ALL FORMS AND INFORMATION SHEETS IN THIS PACKET ARE REQUIRED FOR PARTICIPATION FOR CHEER TRYOUTS FOR THE 2024 CHEER SEASON. Can be turned in the day of tryouts or before to the DeLaura Middle School Main Office.

# Cheer Tryouts begin Way 6, 2024

(If you have a current DeLaura student and have a current athletic packet on file, you may use that packet for cheer tryouts in May. A new packet will need to be submitted in August 2024)

## **NO SUBSTITUTE FORMS CAN BE ACCEPTED!!!**

Dear Parent/Guardian,

Florida State Statutes mandate that every student athlete must have a Preparticipation Physical Evaluation (EL2), Consent and Release from Liability form (EL3) and a Consent and Release from Liability Certificate to participate in Athletics. In addition Brevard Public Schools also requires the athlete and parent to sign Cardiology Report: Electrocardiogram (ECG).

Please remember that Florida State Statute mandates that athletic physicals are only valid for 365 days. All other forms in the packet must be completed at least once each school year before the start of the sport season.

You may get the physical evaluation completed by the Physician/Physician Assistant/Nurse Practitioner of your choice. On page 3 of the physical, the Physician must sign, date and stamp their identifying information. Florida State Statutes also requires every athlete to have health insurance coverage in order to participate. Please be sure to include the insurance company name and policy number for your family health insurance plan on page #1 on the EL3 form.

If you need to purchase insurance coverage so that your child can participate, BPS has entered into an agreement with School Insurance of Florida that offers athletic and school insurance coverage plans for all students. You can access their plans and fee schedule at their website located at <a href="https://www.schoolinsuranceofflorida.com">www.schoolinsuranceofflorida.com</a>. Their toll-free number is 1-800-432-6915. I encourage you to consider purchasing this reasonably priced coverage even if your child is covered by your own family health plan. It will help pay towards some of your out of pocket deductibles up to certain limits.

You will need to complete and turn in all the forms in this packet BEFORE your child can participate in Cheer Tryouts. I appreciate, in advance, your cooperation in completing this packet as requested. Please do not hesitate to contact me at terry.candacem@brevardschools.org if you have any questions.

Sincerely,

Candace Terry Athletic Director

# Emergency contact information and required paperwork checklist

# Instructions:

<u>Part 1:</u> Read carefully. Please Print. Complete all questions. The form will be returned if <u>all</u> questions are not answered completely. PLEASE GIVE YOUR BIRTH CERTIFICATE NAME!!!

PART I:	A D ATC	DAT	TE:
BIRTH CERTIFICATE N.	AME.		
(Last Name)	(First Name)	(Middle Nar	me) (Jr,Sr,II)
DATE OF BIRTH/_	/CIRCLE	ONE: MALE	FEMALE
HOME ADDRESS:			(Street)
	•		(City/Zip
HOME PHONE:	E	MERGENCY PH	ONE:
PARENT(S)/GUARDIAN	(S) NAME:		
**PARENTS EMAIL:			
CURRENT GRADE:			
CURRENT SCHOOL:		•	
STUDENT NUMBER:			
	Parent/Pla	yer Checkl	ist

Cardiology Report: Electrocardiogram (ECG) (Top portion MUST be completed fill out.

Doctor must sign/date the form. If parent is declining the ECG, DECLINE must be checked and

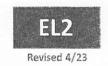
EL3 Parent Permission (don't forget insurance information)

signed/dated by the parent.



### PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.



Sex Assigned at Birth: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_ / \_\_ / \_\_\_\_

#### MEDICAL HISTORY FORM

Student's Full Name:

Student Information (to be completed by student and parent) print legibly

Schoo	ol:				Gra	ade in Sch	nool: Sport(s): Home Phone: ()			
Home	Address:		City/Sta	ite:			Home Phone: ()			
Name	of Parent/Guardian:				_ E-ma	ail:				
Perso	n to Contact in Case of En	nergency:	161-	-I. Db	Relat	ionship to	Student:	1		
Emerg	gency Contact Cell Phone:	()	vvo	ity/State:			Other Phone: Office Phone: (	i	**	
rattill	y Healthcare Provider			ity/state.	TOTAL STATE		Office Fribile.	TOTAL CONTROL OF THE PARTY.		
List pa	ast and current medical co	onditions:								
Have	you ever had surgery? If y	ves, please list all surgical	procedu	res and d	ates:	-				
Medic	cines and supplements (p	lease list all current presc	ription n	nedication	ns, ove	er-the-cou	unter medicines, and suppleme	ents (herbal	and nutr	ritional):
Do yo	ou have any allergies? If ye	es, please list all of your al	lergies (i	i.e., medi	cines,	pollens, f	ood, insects):		***************************************	
	nt Health Questionaire ve		ered hy i	any of the	follow	vina nroh	lems? (Circle response)		THE RESERVE OF THE PARTY OF THE	
Over	the past two weeks, now	Not at all			al days		Over half of the days	Nearly	everyda	аγ
F478388120	ing nervous, anxious, n edge	0			1		2		3	
5 X-2 F82363	Not being able to stop or control worrying 0			. 1			2 .	3		
53250 R155	e interest or pleasure oing things	0			1		2		3	
	ling down, depressed, opeless	0			1		2		3	
2350-1206/3200	IERAL QUESTIONS ain "Yes" answers at the end	of this form.	Yes	No.	3063056	RT HEAL	TH QUESTIONS ABOUT YOU		Yes	No
1500-33000	e questions if you don't know									
1	Do you have any concerns that your provider?	you would like to discuss with			8		tor ever requested a test for your hear electrocardiography (ECG) or echocard			
2	Has a provider ever denied or r sports for any reason?	estricted your participation in			9	1	et light-headed or feel shorter of breatl uring exercise?	ACCESS SERVICE AS COMPANY.		
3	Do you have any ongoing medi	cal issues or recent illnesses?			. 10	Have you	ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEA	EART HEALTH QUESTIONS ABOUT YOUR FAMILY		FAMILY	Yes	No	
4	Have you ever passed out or no exercise?	early passed out during or after			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (Including drowning or unexplained car crash)				
5	Have you ever had discomfort, your chest during exercise?	pain, tightness, or pressure in			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC),				
6	Does your heart ever race, flut (irregular beats) during exercis					syndrome	yndrome (LQTS), short QT syndrome (S e, or catecholaminerigc polymorphic vo lia (CPVT)?			
7	Has a doctor ever told you that	you have any heart problems?			13		ne in your family had a pacemaker or a tor before age 35?	in implanted		



#### PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



Student's Full Name: \_\_\_\_\_\_ Date of Birth: \_\_ / \_\_ / \_\_ School: \_\_\_\_\_

BON	IE AND JOINT QUESTIONS	Yes	No	MEI	DICAL QUESTIONS (continued)	Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?	***************************************	***************************************	28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEI	DICAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Ext	olain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			1			
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			1 -			
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicilin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			1			
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?			] -			
24	Do you or does someone in your family have sickle cell trait or disease?			]			
25	Have you ever had or do you have any problems with your eyes or vision?			]			

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name:	(printed) Student-Athlete Signature:	Date: / /
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date://
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date: / /

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### PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



