

Sign by all *

Firma *

Revised 03/16



Florida High School Athletic Association

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: Hiawath Educ. Acad. 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.

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?
3. Have you ever been hospitalized overnight?
4. Have you ever had surgery?
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?
8. Have you ever had a rash or hives develop during or after exercise?
9. Have you ever passed out during or after exercise?
10. Have you ever been dizzy during or after exercise?
11. Have you ever had chest pain during or after exercise?
12. Do you get tired more quickly than your friends do during exercise?
13. Have you ever had racing of your heart or skipped heartbeats?
14. Have you had high blood pressure or high cholesterol?
15. Have you ever been told you have a heart murmur?
16. Has any family member or relative died of heart problems or sudden death before age 50?
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
18. Has a physician ever denied or restricted your participation in sports for any heart problems?
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?
20. Have you ever had a head injury or concussion?
21. Have you ever been knocked out, become unconscious or lost your memory?
22. Have you ever had a seizure?
23. Do you have frequent or severe headaches?
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?
25. Have you ever had a stinger, burner or pinched nerve?
26. Have you ever become ill from exercising in the heat?
27. Do you cough, wheeze or have trouble breathing during or after activity?
28. Do you have asthma?
29. Do you have seasonal allergies that require medical treatment?
30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?
31. Have you had any problems with your eyes or vision?
32. Do you wear glasses, contacts or protective eyewear?
33. Have you ever had a sprain, strain or swelling after injury?
34. Have you broken or fractured any bones or dislocated any joints?
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?
If yes, check appropriate blank and explain below:
Head Elbow Hip
Neck Forearm Thigh
Back Wrist Knee
Chest Hand Shin/Calf
Shoulder Finger Ankle
Upper Arm Foot
36. Do you want to weigh more or less than you do now?
37. Do you lose weight regularly to meet weight requirements for your sport?
38. Do you feel stressed out?
39. Have you ever been diagnosed with sickle cell anemia?
40. Have you ever been diagnosed with having the sickle cell trait?
41. Record the dates of your most recent immunizations (shots) for:
Tetanus: _____ Measles: _____
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?

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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: ____/____/____

PARENTS COMPLETE THIS PAGE

Sign by all *

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Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 3)

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

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____.____/____)

Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____

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

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

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

MUSCULOSKELETAL

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

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

____ Recommendations: _____

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

Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

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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: _____ Date: / /

Name of Physician (print): _____

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.

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DOCTORS PAGE

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Florida High School Athletic Association

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

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

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

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

List sport(s) exceptions here

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

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

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

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

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

G. Please check the appropriate box(es):

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

Company: _____ Policy Number: _____

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

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

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

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

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

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

Name of Student (printed) Signature of Student Date

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Sign by All * Firma *

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Florida High School Athletic Association

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.

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

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Sign by All *

Firma *

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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.

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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

Sign by All * Firma *

EL3

Revised 05/18



Florida High School Athletic Association

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.
3. Must attend school within 10 days of the beginning of each semester to be eligible during that semester.
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.
5. Must not have graduated from any high school or its equivalent.
6. Must not have enrolled in the ninth grade for the first time more than four school years ago.
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school.
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.
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics.
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.
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport.
12. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which the student participates.
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility.
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation.
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.

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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

* This page and the following page must be completed, signed and returned to the Athletic Director, before the student is eligible for athletic competition. *

Sign *

Firma *

BULLDOGS ATHLETIC CONTRACT

Student Athlete's Name: _____

Signing this letter states that I, the parent/guardian of the above named student, and I, the student/athlete named above have received, read and understand the Hialeah Educational Academy Bulldog Athletics Handbook and do agree to be held to all the policies, rules and consequences as stated. I also understand the ACE philosophy. I understand that by participating in the athletic extra-curricular program, I grant the right to allow Hialeah Educational Academy to drug-test my child participating in extra-curricular activities. I also understand the fact that there might be a need for tryouts and cuts. It is the family's responsibility to update Hialeah Educational Academy of any change to the insurance information. I/We understand that all forms must be filled out in their entirety and turned in to the Athletic Director, before my child may participate with the team. The last day to turn this information in is the day before the first day of practice for each sport.

In case of emergency, I/we do authorize the Hialeah Educational Academy athletic staff and its volunteers to seek emergency medical care should the need arise. I/we hereby release and save harmless the school, its agents and its volunteers, from any and all liability that may occur during this athletic season.

