



WEST BOCA BULLS



Athletic Packet Checklist

The attached pages are required to be completed in full prior to participation (including tryouts) in athletics each year. Please ensure all information is completed to the best of your ability and mark N/A if you believe something does not apply to you.

Additionally, a non-refundable annual fee of \$75 is required for athletic accident insurance covering all sports participated in during a given year.

If you are competing for the West Boca Bulls for the first time, a copy of your birth certificate must also be included. Transfer, home school and international students may have additional requirements.

The checklist below is a guide to assist with completion of the packet. Should you have any questions, please contact your team’s coach or Randy Kalman, athletic director at 561-672-2904 or randy.kalman@palmbeachschools.org. We look forward to your son and/or daughter’s participation!!

Page #	Notes	Completed?
1	Athletic Eligibility Application – please complete every box, including insurance information	
2	Page 2 of application verifying residency – please ensure all is information is completed	
3	Page 3 of application must be signed and dated by student and parent(s)/legal guardian(s) and must be NOTARIZED	
4	Release for publication – please complete, check one of top boxes and whether or not permission is granted, sign and date	
5	Student medical consent - must be signed and dated by student and parent(s)/legal guardian(s) and must be NOTARIZED	
6	Field trip permission – please complete section II, sign and date	
7	EL 2 (revised 3/10) page 1 of 3 - please ensure all information is complete and any “yes” answers are explained, requires both student and parent/legal guardian to sign and date	
8	EL 2 (revised 3/10) page 2 of 3 - required annual physical examination – must be completed and signed by a licensed practitioner	
9	EL 2 (revised 3/10) page 3 of 3 - only if applicable (physician referral)	
10	EL 3 (revised 5/11) page 1 of 2 – requires part G to be checked and printed name, signature and date of parent(s)/legal guardians(s) and the student	
11	EL 3 (revised 5/11) page 2 of 2 – for reference only	
N/A	Include payment in the amount of \$75 (preferably check or money order)	
N/A	Include a copy of birth certificate if first time participating at West Boca	
N/A	If transferring, ensure transcripts have been sent and international/home school students please see athletic director for additional form.	



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Athletic Eligibility for High School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her high school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign papers in front of a notary. We **cannot** notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)					Student ID #	Today's Date
Sex	Age	Current Grade	School Year	Date of Birth	Parent/Legal Guardian	
Student's Address (street, apt. #, city, state, zip code)					Telephone #	
First School Attended This Year				School Attended Last Year		
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Telephone #	
Emergency Work Phone #		Student's Personal Physician			Physician Telephone #	
List Sports						
PROOF OF INSURANCE FOR STUDENT						
Name of Policy Holder (Insurance Policy that covers student)			Policy Holder Relationship to Student		Policy Holder Place of Employment	
Name of Medical Insurance Company (Insurance Policy that covers student)					Insurance Policy #	
ATHLETIC ELIGIBILITY REQUIREMENTS FOR HIGH SCHOOL STUDENTS						

TRANSFER STUDENTS AND NEW STUDENTS must have transcripts on file before an athlete is eligible to participate.

ALL STUDENT OBLIGATIONS must be met before participation in athletics/activities is allowed.

ALL SECTIONS OF THIS FORM must be filled out, signed & **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.

ALL STUDENTS MUST HAVE a Birth Certificate* on file in the Athletic Office.

ALL STUDENTS will be responsible for a portion of their athletic insurance.

ALL FRESHMEN must be academically promoted.

A STUDENT SHALL BE ELIGIBLE for no more than four (4) consecutive academic years from the date he/she first enrolls in the ninth (9th) grade.

A STUDENT SHALL BE ELIGIBLE until reaching the age nineteen (19) and nine months.