### PHYSICAL EXAMINATION FORM

tudent's Full Name:			_ Date of Birth: /	/ School:	
PHYSICIAN REMINDERS:					
Do you feel stressed out or under a lo	t of pressure?		Do you ever feel sad,	hopeless, depressed, or anxio	us?
Do you feel safe at your home or resident	lence?		During the past 30 da	ys, did you use chewing toba	cco, snuff, or dip?
Do you drink alcohol or use any other	drugs?		<ul> <li>Have you ever taken a supplement?</li> </ul>	anabolic steroids or used any	other performance-enhancing
Have you ever taken any supplements performance?					
Verify completion of FHSAA I Cardiovascular history/symptom	EL2 Medical History (pa tom questions include	ages 1 and 2), rev Q4-Q13 of Medic	iew these medical hist al History form. (chec	tory responses as part of k box if complete)	of your assessment.
EXAMINATION					
Height: Wo	eight:				
BP: / ( / ) Pu  MEDICAL - healthcare profession	lse: .	Vision: R 20/	L 20/	Corrected: Yes	No ABNORMAL FINDINGS
Appearance  • Marfan stigmata (kyphoscoliosis, high prolapse [MVP], and aortic insufficien	n-arched palate, pectus excava	the hardward to be to have the	nyperlaxity, myopia, mitral v	alve	
Eyes, Ears, Nose, and Throat  • Fupils equal  • Hearing					
Lymph Nodes					
Murmurs (auscultation standing, ausc	cultation supine, and Valsalva	maneuver)			
Lungs					
Abdomen					
Skin  Herpes Simplex Virus (HSV), lesions s	uggestive of Methicillin-Resis	tant Staphylococcus A	ureus (MRSA), or tinea corp	oris	
Neurological		FOR THE RESERVE THE PARTY OF TH	With the Street of the Color		
MUSCULOSKELETAL - healthcare	professional shall init	ial each assessm	ent	NORMAL	ABNORMAL FINDINGS
Neck					
Back					
Shoulder and Arm					
Elbow and Forearm					
Wrist, Hand, and Fingers					
Hip and Thigh		*			
Knee	* -				
Leg and Ankle					
Foot and Toes					
Functional  Double-leg squat test, single-leg square	at test, and box drop or step r	drop test			
	This form is not co	onsidered valid	unless all sections	are complete.	
*Consider electrocardiography (ECG), echocard Advisory Committee strongly recommends to a	ingraphy (ECHO), referral to a	cardiologist for abnorm	nal cardiac history or examina	thon findings, or any combinat	ion thereof. The FHSAA Sports Medicin which may include an electrocardiogram
Name of Healthcare Professional (	print or type):			Date	e of Exam://
Address:	Pho	one: ()	E-ma	ail:	
Address:Signature of Healthcare Profession	al:		Credentia	ls:Lic	cense #:

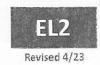
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and/or cardio stress test.

### PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date signed below.



#### MEDICAL ELIGIBILITY FORM

Student Information (to be completed by st				(5:1)
Student's Full Name:	S	ex Assigned at Birth:	Age: Date	or Birth://
School: Home Address:	Citu/Stato:	Hame	_ Sport(s):	
Name of Parent/Guardian:	City/State.	mail:	r itoric. (/	
Person to Contact in Case of Emergency:	Rel	ationship to Student:	V	
Emergency Contact Cell Phone: ()	Work Phone: (		Other Phone: (	)
Family Healthcare Provider:	City/State:	DATE OF THE PARTY	Office Phone: (	)
☐ Medically eligible for all sports without restriction	n	A CONTRACTOR OF THE CONTRACTOR	Productive Property White and Ac-	
☐ Medically eligible for all sports without restriction		ner evaluation or treatm	nent of: (use additional sho	eet, if necessary)
☐ Medically eligible for only certain sports as listed	below:			
□ Not medically eligible for any sports				
Recommendations: (use additional sheet, if necessary,	)			
the conclusion(s) listed above. A copy of the ex- conditions that arise after the date of this med professional prior to participation in activities. Name of Healthcare Professional (print or type):	lical clearance should be prop	perly evaluated, diag	nosed, and treated by	an appropriate healthcar
Address:				
Signature of Healthcare Professional:	THE RESIDENCE OF THE PROPERTY	Ciedentials.	LICEI	ist fr.
SHARED EMERGENCY INFORMATION - compl	eted at the time of assessme	nt by practitioner an	d parent	
Check this box if there is no relevant med participation in competitive sports.	lical history to share related to	)	Provider Stamp (if requ	uired by school)
Medications: (use additional sheet, if necessary)	)			
List:				
Relevant medical history to be reviewed by athl	etic trainer/team physician: (ε	explain below, use add	ditional sheet, if necess	ary)
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Cor	ncussion 🗌 Diabetes 🗎 Heat I	llness 🗆 Orthopedic	☐ Surgical History ☐ S	ickle Cell Trait 🔲 Other
Explain:				
ALTERNATION OF A STATE AND ADDRESS ASSESSMENT ASSESSMEN				
Signature of Student:	Date:/ Signature	e of Parent/Guardian:		Date://_
We hereby state, to the best of our knowledge the i				

