

Consent Certificate for Participation

This completed form must be kept on file by the school. This form is valid for one year from the date of the most recent signature. The form is non-transferable; if a student changes schools during the validity period of the form, the form will need to be resubmitted to and kept by the new school.

School: _____ **School District:** Brevard

Hazing Information

Pursuant to Board Policy 5516 and Florida Statutes 1006.63:

Hazing activities of any type are inconsistent with and disruptive to the educational process, and prohibited at any time in school facilities, on school property, and/or off school property if the misconduct is connected to activities or incidents that have occurred on school property. No administrator, faculty member, or other Board employee shall encourage, permit, authorize, condone, or tolerate any hazing activities. No student shall plan, encourage, or engage in any hazing.

Hazing is defined as performing any action or situation that endangers the mental or physical health or safety of a student at a school for purposes including, but not limited to:

- A. initiation into any organization operating under the sanction of a District school;
- B. admission into any organization operating under the sanction of a District school;
- C. affiliation with any organization operating under the sanction of a District school; or
- D. the perpetuation or furtherance of a tradition or ritual of any organization operating under the sanction of a District school.

"Hazing" includes, but is not limited to, pressuring, coercing, or forcing a student into violating State or Federal law; any brutality of a physical nature, such as whipping, beating, branding or exposure to the elements, or forced consumption of any food, liquor, drug, or other substance, or other forced physical activity that could adversely affect the physical health or safety of the student; or any activity that would subject the student to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct that could result in extreme embarrassment, or other forced activity that could adversely affect the mental health or dignity of the student.

Statement of Student-Athlete Responsibility:

BPS has implemented required training for all student athletes regarding hazing prevention through completion of the NFHS (National Federation of State High School Associations) Hazing Prevention for students course available online. The official description of the course is:

"Every year, students across the country are affected by incidents of hazing. Together we can end the useless, counterproductive, and often dangerous practice of hazing. This hazing course has been designed to teach students how to identify hazing, when to step in when needed, and why they should notify the proper authorities. This course defines hazing and its many types, highlights why it is different

Kevin Robinson
District Director of Athletics



School Board of Brevard County

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Mark J. Rendell, Ed.D., Superintendent



from bullying, and explains your power as a bystander and how you can change the culture of how you welcome new members. To learn more about hazing and the role you can play, take this free course.”

<https://nfhslearn.com/courses/hazing-prevention-for-students#crsOutline>

I acknowledge the annual requirement for my child/ward to complete the “Hazing Prevention for Students” course by NFHS at <https://nfhslearn.com/courses/hazing-prevention-for-students#crsOutline>. I have read and understand the above information pertaining to hazing and that it is against School Board Policy as well as Florida Statutes including constituting a crime. I will inform the supervising coach, athletic trainer, team physician, school principal and/or district staff immediately if I experience hazing or witness another student being hazed. I understand that it is my responsibility to conduct a full review of the Florida Statutes regarding hazing and to discuss with 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

Signature of Student

Date

Kevin Robinson
District Director of Athletics