* _____
Parent or Guardian Signature

* _____
Parent or Guardian Printed Name

* _____
Student Athlete Signature

* _____
Student Athlete Printed Name

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Sign by all * Firma *

Hiialeah Educational Academy Athletics Program Agreements

We (I) give permission for my child _____ to participate in the

Hiialeah Educational Academy interscholastic _____ team. We (I) assume all responsibility for any medical cost that may result from injury.

My primary medical insurance carrier name is: _____

Physician Information ~ Name: _____

Phone: _____ Address: _____

Day time parental contact number is: _____

Emergency contact: _____ Phone: _____

* Parent (Guardian) Signature X _____ * Date: _____

HOLD HARMLESS: RELEASE OF LIABILITY / ASSUMPTION OF RISK

Participation in athletic activities and the use of athletic equipment and/or facilities involves a risk of accidental injury despite all safety precautions. We (I) assume all risk and hazards incidental to these activities, and release Hiialeah Educational Academy, its officers, directors, independent contractors, volunteers and all employees, for any illness or injury to my child occurring during participation in any activity or use of any facility conducted by Hiialeah Educational Academy.

* Parent (Guardian) Signature X _____ * Date: _____

Printed Name:

Parent/Guardian: _____ Student: _____

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HEA Bulldog Athletics: Permission for Transportation

We (I) hereby give permission for my child: _____ to travel by the schools designated transportation as part of the after school Interscholastic Athletic Program.

We (I) understand that it is my responsibility to pick up my child (children) at the Hiialeah Educational Academy campus upon the athlete's return from competitions. Return times will be announced. If picking the athlete(s) up at the competition venue, the Athletic Director or Head Coach must be informed in advance. When taking the athlete from a competition venue, the parent must notify the Head Coach and accept full responsibility for their child from that point of the competition day/night.

* Parent (Guardian) Signature X _____ * Date: _____

Printed Name:

Parent/Guardian: _____ Student: _____



BULLDOGS

BULLDOG ATHLETICS HANDBOOK

The Hialeah Educational Academy Bulldog Athletic Handbook outlines all of the rules, regulations, requirements, and guidelines for a student's participation in extra-curricular team sports. This handbook is has been reviewed by the Hialeah Educational Academy Board of Directors, and may be changed at any time upon resolution by the board. Parents will be notified of any changes to this handbook through e-mail and/or on our web-site.

Please take the opportunity to thoroughly review the contents of this handbook carefully. The rules and regulations contained in this handbook will be enforced for all students participating in any HEA Bulldog Athletic activities. If you have any questions, please contact Kevin Fricke, Athletic Director at kfricke9@dadeschools.net or (305) 362-4006. We look forward to a winning year of HEA Bulldog Athletics.

MISSION STATEMENT:

We offer all eligible students an opportunity to cultivate his/her skills and talents through participation in athletics. We will instill in our athletes a perspective of teamwork, commitment, respect, self-discipline, and a positive work ethic. Coaches will approach each season with an ACE philosophy, (Athletic, Community, Education), while conducting his/her sport in a competitive nature.

PURPOSE:

1. Participation in interscholastic athletic programs by a student is a privilege, not a right. Students who participate are required to meet the requirements established in state law, FHSAA regulations and by Hialeah Educational Academy.
2. For the student/athlete to be successful, he/she must adhere to the following:
 - *E I E = O (energy + intensity + enthusiasm = opportunity)
 - *Academics (Number #1 Priority - - Why You're Here)
 - *Honor - Respect - Loyalty

ATHLETIC POLICIES:

Coaching:

At the beginning of each season, the HEA athletic staff and coaches will try to accept all players in grades six through twelve interested in competing. However, should our team roster reach a point where the coaches cannot work effectively or safely, HEA athletics will try to offer a junior varsity team for the same season. Should a junior varsity team not be possible, for any reason, a tryout and cut system will be initiated. Tryouts for each team will be based on talent, size, speed, effort, and behavior. The head coach is responsible for the selection of the team players.

Attendance:

- Attendance at practice is mandatory. If circumstances arise whereby a student cannot attend a practice, the coach **must be notified** before the practice by personal contact, a phone call, or a written statement from the parents or guardian.
- Any athlete who cuts practice, fails to appear for a game, fails to make scheduled team meetings, or fails to attend school on a game day or practice days may not be allowed to participate in any game or games at the discretion of the Head Coach or Athletic Director.
- Unexcused absences from practices, games or meetings may result in removal from all athletics.
- All athletes must attend all classes. Athletes delinquent in class attendance or consistently tardy are subject to disciplinary action. Also, all athletes when their sport is in season, must attend school the day of a game, meet or contest. Failure to do so, will make that student/athlete ineligible for that day's contest.