This form is not considered valid unless all sections are complete.



Provider Stamp (if required by school)

### PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date signed below.



This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

### MEDICAL ELIGIBILITY FORM - Referred Provider Form Student Information (to be completed by student and parent) print legibly Sex Assigned at Birth: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_ / \_\_ / Student's Full Name: School: \_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_ Home Address: \_\_\_ Home Phone: (\_\_\_\_\_) E-mail: Name of Parent/Guardian: Person to Contact in Case of Emergency: Relationship to Student: Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_ Family Healthcare Provider: Office Phone: ( City/State: Referred for: Diagnosis: I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below: ☐ Medically eligible for all sports without restriction as of the date signed below ☐ Medically eligible for all sports without restriction after completion of the following treatment plan: (use additional sheet, if necessary) ☐ Medically eligible for only certain sports as listed below: ☐ Not medically eligible for any sports Further Recommendations: (use additional sheet. if necessary) Name of Healthcare Professional (print or type): \_\_\_ Date of Exam: \_\_\_ / \_\_\_ / \_\_\_\_ Phone: (\_\_\_\_) Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_ License #:



# Consent and Release from Liability Certificate (Page 1 of 5)



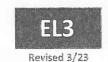
Revised 3/23

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

School:	School District (if applica	ble):
Part 1: Student Acknowledgement and have read the (condensed) FHSAA Eligibility Rules printed on represent my school in interscholastic athletic competition. If acknow that athletic participation is a privilege. I know of the risks death, is possible in such participation, and choose to accept such with full understanding of the risks involved. Should I be 18 yearny school, the schools against which it competes, the school districts athletic participation and agree to take no legal action again disclosure of my individually identifiable health information should only athletic eligibility including, but not limited to, my records, thereby grant the released parties the right to photograph and/to bublicity, advertising, promotional, and commercial materials with understand that the authorizations and rights granted herein a school. By doing so, however, I understand that I will no longer be	page 5 of this "Consent and Release from Liability Certificepted as a representative, I agree to follow the rules of involved in athletic participation, understand that serious ith risks. I voluntarily accept any and all responsibility for miss of age or older, or should I be emancipated from my patrict, the contest officials, and FHSAA of any and all responsibility that the this participation of any accident or mishap involving the treatment for illness or injury become necessary. I here relating to enrollment and attendance, academic standing, or videotape me and further to use my name, face, likeness thout reservation or limitation. The released parties, however are voluntary and that I may revoke any or all of them at	icate" and know of no reason why I am not eligible to my school and FHSAA and to abide by their decisions. I njury, including the potential for a concussion, and even y own safety and welfare while participating in athletics, irent(s)/guardian(s), I hereby release and hold harmless sibility and liability for any injury or claim resulting from my athletic participation. I hereby authorize the use or by grant to FHSAA the right to review all records relevant age, discipline, finances, residence, and physical fitness, s, voice, and appearance in connection with exhibitions, ver, are under no obligation to exercise said rights herein.
Part 2: Parent/Guardian Consent, Acknow the bottom; where divorced or separated, parent/gua		leted and signed by parent(s)/guardian(s) at
A. I hereby give consent for my child/ward to participate in an		llowing sport(s):
