



ATHLETIC PHYSICAL FORM

SCHOOL NAME _____ SCHOOL YEAR ____/____ GRADE _____
 SPORT(S) _____ / _____ / _____

PART I STUDENT INFORMATION

NAME _____ FEMALE / MALE AGE ____ BIRTHDATE _____
 ID # _____ ARE YOU A UNITED STATES CITIZEN? YES NO
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE # _____ CELL PHONE # _____ BEEPER # _____

PART II PARENTAL/GUARDIAN INFORMATION

FATHER _____ DAYTIME PHONE _____ CELL/PAGER _____
 MOTHER _____ DAYTIME PHONE _____ CELL/PAGER _____
 EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
 DAYTIME PHONE # _____ CELL/PAGER # _____

PART III-A SCHOOL BOARD INSURANCE INFORMATION

IN ACCORDANCE TO SCHOOL BOARD RULE 6Gx13- 6A-1.61, INTERSCHOLASTIC ATHLETICS, SENIOR HIGH SCHOOLS:

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

PART III-B PARENTAL INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED _____ SOCIAL SECURITY # _____
 EMPLOYER _____
 INSURANCE COMPANY _____ ADDRESS _____
 INSURANCE CO. PHONE # _____ GROUP # _____ POLICY # _____
 PRIMARY CARE PHYSICIAN _____ PHONE # _____

FOR ATHLETIC OFFICE USE ONLY: Insurance: \$9.00 _____ \$36.00 (FB) _____ \$12.00 (SFB) _____
 GPA: 1st Semester _____ 2nd Semester _____

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

(IF NO EXCEPTION, WRITE "NONE")

PARENT / GUARDIAN _____
(Please print name)

SIGNATURE _____ DATE _____
Father Mother Guardian

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

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

NOTARY NAME _____
(Please print name)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____



(NOTARY SEAL)

SPORTSMANSHIP AGREEMENT

Dear Parents / Guardians:

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

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

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

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

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

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

(PARENT/GUARDIAN SIGNATURE)

(DATE)



Consent and Release from Liability Certificate (Page 1 of 2)

This completed form must be kept on file by the school.

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

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the 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, 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 release and hold harmless my school, the schools against which it competes, the contest officials and the 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 my athletic participation. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school. Furthermore, I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

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

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I have **not marked out**:

Boys Sports:	Baseball	Basketball	Bowling	Cross Country	11-Man Tackle Football
	Golf	Soccer	Swimming & Diving	Tennis	Track & Field
	Volleyball	Water Polo	Weightlifting	Wrestling	
	Other sports added to this form by school: _____				
Girls Sports:	Basketball	Bowling	Cross Country	Flag Football	Golf
	Soccer	Fast-Pitch Softball	Swimming & Diving	Tennis	Track & Field
	Volleyball	Water Polo	Weightlifting		
	Other sports added to this form by school: _____				

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my child/ward. I/we 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/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands 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/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the 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 further 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. Furthermore, 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 and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

E. Please check the appropriate box(es):

- My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.
 Company: _____ Policy Number: _____
- My/our child/ward is covered by his/her school's activities medical base insurance plan.
- I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

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



Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. **If you participate on a non-school team (i.e. AAU, American Legion, club settings, etc.) that is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year.** (FHSAA Bylaw 11.4)
7. Must not have **enrolled in** the ninth grade **for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must have a physician's certificate stating that you are physically fit for interscholastic athletic competition. The certificate must be dated any time between **May 15 of the preceding school year** and one day before your first practice. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.

CORAL REEF HIGH SCHOOL
ATHLETIC TRAINING
STUDENT-ATHLETE CONTACT CARD

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!Important - Complete as many as possible!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

ATHLETE NAME: _____ **SS/ID #:** _____

SPORT: _____ **HOME #:** _____ **DOB:** _____

ADDRESS: _____

INSURANCE CO. NAME: _____ **POLICY#:** _____

> MOTHER'S NAME: _____

HOME #: _____ **CELL #:** _____

PAGER #: _____ **WORK #:** _____ **EXT:** _____

> FATHER'S NAME: _____

HOME #: _____ **CELL #:** _____

PAGER #: _____ **WORK #:** _____ **EXT:** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO ATHLETE: _____

HOME #: _____ **CELL #:** _____

PAGER #: _____ **WORK #:** _____ **EXT:** _____

ALLERGIES KNOWN: _____

CURRENT MEDICAL CONDITIONS: _____

MEDICATIONS: _____

HOSPITAL PREFERENCE IN CASE OF EMERGENCY: _____

IN CASE OF EMERGENCY WILL YOU PERMIT QUALIFIED MEDICAL PERSONNEL TO CARE FOR YOUR CHILD? YES NO