



**Application for Athletic Participation
Senior High Schools**

**FOR SCHOOL USE ONLY:
Physical Evaluation Date:**

MONTH	DAY	YEAR
GPA		Reported To FHSAA

Name (as it appears on birth certificate)		School		Age
Street Address		Home Phone	Date of Birth	
City / State / Zip Code		Parent Work Phone	Parent Cell Phone	
Name of school attended last year		Sex (circle one) M F		Date entered 9 th Grade
Student Number	Social Security Number	Current Grade Level		

FHSAA Bylaws, Article 9.8.1:

Student Must Provide School with Signed Consent and Release Form to Participate. A student must have the consent of his/her parent(s) or legal guardian(s) to participate in interscholastic athletic programs at a member school. The student and his/her parent(s) or legal guardian(s) must also release the FHSAA, its member schools and contest officials from all liability for any injury or claim that may result from the student's participation in interscholastic athletics. This consent and release from liability must be provided in writing on a form developed by this Association for that purpose. The form must be signed by the student and his/her parent(s) or legal guardians. The student cannot be allowed to participate in any activity related to interscholastic athletic programs until the fully executed consent form is on file in the school.

Preparticipation Physical – In compliance with Florida Statute 1006.20 –this physician's certificate is valid for one year (365 days) from the date of the physical examination.

*Florida Statute s 1006.20(2)(c) The organization (FHSAA) shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation **each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team.** Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.*

The following items must **be properly completed and submitted** to the Assistant Principal for Administration **before** the student-athlete is issued equipment or begins participation in any form in accordance with Articles 9.7.1 and 9.8.1 of the FHSAA Bylaws.

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Pre-participation/Physical Examination (FHSAA EL2) | <input type="checkbox"/> | Agreement to pay fines for unsportsmanlike conduct |
| <input type="checkbox"/> | Birth Certificate – initial eligibility | <input type="checkbox"/> | Completed Medical Release cards (2 total) |
| <input type="checkbox"/> | Completed Application for Athletic Participation (FHSAA EL3 included) | <input type="checkbox"/> | Mandatory insurance coverage |
| <input type="checkbox"/> | Affidavit of Compliance with Policy on Athletic Recruiting (FHSAA GA4) | | |



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

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.

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

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 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 further release and hold harmless my school/School Board of Hillsborough County, Florida of any and all responsibility and liability for any injury or claim resulting from THEIR OWN NEGLIGENCE and agree to take no legal action against the school/School Board of Hillsborough County, Florida because of any incident involving 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, 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 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): per Hillsborough County Public School district policy

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

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

X I have purchased supplemental insurance through my child's/ward's school. (per Hillsborough County Policy)

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



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) provided 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). 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 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.

I HEREBY UNDERSTAND AND AGREE AS FOLLOWS:

This agreement is made voluntarily on my part and is made with the understanding that I have not violated any of the rules of the Florida High School Athletic Association or School District of Hillsborough County. I will, to the best of my ability, stay academically eligible, keep training rules, and conduct myself so as to bring honor to my school, my team and myself.

Date: _____ Signature: _____
Signature of student-athlete

PERMISSION TO PARTICIPATE AND TRAVEL

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in athletics as a representative of _____ School and to accompany the team ac a member on its many trips.

Date: _____

Signature: _____
Signature of parent or legal guardian

INSURANCE

As parents or legal guardians of the athlete identified herein, I understand that all student-athletes shall be required to purchase athletic Insurance provided through the school board Insurance program In order to participate In the Hillsborough County Interscholastic sports listed below (Athletic Guidebook of Procedure Article 8-1-3).

- | | | |
|--------------------------------|-----------------------------|------------------------------|
| Varsity Football (fall) | Softball | Varsity Cross Country |
| Varsity Football (spring) | Volleyball | Junior Varsity Cross Country |
| Junior Varsity Football (fall) | Junior Varsity Volleyball | Golf |
| Baseball | Varsity Wrestling | Swimming |
| Varsity Basketball | Junior Varsity Wrestling | Tennis |
| Junior Varsity Basketball | Varsity Cheerleaders | Track |
| Soccer | Junior Varsity Cheerleaders | Student Trainer |
| Girls Flag Football | Other | Other non-sport Participant |
| | Manager | |

Date: _____

Signature: _____
Signature of parent or legal guardian

UNIFORMS, EQUIPMENT, AND SUPPLIES

I understand that I, _____ (student-athlete), and my parents/legal guardians, (parents/legal guardians) are responsible for uniforms, equipment, and/or supplies issued to me while participating in the sport of _____. I agree to repair or replace any Item that is damaged or lost while issued to me.

Date: _____

Signature: _____
Signature of student-athlete

Date: _____

Signature: _____
Signature of parent or legal guardian

I HAVE REVIEWED THIS APPLICATION FOR ATHLETIC PARTICIPATION FORM COMPLETELY.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

Signature of Head Coach

Date

Signature of Assistant Principal for Administration

Date