LYMAN HIGH SCHOOLS ATHLETES

PAPERWORK CHECK LIST

All paperwork MUST be turned into the athletic office before conditioning, practices, try-outs, etc. can begin. Paperwork may be turned in by a parent, anytime between 7:00am and 2:45pm. Students can only report to the athletic office before school, during breaks, during lunch or after school before 2:45p.m. Students are not permitted to miss class time due to Athletic paperwork.

ALL PAPERWORK MUST BE FILLED OUT COMPLETELY AND TURNED IN 24 HOURS IN ADVANCE IN ORDER TO BE CLEARED FOR ANY TYPE OF ATHLETIC PARTICIPATION!

Physicals

- **SCPS Form 1425 Preparticipation Physical Evaluation**
  - Part 1 Student Information and Part 2 Medical History are to be completed by student or parent using black or blue ink only. **DO NOT USE PENCIL.** Please PRINT and fill out Part 1 & Part 2 completely. *Student and parent signatures are required at the bottom of Part 2.*
  - Part 3 Physical Examination. This section must be completed by a physician. In order to be cleared for participation, the doctor MUST check the “cleared without limitations”. Physicals are good for one year from the date of the physical examination.

Additional Forms

- **SCPS Form 1425a Consent and Release from Liability Certificate:** Please read and review the current FHSAA rules that are required to become eligible at Lyman High School. *Student and parent signatures are required.*
- **SCPS 1499 Concussion & Heat Related Illnesses Information Release Form:** Please read and familiarize yourself with this important medical information regarding concussions and heat related illnesses. *Student and parent signatures are required.*
- **SCPS Form 1425B Seminole County Consent and Release from Liability Certificate Part 1:** Please read. *Student signature required.* **Part 2 Section A:** Please list any sports for which you do not wish for your child to participate. **Section H:** Please check the appropriate box(es) for your student’s health insurance information. **Seminole County Public Schools requires any athlete participating in sports to have health insurance.** Please include the insurance company name and policy number as requested. **Section I:** Please read. *Parent signature required.*
- **Athletics Emergency Card:** Please complete both sides of this form. *Parent signature required.* This form will be used by the coach when traveling to away activities.

Please turn form over to continue reading
**New Athletes to Lyman School**

*Birth Certificate:* Per FHSAA rules, athletes **MUST bring in the original birth certificate** or a certified copy of the birth certificate to the athletic office. We will make a copy to file in the Athletic Office. (This only needs to be done one time for all your years at Lyman High School.)

*Athletic Fee:* A $25.00 athletic fee is required to cover the cost of paperwork and awards. This fee is collected one time **per school year.** Your athlete will be given a receipt and an athletic t-shirt when the fee is collected.

Any questions, please contact the athletic office at 407-746-2057 or by email to:

Russel_Williams@scps.k12.fl.us

Karen_Bennett@scps.k12.fl.us

I have read and understand all of the requirements and will adhere to all policies pertaining to athletic participation as required by Lyman High School, SCPS and the FHSAA.

____________________________________
Parent Signature

____________________________________
Student Athlete Signature
SCHOOL ____________________________                            Grade__________

SEMINOLE COUNTY PUBLIC SCHOOLS, FL – ATHLETICS EMERGENCY CARD 20___-20___

ATHLETE ___________________________________________________________ MALE □ FEMALE □ BIRTHDATE __________ (MM/DD/YY)

Last Name                  First Name

DATE OF PHYSICAL ___________ Insurance (        ) Birth Certificate (        ) Zone (        ) Addendum (        ) GPA ________ Eligible (        )

MOTHER’S NAME ___________________________________ Cell Phone ___________ Work Phone ___________

FATHER’S NAME ____________________________________ Cell Phone ___________ Work Phone ___________

HOME ADDRESS________________________________________________________________________________________________________

(Number & Street)    (Apt. #)    (City)    (Zip Code)

