgery? Yes ___  No ___

5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? Yes ___  No ___

6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Yes ___  No ___

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? Yes ___  No ___

8. Have you ever had a rash or hives develop during or after exercise? Yes ___  No ___

9. Have you ever passed out during or after exercise? Yes ___  No ___

10. Have you ever been dizzy during or after exercise? Yes ___  No ___

11. Have you ever had chest pain during or after exercise? Yes ___  No ___

12. Do you get tired more quickly than your friends do during exercise? Yes ___  No ___

13. Have you ever had racing of your heart or skipped heartbeats? Yes ___  No ___

14. Have you had high blood pressure or high cholesterol? Yes ___  No ___

15. Have you ever been told you have a heart murmur? Yes ___  No ___

16. Has any family member or relative died of heart problems or sudden death before age 50? Yes ___  No ___

17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Yes ___  No ___

18. Has a physician ever denied or restricted your participation in sports for any heart problems? Yes ___  No ___

19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? Yes ___  No ___

20. Have you ever had a head injury or concussion? Yes ___  No ___

21. Have you ever been knocked out, become unconscious or lost your memory? Yes ___  No ___

22. Have you ever had a seizure? Yes ___  No ___

23. Do you have frequent or severe headaches? Yes ___  No ___

24. Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes ___  No ___

25. Have you ever had a stinger, burn or pinched nerve? Yes ___  No ___

26. Have you ever become ill from exercising in the heat? Yes ___  No ___

27. Do you cough, wheeze or have trouble breathing during or after activity? Yes ___  No ___

28. Do you have asthma? Yes ___  No ___

29. Do you have seasonal allergies that require medical treatment? Yes ___  No ___

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)? Yes ___  No ___

31. Have you had any problems with your eyes or vision? Yes ___  No ___

32. Do you wear glasses, contacts or protective eyewear? Yes ___  No ___

33. Have you ever had a sprain, strain or swelling after injury? Yes ___  No ___

34. Have you broken or fractured any bones or dislocated any joints? Yes ___  No ___

35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? Yes ___  No ___

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? Yes ___  No ___

37. Do you lose weight regularly to meet weight requirements for your sport? Yes ___  No ___

38. Do you feel stressed out? Yes ___  No ___

39. Have you ever been diagnosed with sickle cell anemia? Yes ___  No ___

40. Have you ever been diagnosed with having the sickle cell trait? Yes ___  No ___

41. Record the dates of your most recent immunizations (shots) for:

Tetanus: _________   Measles: _________

Hepatitis B: _________   Chickenpox: _________

FEMALES ONLY (optional)

42. When was your first menstrual period? _____ / _____ / _____

43. When was your most recent menstrual period? _____ / _____ / _____

44. How much time do you usually have from the start of one period to the start of another? _____ / _____ / _____

45. How many periods have you had in the last year? _____ / _____ / _____

46. What was the longest time between periods in the last year? _____ / _____ / _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: ____________________________   Date: _____ / _____ / _____   Signature of Parent/Guardian: ____________________________   Date: _____ / _____ / _____
### 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)

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

* – station-based examination only

#### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

- Cleared without limitation
- Disability: _______________________________  Diagnosis: _______________________________
- Precautions: _______________________________
- Not cleared for: __________________________  Reason: ________________________________
- Cleared after completing evaluation/rehabilitation for: ____________________________  For: ________________________________

Recommendations:

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

Address:

Signature of Physician/Physician Assistant/Nurse Practitioner: _______________________________
<table>
<thead>
<tr>
<th><strong>ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)</strong></th>
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<tbody>
<tr>
<td>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):</td>
</tr>
<tr>
<td>[ ] Cleared without limitation</td>
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<tr>
<td>[ ] Disability: ____________________ Diagnosis: ____________________</td>
</tr>
<tr>
<td>[ ] Precautions: ____________________________________________________________________</td>
</tr>
<tr>
<td>[ ] Not cleared for: ____________________ Reason: ____________________</td>
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<tr>
<td>[ ] Cleared after completing evaluation/rehabilitation for: ____________________________________________________________________</td>
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</tbody>
</table>

**Recommendations:**

Name of Physician (print): ____________________ Date: ____/____/____

Address: ____________________________________________________________________________

Signature of Physician: ____________________________________________________________________________

Florida High School Athletic Association

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

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

This form is non-transferable; 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/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/ward’s individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward’s athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child/ward’s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SINGING 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/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.

Name of Parent/Guardian (printed) __________________________ Signature of Parent/Guardian __________________________ Date __________/________/____________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Student (printed) __________________________ Signature of Student __________________________ Date __________/________/____________

Company: ____________________________________________ Policy Number: ________________________________

Date __________/________/____________

Revised 05/18

Florida High School Athletic Association

– 1 –
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 swelling 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 child change forever. When in doubt, sit them out.

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

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

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

Name of Student-Athlete (printed) __________________________ Signature of Student-Athlete __________________________ Date _______/_______/____________

Name of Parent/Guardian (printed) __________________________ Signature of Parent/Guardian __________________________ Date _______/_______/____________

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 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, 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 /_____/______
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 9.5)

8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)

9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).

10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)

11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)

12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)

13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)

14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school’s principal/athletic director. (FHSAA Policy 17)

15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

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

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

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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