I know of and acknowledge that my child/ward-knows of the such participation and choose to accept any and all responsitivelease and hold harmless my child's/ward's school, the school-liability for any injury or claim resulting from such athletic participation of my child/ward. As required in F.S. 1014.06(1), I surficipation of my child/ward. As required in F.S. 1014.06(1), I surficipation of a heavischool. I further hereby authorize the use of disclosure of my choosen to the disclosure to the FHSAA, upon its request, of all reand attendance, academic standing, age, discipline, finances, reand further to use said child's/ward's name, face, likeness, voice without reservation or limitation. The released parties, however D. Lam aware of the potential danger of concussions and/or the once such an injury is sustained without proper medical clearan READ THIS FORM COMPLETELY AND CAREFULLY, YOU ACTIVITY, YOU ARE AGREEING THAT, EVEN IF YOUR CITTLE CONTEST OFFICIALS, AND FHSAA USE REASON SERIOUSLY INJURED OR KILLED BY PARTICIPATING IF CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THE ROM YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOL IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.	polity for his/her safety and welfare while participating in a sagainst which it competes, the school district, the contepation and agree to take no legal action against the FHSAA specifically authorize healthcare services to be provided for althcare practitioner, should the need arise for such treatmilit's/ward's individually identifiable health information strecords relevant to my child's/ward's athletic eligibility incisidence, and physical fitness. I grant the released parties is and appearance in connection with exhibitions, public, are under no obligation to exercise said rights herein, need and neck injuries in interscholastic athletics. I also hade.  J ARE AGREEING TO LET YOUR MINOR CHILD/MHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINS ABLE CARE IN PROVIDING THIS ACTIVITY, THE NITHS ACTIVITY BECAUSE THERE ARE CERTAIN THIS FORM, YOU ARE GIVING UP YOUR CHILD'S/S AGAINST WHICH IT COMPETES, THE SCHOOL ING DEATH, TO YOUR CHILD/WARD OR ANY PRYOU HAVE THE RIGHT TO REFUSE TO SIGN THIS YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS	athletics. With full understanding of the risks involved, lest officials, and FHSAA of any and all responsibility and because of any accident or mishap involving the athletic or my child/ward by a healthcare practitioner, as defined then, while my child/ward is under the supervision of the nould treatment for illness or injury become necessary. I luding, but not limited to, records relating to enrollment the right to photograph and/or videotape my child/ward ity, advertising, promotional, and commercial materials we knowledge about the risk of continuing to participate WARD ENGAGE IN A POTENTIALLY DANGEROUS T WHICH IT COMPETES, THE SCHOOL DISTRICT, RE IS A CHANCE YOUR CHILD/WARD MAY BE DANGERS INHERENT IN THE ACTIVITY WHICH WARD'S RIGHT AND YOUR RIGHT TO RECOVER DISTRICT, THE CONTEST OFFICIALS, AND FHSAA COPOERTY DAMAGE THAT RESULTS FROM THE FORM, AND YOUR CHILD'S/WARD'S SCHOOL,
YOUR CHILD/WARD PARTICIPATE IF YOU DO NOT SIGN.  E. Lagree that, in the event we/I pursue litigation seeking inju EHSAA State Series contests, such action shall be filed in the Ala F. Lunderstand that the authorizations and rights granted him my child's/ward's school. By doing so, however, Lunderstand the G. Please check the appropriate box(es):  My child/ward is covered under our family health insurance Company:	GN THIS FORM.  unctive relief or other legal action impacting my child/wan ichua County, Florida. Circuit Court.  erein are voluntary and that I may revoke any or all of the at my child/ward will no longer be eligible for participation ce plan, which has limits of not less than \$25,000.  Policy Number:	d (individually) or my child's/ward's team participation in mat any time by submitting said revocation in writing to
☐ My child/ward is covered by his/her school's activities me☐ I have purchased supplemental football insurance through		
I HAVE READ THIS CAREFULLY AND K	NOW 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 CAREFUL	LY AND KNOW IT CONTAINS A RELEASE (studen	t signature is required)
Name of Student (printed)	Signature of Student	Date



# Consent and Release from Liability Certificate (Page 2 of 5)



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

	ward to the state of the state	
School:	4.19.	School District (if applicable):
		12 7 / 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4

#### Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You cannot see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional, and cleared by a medical doctor.

#### Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- · Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- · Headache or persistent headache, nausea, vomiting
- · Altered vision
- · Sensitivity to light or noise
- · Delayed verbal and motor responses
- · Disorientation, slurred, or incoherent speech
- · Dizziness, including light-headedness, vertigo (spinning), or loss of equilibrium (being off-balance or swimming sensation)
- · Decreased coordination, reaction time
- · Confusion and inability to focus attention
- Memory loss
- · Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy figitability
- In rare cases, loss of consciousness

#### DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

#### Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

### Return to play or practice:

Following physician evaluation, the return to activity process requires the athlete to be completely symptom free, after which time they would complete a stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seeingstarsfoundation.org

#### Statement of Student-Athlete Responsibility:

Parents and student should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on an autopsy (known as Chronic Traumatic Encephalopathy (CTE). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long-term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport, including any signs and symptoms of concussion. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers or participation for myself and that of my child/ward.

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



of my child/ward.

Name of Parent/Guardian (printed)

Name of Parent/Guardian (printed)

Name of Student (printed)

### Florida High School Athletic Association

# Consent and Release from Liability Certificate (Page 3 of 5)



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

School: School District (if applicable):	
Sudden Cardiac Arrest Information	
Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) occurs when the heart suddenly When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, b attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the SCA can cause death if it is not treated within minutes.	ut they are not the same. A heart
How common is sudden cardiac arrest in the United States?	
There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 number one killer of student-athletes and the leading cause of death on school campuses.	i die of SCA each year. SCA is the
Are there warning signs?	
Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedn racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.	or after activity. These symptoms
What are the risks or practicing or playing after experiencing these symptoms?	
There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might meathlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the bior permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 1	rain and other vital organs. Death
FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provi	
cardiac arrest, which may include an electrocardiogram.	
The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providinotification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation uncover hidden heart issues that can lead to SCA.	
Why do heart conditions that put youth at risk go undetected?	
<ul> <li>Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;</li> </ul>	
<ul> <li>Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physic</li> </ul>	ical; and
<ul> <li>Often, youth do not report or recognize symptoms of a potential heart condition.</li> </ul>	
What is an electrocardiogram (ECG or EKG)?	Walanda and a salah ana ana aka aka ak
An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Sm	
to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rh	ythm of the heart.
Why request an ECG/EKG as part of the annual preparticipation physical examination?  Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart condition by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as fainting, or family history of heart disease.	
<ul> <li>ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.</li> </ul>	
<ul> <li>ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.</li> </ul>	
<ul> <li>ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.</li> </ul>	
<ul> <li>If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before prevent the student from participating in sports for short period of time until the testing is completed, and more specific recom</li> <li>The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).</li> <li>ECG/EKGs result in fewer false positives than simply using the current history and physical exam.</li> </ul>	mendations can be made.
The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patie in which ECG or EKG can be applied with high-quality resources.	nts but do support local programs
Removal from play/return to play	
Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The clicensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered other licensed or certified medical professionals.	evaluation shall be performed by a