HOME PHONE NUMBER________________________________________________

PERSON AUTHORIZED TO CARE FOR STUDENT IN CASE PARENT CANNOT BE REACHED: ___________________________________

NAME __________________________________ ADDRESS ___________________________________________________________________

PHONE _________________________ CELL PHONE ___________________________ RELATIONSHIP ________________________________

PHYSICIAN’S NAME __________________________________ PHONE __________________________

ALLERGIES ___________________________________________ EYE GLASSES: YES □ NO □ CONTACTS: □ YES □ NO

MEDICATIONS ____________________________________________________________________________________________

Your insurance must remain current during this sport. You must notify your coach immediately if you change residence or no longer have insurance coverage.

SCPS Form 1416 (Rev. 9/12/07) OTH ** COMPLETE BOTH SIDES OF THIS FORM **
PARENTAL CONSENT

STUDENT’S FULL NAME ______________________________________________________ AGE _____

SCHOOL _______________________________________________________________GRADE ___________

I consent to the sharing of my child’s health information as listed on the reverse side with appropriate school personnel unless specified in writing to the principal.

In the event of serious accident of illness, I request that the school contact me. If I cannot be reached, the school may make the necessary arrangements to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital of medical facility. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact a parent/legal guardian, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child.

We have health insurance through ________________________________________________________________

(NAME OF COMPANY)     (POLICY #)

PARENT OR LEGAL GUARDIAN _________________________________________________________________

(SIGNATURE)

DATE _______________
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: ________________________________

Relationship to Student: _______________________  Home Phone: ( _____ ) __________  Work Phone: ( _____ ) __________

Person to Contact in Case of Emergency: ________________  City/State: __________________________  Office Phone: ( _____ ) __________

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19. Do you have any current skin problems (for example, itching, rashes, acne, warts, funguses or blisters)? ______ Yes  ______ No

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

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

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

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

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

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

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

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

28. Do you have asthma? ______ Yes  ______ No

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

30. Do you use any special protective or corrective equipment or devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retailer on your teeth or hearing aid)? ______ Yes  ______ No

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

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

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

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

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

Explained “Yes” answers here: ______________________________________________________________

If yes, check appropriate blank and explain below:

_______ Head  ______ Elbow  ______ Hip Thigh

_______ Neck  ______ Forearm  ______ Knee

_______ Back  ______ Wrist  ______ Shin/Calf

_______ Chest  ______ Hand  ______ Ankle

_______ Shoulder  ______ Finger  ______

_______ Upper Arm  ______ Foot

_______ Shin/Calf

_______ Knee

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?  ____________

_______ Have you ever been diagnosed with sickle cell anemia?  ______ Yes  ______ No

_______ Have you ever been diagnosed with having the sickle cell trait?  ______ Yes  ______ No

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

Tetanus:  ____________  Measles:  ____________

Hepatitis B:  ____________  Chickenpox:  ____________

__________________________

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:  _____ / _____ / _____

SCPS Form 1425  (04/24/12) FL  Distribution: White Copy: Trainer  Yellow Copy: Principal-designee  Pink Copy: Parent/Student
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: ___/___ (___/___, ___/___)

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

__ Not cleared for: __________________________ Reason: __________________________

__ Cleared after completing evaluation/rehabilitation for: __________________________ For: __________________________

Recommends: __________________________

Name of Physician/Physician Assistant/Nurse Practitioner (print): __________________________ Date: ______/____/____

Address: __________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: __________________________

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

__ Not cleared for: __________________________ Reason: __________________________

__ Cleared after completing evaluation/rehabilitation for: __________________________ For: __________________________

Recommends: __________________________

Name of Physician (print): __________________________ Date: ______/____/____

Address: __________________________

Signature of Physician: __________________________

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. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school, 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 must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)

2. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)

3. 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)

4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)

5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)

6. Must not transfer schools after the first day of fall practice or the first day of school or otherwise the student cannot participate at the new school for the remainder of the school year. (FHSAA Bylaw 9.3)

7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)

8. Must not transfer to a school that the student’s coach has relocated to within a year, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)

9. 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)

10. Must have signed permission to participate from the student’s parent(s)/guardian(s) on a form (EL3 or equivalent) provided by the school. (Bylaw 9.8)

11. 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, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2 or equivalent). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. (FHSAA Bylaw 9.7)

13. 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)

14. 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)

15. 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)

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

17. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

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.