A STUDENT ENTERING the 9th through 12th grades must maintain a 2.0 cumulative grade point average in all courses taken that are required for graduation to be academically eligible to participate in interscholastic athletic competition. If student in the ninth or 10th grade falls below the 2.0 cumulative grade point average requirement, the student will be allowed to participate on a semester-by-semester basis if the student (a) earns a 2.0 grade point average on courses taken in the previous semester alone, (b) signs an academic performance contract with the school, and (c) attends summer school, if offered. Once, however, the student enters the 11th grade he or she must have and maintain from that point forward the 2.0 cumulative grade point average to be eligible. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

** If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
West Boca Raton High School	Randy Kalman	561-672-2001

PAGE 1 of 3

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT

I live with (check one) both parents Mother Only Father Only Guardian Other _____

Relationship to other _____ I have lived with the person(s) stated above since _____

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school. I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist)
- I have been assigned to this school by the Department of Exceptional Student Education.

CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and 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 (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School District and the contest officials, the National Federation of State High School Associations, (NFHS) 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. **In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons.** I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Bowling, Cheerleading, Cross Country, 11-Man Tackle Football, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weight-lifting, Wrestling.

(Other sports added to form by school)

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our 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/our child/ward.

PAGE # 2 of 11



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Release and Consent for
 Student Information Publication**

Parents (including legal guardians) are required to provide written permission to their child's school if they wish to:

- 1) allow their child to participate in school activities and the School District to publish the student's name, school name, grade level, photograph, video image, art work, writing, etc. in annual yearbooks, graduation programs, web sites, school newspapers, approved news gatherings, releases and articles, etc.
 and
- 2) allow publication to the public of certain specified information (such as honors received) related to their child.

DIRECTIONS: If this is a blanket consent for all student publications throughout the school year, the parent will check the appropriate box and provide the school year. If a one-time release and consent for a special project is required, the parent will check the special release box and list below the name of the special project publication. The parent will sign and return to the student's school.

Student Name (last, first, middle initial) _____
 Student Number _____ Parent/Legal Guardian _____
 School Name _____ Grade Level _____
 School Contact _____ Contact telephone (____) ____ - _____

TYPE OF CONSENT (check one only)

- blanket release and consent for all student information publications for school year _____
 I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.
- special release and consent for the student information publication listed below:

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, etc. in the special production named above.

I also understand the production, publication, presentation or materials may be submitted for classwork, for open broadcast by *Instructional Television (ITV)*, *The Education Network (TEN)*, a film festival or contest or any other display according to the broadcast/ publication rules of the appropriate trade.

The School District of Palm Beach County shall have the right to sell, duplicate, reproduce or make other use of such rights transferred as The School District of Palm Beach County so desires. This agreement is given with free knowledge of the rights transferred to the School District of Palm Beach County. This agreement is made without restrictions or time limits.

- I **give permission** for the consent request indicated above.
 I **do not** give permission for the consent request indicated above.

 Signature of Parent/Guardian or
 Emancipated Student (including if age 18 or over) (proof of age required)

 Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name _____ Birth Date _____

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

Signature of Student *Date*

Signature of Parent/Guardian *Date*

Signature of Parent/Guardian *Date*

Telephone or cell number to call in case of emergency

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____,
by _____

(parent/guardian or adult/emancipated student)

Personally Known _____ OR Produced Identification _____ _____
Signature of Notary Public - State of Florida

Type of Identification Produced _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL West Boca Raton HS		SCHOOL CONTACT		TELEPHONE NUMBER	
TEACHER			GRADE	TRIP DURATION Number of: Days Nights <input type="checkbox"/> Overnight trip **	
DATE OF DEPARTURE	DEPARTURE TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE OF RETURN	APPROXIMATE RETURN TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		COST PER STUDENT *
DESTINATION <input type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP					
DESCRIPTION OF SUPERVISION *					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

† Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME	TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)					MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student Date

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

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

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

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

Table with 2 columns of questions and Yes/No checkboxes. Includes questions 1-41 and a section for females only (42-46). Includes a list of body parts to check for injuries: Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Foot, Hip, Thigh, Knee, Shin/Calf, Ankle.

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: ____/____/____

PAGE # 7 of 11



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.

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

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include MEDICAL (Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Genitalia (males only), Skin) and MUSCULOSKELETAL (Neck, Back, Shoulder/Arm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, 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: _____

PAGE 8 of 11

EL2

Revised 03/10



Florida High School Athletic Association

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.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____

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

PAGE 119611



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 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).

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



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.