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Eligibility:

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- To be eligible for athletics, the athlete must be in compliance with the guidelines set by the Florida High School Activities Association. The guidelines for each sport are published by the FHSAA and are on file in the Athletic Director's Office.
- The Athletic Director and coaches will monitor academic performance and behavior on a regular basis. Coaches will be informed of all concerns pertaining to grades, effort, and conduct of the student athlete. If the cumulative grade point average falls below a 2.5, the athlete will be notified by the Athletic Director of his/her academic progress. If the cumulative grade point average falls below a 2.0, the athlete will not be allowed to participate.
- Athletes placed on any type of disciplinary action may not participate in games or practices until the actions or infractions have been satisfied.
- Athletes may only participate when all required medical, eligibility, hold harmless, and transportation forms have been filed for each season.
- All of the athlete's paper work must be turned in to the Athletic Director before the first day of practice for the specified sport. Fees are due prior to the end of the regular season.
- The school and its athletic department reserve the right to drug-test students participating in extra-curricular activities. If a student fails a drug-test performed by or on behalf of Hialeah Educational Academy athletic department, the student shall be suspended from all athletic school programs. Reinstatement will only occur after actions or infractions have been satisfied, determined by the Athletic Director and coaches.

COMMITMENT:

- It is recommended that all athletes participate in more than one sport. Once an athlete begins a season training period of a sport, he/she may not quit to participate in another sport during the same season. Any athlete who quits a sport to participate in another sport shall be subject to being withheld from all participation until the end of the sport season. No athlete may participate in a second sport (next seasonal sport) until being cleared from the first sport by obtaining a written release from that coach and approved by the Athletic Director. When released, the athlete is free to try out for any sport of his/her choice during the tryout period. The head coach of that sport has the right to determine if an athlete is skillful enough to remain on the team.

PERSONAL APPEARANCE:

- An athlete is constantly in the eye of the public, and as such becomes a representative of the school and is considered to be in position of leadership. Athletes are expected to dress and comply fully with the Hialeah Educational Academy uniform dress code at all times during school hours and when attending school-sponsored activities. Lack of adherence to these rules can result in the athlete being suspended from practice and/or games. Failure to comply after written notification can result in suspension and/or removal from the team.
- For all practices, the athlete must be in proper Hialeah Educational Academy attire, approved by the coaches. Before each practice the athlete will be able to change into said attire.
- For all competitions, the athlete must be in the proper uniform, ready to compete. Before each game, the athlete will be able to change into said uniform.
- Failure to comply with the above can result in suspension from the team and/or removal from the team.

MANDATORY ATHLETIC FEE

Each student athlete is required to pay a *non-refundable, mandatory* Athletic Fee, due prior to the end of the regular season of his/her first sport. Failure to complete this requirement will render the athlete ineligible to play in the post season. The amount due is **\$5.00**. This fee helps subsidize the athletic department budget to help maintain the quality, satisfaction and safety of the HEA Bulldog interscholastic athletic programs and includes athletic insurance.

Other team or school fundraising activities and/or donations to the team or HEA is a separate contribution from the Athletic Fee requirement.

EQUIPMENT

All athletes are required to replace lost team gear or gear damaged due to use outside of team sanctioned activity, by payment to replace the lost or damaged article(s). A financial obligation will be issued and in force until the full payment is received.

PHYSICAL EXAMINATION

All athletes are to have a fully completed & signed FHSA Physical Examination Form on file before taking part in any team practices or competitions.

HIALEAH EDUCATIONAL ACADEMY AND THE ATHLETIC DEPARTMENT...

- Assume no financial or legal responsibility for injuries occurring to any athlete or costs associated with treatment.
 - Reserve the right to seek medical attention for all athletes should an emergency arise while under our supervision.
 - Reserve the right to test student participating in extra-curricular activities for banned and/or illegal substances.
- Refusal to participate may result in removal from the athletics program.

SCHOOL DECORUM:

- An athlete is expected to govern his/her conduct in accordance with the rules and regulations of the Hialeah Educational Academy Student Handbook and any violations of the student's obligations can result in removal from competitive athletics.

AWARDS CRITERIA:

- Athletic awards may be given in recognition of outstanding athletic achievement and service to the school. In all cases, students must complete the entire season, as a member of the team, in order to be eligible for any award.

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