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of Student

Date

Date

Date



# Consent and Release from Liability Certificate (Page 4 of 5)



Date

Date

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School:	School District (if applicable):
participate in conditioning and practices in the cannot properly coal themselves by sweating.	student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who summer months and other times of extreme heat. Student-athletes suffer heat-related illness when their bodies Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just rious and life-threatening. Very high body temperatures may damage the brain or other vital organs and can cause
What are some common heat-related injuries	in sports?
and the body cannot cool down. Student-athle leading causes of death in young athletes, esp collapse and central nervous system (CNS) dys themselves with these by viewing the free vide.  • EHS is preventable by taking the proper page 1.	serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, etes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the ecially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post function. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize to resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.  **recautions and understanding the symptoms of someone who has become ill due to heat.  **en by staff members that includes early recognition of symptoms and aggressive cold-water immersion.
related illness. EHI is defined as the inability to	nost common heat-related condition observed in active populations including student-athletes. EHI is a type of heat- continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working everal days practicing or conditioning in high temperature weather and not drinking enough fluids.
conditioning phase when the body is not prop and replacement of fluid and electrolytes. The	tary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason erly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, e exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by ironically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it on, exertional sickling.
Is my student at risk?	
reporting a high incidence of exertional heat Research also states many reports of EHS eme	rtional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is stroke cases in football players, especially those who play the lineman position and in very lean distance runners. rgencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for dration, poor circulation, sunburn, and prescription drug or alcohol use.
What is the FHSAA doing to keep my student	safe?
on EHI as well as strategies to prevent these in	ertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents juries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental for the management of a student-athlete suffering from a heat injury.
How can I help to keep my student safe when	it comes to the heat?
<ul> <li>Discuss nutrition, proper hydration, body</li> <li>Talk to your school and coach about safe</li> <li>Monitor fluid intake of your student whi</li> </ul>	a sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical guards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured the at home and routinely check in with your student-athlete to inquire about how they feel withletic trainer, team physician, coach, or your family healthcare provider
By signing this agreement, I acknowledge the acknowledge that the information on Heat-Fithat of my child/ward.	e annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nfhslearn.com. telated Illness has been read and understood. I have been advised of the dangers of participation for myself and
Name of Parent/Guardian (printed)	Signature of Parent/Guardian Date

Signature of Parent/Guardian

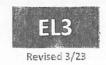
Signature of Student

Name of Parent/Guardian (printed)

Name of Student (printed)



# Consent and Release from Liability Certificate (Page 5 of 5)



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School: \_\_\_\_\_\_School District (if applicable):

# 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 and/or sanctioned sport, the student:

- 1. Must complete an EL3 for each school at which the student participates; this form is non-transferable.
- 2. 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)
- 3. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
- 4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. Home Education students and students attending a non-member private school must complete additional paperwork prior to participating. (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
- 5. Must attend school within the first ten (10) days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
- 6. Must maintain at least a cumulative 2.0 GPA on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
- 7. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
- 8. Must not have enrolled in the 9th grade for the first time more than eight consecutive semesters ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is repeating that grade level. (FHSAA Bylaw 9.5)
- Must not turn 19 before July 1st to participate at the high school level; must not turn 16 before July 1st to participate at the junior high school level; and must not turn 15 before July 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- 10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
- 11. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
- 12. Must be an amateur. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- 13. Must not participate in an all-star contest in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
- Youth Exchange, Other International, and Immigrant students must be approved by the FHSAA Office prior to participation.
   Exceptions may apply. (FHSAA Policy 17)
- Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

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

Brevard Public Schools

# Cardiology Report: Electrocardiogram (ECG)

In accordance with Board Policy 2431 Interscholastic Athletics, as part of the middle and high school athletic packets, The School Board of Brevard County, Florida is requiring each student athlete wishing to participate in middle school and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school. An athlete who had an ECG screening prior to partipating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in middle school athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to partipating in his/her first athletic sport in high school.

Date: _	Date: Student's Name: (Print)				
Name of School:					
Sex:	Date of Birth:	Age:	Grade:	Student ID #:	
	An ECG screening has previously been completed and is on file at School. My child has been cleared for participation in middle school athletics or high school athletics.				
	An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in middle school athletics or high school athletics.				
	The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:				
<u>Cardiac Clearance:</u> (To be completed by a Licensed Physician or Practitioner*)					
Low Risk/Cleared for Participation: Higher Risk/Not Cleared for Participation: Date:					
Name of Licensed Physician or Practitioner*:					
(Print Name) (Signature)					
Name of Office: Phone:					
Address:		City: _		Zip Code:	
I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.					
Parent	:/Legal Guardian Name Printed	Parent/Legal (	Guardian Signature	Parent/Legal Guardian Phone #	

<sup>\*</sup>See Section 1006.20(2)(c), Florida Statutes.