



Enclosed are the required forms to complete for student-athletes who want to participate in athletic tryouts, post and pre-season conditioning as well as summer workouts for Cocoa High School. The completion of these forms is required by Florida law. Please follow the checklist below to ensure the forms are filled out completely. If you have any questions or concerns, you can contact the Athletic Director, Coach Mark Carstens or Assistant Athletic Director, Dr, Karen Lipscomb. Go Tigers!

Cocoa Jr/Sr. High School phone number 321-632-5300

_____, _____
Last Name First Name

Grade: 2018-19

Sports: _____

Type of Form	Form Name	Complete
Parent/Player	EL 2 (Page 1)	
Physical	EL 2 (Page 2,3)	
Liability	EL 3 (Page 1)	
Health Insurance Information	EL3 (Page 1) Item G.	
Concussion	EL 3 (Page 2)	
Heat	EL 3 (Page 3)	
Eligibility	EL 3 (Page 4)	
Insurance	Copy	
Student signature	All Forms	
Parent Permission	Brevard County	
Birth Certificate	verified (new students)	

Rachad Wilson, Principal
Desmond K. Blackburn, Ph.D., Superintendent
Phone: (321) 632-5300 • FAX: (321) 636-1218

APPLICATION FOR FHSAA ELIGIBILITY

Student Name: _____

Instructions:

Part I: DO NOT WRITE IN THIS SECTION

Part II: Read Carefully. Please print. Complete all questions. The form will be returned if all questions are not answered completely. Please give your birth certificate name!

PART I: DO NOT WRITE IN THIS SECTION

Homeschool student _____ Private School Student _____ Transfer Student _____ Current Grade _____

Middle School student: _____

Date entered 7th grade: _____

High School Student: _____

Date entered 9th grade: _____

Grade repeat _____ Age _____

GPA: _____ EL3 _____ EL2 _____ Insurance _____ GA4 _____ Student ID# _____

PART II: BIRTH CERTIFICATE NAME

Last Name _____ First Name _____ Middle Name _____ Jr/Sr/II _____

Date of Birth ____/____/____

Circle One:

Male Female

Home Address: _____
Street

City _____

Zip Code _____

Did you live here last year? Yes _____

No _____

If no, list where:

Home Phone Number: _____

Emergency Phone: _____

Parent(s)/Guardian(s) Name: _____

Who do you live with? _____

Relationship to you _____

Parent/Guardian cell phone: _____

Work phone: _____

Current year in School: 7 8 9 10 11 12

School Attended last year: _____

Did you play a sport at Cocoa High School last year? Yes _____ No _____

Are you currently living in the Cocoa High School District? Yes _____ No _____

If not do you have an out of area form on file? Yes _____ No _____

Or are a participant in CTE Choice? Yes _____ No _____

STUDENT—ATHLETE CODE OF CONDUCT AND ELIGIBILITY REQUIREMENTS

Sport: _____ Coach: _____

Printed Name of Student Athlete: _____ Year: 2018-2019

Philosophy

The Cocoa High School Athletic Program strives to develop a well rounded student-athlete. We view student-athletes as an extension of the classroom where life-lessons are learned, sportsmanship, scholarship and physical development are promoted and developed through a wide variety and level of interscholastic sports.

Student-Athlete Standards

1. Maintain academic and scholastic eligibility according to CHS and FHSAA policies.
2. Display behavior that will add the good name of the Cocoa High School Athletic Department.
3. Maintain good school and community relations.
4. Comply with ALL school rules and policies.
5. Display good sportsmanship at all times.
6. Dress appropriately at all times. All student-athletes are expected to follow their coach's guidelines to dress.
7. Follow any additional team specific standards.

Student Eligibility

- All students who participate in athletic activities are required to have an annual medical evaluation. Student-athletes must submit a valid medical evaluation, insurance and parent/player agreement form before being allowed to participate in practice or contests.
- Pay-to-Participate fees are paid in full and Brevard Public Schools Pay to Participate contract is completed and turned in.
- A student-athlete who has a grade point average of less than 2.0 at the end of a semester shall automatically be ineligible to participate in athletic contests and practices during the next semester.
- A student who is ineligible for any reason may not try out, practice, or play during the period of ineligibility.
- Unexcused absences, chronic tardiness to class or discipline problems may result in declaring a student-athlete ineligible at any time.
- Student-athletes must be in attendance a minimum of four (4) hours of instruction time to be considered present each day. Student athletes are expected to be present in order to participate in practice and contests. Field trips are part of the school program and are considered excused absences.
- Participation in athletic activity will not be permitted when a student is serving a suspension. A suspension ends the next school day morning after the last day of a suspension.
- A student who has an outstanding financial obligation to the school will be ineligible to participate in athletic activity until the obligation has been fulfilled.