Note: This form shall remain in full force and effect unless revoked in writing by minor student’s parent or guardian.

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**WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE**

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Consent and Release from Liability Certificate for Concussion and Heat-Related Illness

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.

Concussion Information

What is a concussion?

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.

What are the signs and symptoms of 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

What can happen if my child keeps on playing 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.

What do I do if I suspect my 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.

When can my child 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

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
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, the undersigned acknowledges that the information has been read and understood.

Name of Student-Athlete (printed)  ___________________________  Signature of Student-Athlete  ___________________________  Date  /  /  

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

SCPS Form 1499 rev. (04/10/14)  FL  Distribution: White Copy: Student file Yellow Copy: Parent/Student
Consent and Release from Liability Certificate

This completed form must be kept on file by the school. It must be retained as a part of the student record for 5 years per School Board policy. This form is valid for 365 calendar days from the date of the most recent signature.

Part 1. Student Acknowledgement and Release (to be signed by student)
I have read the (condensed) FHSAA Eligibility Rules found on the “Consent and Release from Liability Certificate – Notice to Students”, SCPS Form 1425A 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, 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 otherwise emancipated, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; my school; school boards, the school districts and schools, against which the School Board of Seminole County, Florida, the school district of Seminole County, Florida, and my school compete; the contest officials; and FHSAA of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such athletic participation, including, but not limited to, practice or actual competition and agree to take no legal action against FHSAA or the School Board of Seminole County, Florida or any employees or officers thereof because of any accident or mishap involving my athletic participation as hereby authorized. 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. If I choose to submit a revocation, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

_______________________________      _______________________________/ __________________
Name of Student (printed)                          Signature of Student                               Date

Part 2. Parent/Guardian/Adult Student Consent, Acknowledgement and Release
(to be completed and signed by the parent(s)/guardian(s) or adult student with legal authority to make educational decisions).

A. I/we hereby give consent for child/ward to participate in all interscholastic sports EXCEPT:

B. 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 BOARD OF SEMINOLE COUNTY, FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS, 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 BOARD OF SEMINOLE COUNTY, FLORIDA, 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 BOARD OF SEMINOLE COUNTY, FLORIDA, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

C. I/we understand that participation may necessitate an early dismissal from classes.
D. I/we 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/we release and hold harmless the School Board of Seminole County, Florida and its officers, employees and agents; the Seminole County School District; our child’s school; and the school boards, school districts, and the schools, against which the School Board of Seminole County, Florida, the school district of Seminole County, Florida, and my child’s/ward’s school competes; 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 or the School Board of Seminole County, Florida or any employees or officers thereof because of any accident or mishap arising out of, resulting from or involving athletic participation, including but not limited to, practice or actual competition and agree to take no legal action against FHSAA or the School Board of Seminole County, Florida or any employees or officers thereof because of any accident or mishap involving my child’s/ward’s athletic participation as hereby authorized. 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/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 consent to the disclosure, by my child’s/ward’s school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we 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.

E. 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.

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

G. 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 filled in the Alachua County, Florida, Circuit Court.

H. 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: __________________________________

___ I/we have purchased supplemental school football insurance through my/our child’s/ward’s school.

___ I/we have purchased school insurance through my/our child’s/ward’s school.

I. Consent to Release of Student Information to FHSAA & C2C

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

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

Signature of Parent/Guardian/Adult Student ____________________________________________

Name of Parent/Guardian/Adult Student (printed) ______________________________________

Date: ________________________________

Signature of Parent/Guardian ____________________________________________

Name of Parent/Guardian (printed) ______________________________________

Date: ________________________________