Hazing and initiation

- Hazing and initiations are not allowed as they are against Brevard County Schools Policy, FHSAA and Florida State Law.
- Hazing is defined but not limited to; to persecute or harass with meaningless, difficult or humiliating tasks, to initiate by exacting humiliating performances from or playing rough practical jokes upon.
- Initiation is defined but not limited to; a ceremony, ritual, test or period of instruction with which a new member is admitted.

Care of Team equipment, Uniforms and Locker Rooms

- All athletic gear is on loan to the athlete and he/she is personally responsible for its care and return
- Lost uniforms and equipment must be reported immediately and if not found the athlete will be charged the replacement cost for it.
- It is the student-athlete's responsibility to maintain a neat locker room.
- Only players are allowed in the locker rooms.

Alcohol/tobacco/controlled substances Policy

The use of alcohol, tobacco, illegal drugs and controlled substances including steroids is an extremely serious health issue. Such use places the quality of life for the student-athlete in jeopardy. If the student-athlete is using alcohol, tobacco, or drugs he/she is placing himself/herself at risk and may compromise the safety of team members. Mandatory discipline action will occur when a student is determined to be in violation of school policy related to the use of alcohol, tobacco, illegal drugs and controlled substances including steroids. If the illegal use, distribution or possession of alcohol or drugs is verified, he/she will be subject to suspension, exclusion, police referral and expulsion.

At no time will I be in the gym, locker room, hallways, weight room or any other part of the gym without direct supervision of my coach. I will meet my coach only at the place designated by the coach.

Your signature below indicates that you have read all parts of the agreement. Failure to comply with the above guidelines may result in the student-athlete's suspension or dismissal from the team.

Signature of student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

Cocoa High School School Name

Date

Student's Name (please print)

Name of Sport(s)

Activity / Event: On and Off Campus practices, games, conditioning and all other events pertaining to Cocoa High (List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

(321) 632-5300 Phone Number

TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking, School Bus, Commercial Carrier (bus), Privately Owned Vehicle, Leased Vehicle, County Vehicle, None, Other

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Listed Volunteer, Registered Volunteer, Teacher or Staff Member, Other

TYPE OF ACTIVITY (Check all that apply)

- Interscholastic game or competition, Interscholastic practice(s), Other

Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:

Name Telephone: () -

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:

- 1. I understand that participation in athletics is voluntary... 2. When the school does not provide transportation... 3. The parent or guardian and student understand that the school district... 4. The parent or guardian, and student will assume the liability... 5. Parent or guardian permission for the student to participate... 6. I understand that my child will be involved in athletics' off school property... 7. I certify that my child is in good health... 8. Some trips may include or have the potential for participation in swimming... I/We have read and understand the information above and accept the designated responsibilities.

Student Signature (required) Date

Parent/Guardian Signature (required) Date



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

Student's Name: Sex: Age: Date of Birth: School: Grade in School: Sport(s): Home Address: Home Phone: Name of Parent/Guardian: E-mail: Person to Contact in Case of Emergency: Relationship to Student: Home Phone: Work Phone: Cell Phone: Personal/Family Physician: City/State: Office Phone:

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

Medical history questions 1-46 with Yes/No columns. Includes a section for 'If yes, check appropriate blank and explain below:' listing body parts like Head, Neck, Back, etc.

Explain "Yes" answers here:

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

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



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___ / ___ / ___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



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. Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

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

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

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

G. Please check the appropriate box(es):

_____ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

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

_____ I have purchased supplemental football insurance through my child's/ward's school.

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

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

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

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date _____



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-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.

Signature lines for Student-Athlete, Parent/Guardian, and 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



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

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

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must 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.

_____	_____	____/____/____
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

