



BREVARD PUBLIC SCHOOLS
Titusville High School Athletics

150 Terrier Trail
Titusville, Florida 32780
(P) 321-264-3100 (F) 321-264-3103

Jennifer Gonzalez, Principal ▪ gonzalez.jennifer@brevardschools.org
Jason Berley, Athletic Director ▪ berley.jason@brevardschools.org

**All forms and information sheets in this packet are required for participation in CONDITIONING, TRYOUTS, PRACTICES, CAMPS OR CONTESTS during the 2024-25 school year!
NO SUBSTITUTE FORMS WILL BE ACCEPTED!**

Dear Parent/Guardian of a THS athlete,

Florida State Statute mandates that every student-athlete must have a preparticipation physical evaluation form (EL2), consent and release from liability form (EL3) and ECG screening form (with a opt out option) completed and on file with the school each school year. Brevard Public Schools (BPS) requires every student-athlete to have a BPS parent permission and responsibility statement for off campus extracurricular athletics form and a Hazing course / consent form on file each school year. Lastly, Titusville High School requires each student-athlete and their parent/guardian to complete an application for FHSAA eligibility form, a transportation waiver form, and athlete code of conduct form each school year. All of these forms require the signatures and date of the student-athlete and parent or legal guardian.

We are excited to announce that we will continue our partnership with Parrish Medical Group and will hold school physicals during the summer months with more information to come. ECG screenings will also take place during this event for a minimal charge and will be provided by Who We Play For. We encourage all student-athletes to take advantage of this wonderful opportunity. Please contact our Head Athletic Trainer for further information. A physical evaluation may be completed by a physician/physician assistant/nurse practitioner of your choice if you choose not to participate with the school. Please make sure that after the exam, your doctor signs on all necessary pages of the EL2 form (pages 3 & 4), that the doctor clearly prints their name, address, and the date of the physical on the appropriate lines. This will save you from having to go back to the office if we can't clearly read the required data. Please remember that Florida State Statute mandates that physicals are only valid for 365 days. We request that you receive your physicals during the summer months to ensure they do not expire during the school year.

Florida State Statutes also require 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, BPS has entered into a contract with school insurance of Florida that offers athletic and school insurance coverage plans for all students. You can access plans and fees schedules at their web site located at www.schoolinsuranceofflorida.com. Their toll-free phone number is 1-800-432-6915. Please note that some of the plans only provide coverage for football (fall, spring and summer conditioning...). A separate plan would need to be purchased to cover additional sport(s). Also, please make sure the plan you select covers summer conditioning if your child participates in a sport that continues into summer months. Proof of this coverage must be present with the EL3 portion of the packet.

In closing, please complete and submit all forms in this packet prior to your child's participation in athletic tryouts, practices and/or conditioning (including summer and pre and post season conditioning) for Titusville High School. Thank you for your support in this effort of the THS Athletic Department. Do not hesitate to contact Assistant Athletic Director, Kennedy Johnson at johnson.kennedi@brevardschools.org or Athletic Director, Jason Berley at 321 264-3100 ext. 27532 or via email berley.jason@brevardschools.org.

We're looking forward to another successful year of Titusville High School Athletics!

Sincerely,

Jason Berley

SUBMIT YOUR COMPLETED ATHLETIC PACKET TO YOUR HEAD COACH PRIOR TO PARTICIPATION

Parent/Coach Communication

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of one another and provide greater benefit for your child. As parents, when your child becomes involved in our athletic program, you have a right to understand what expectations are placed on your child.

COMMUNICATION YOU SHOULD EXPECT FROM YOUR CHILD'S COACH:

1. Philosophy of the coach.
2. Expectations the coach has for your child as well as the other players on the team.
3. Locations and times of all practices and contests.
4. Team requirements, i.e., fees, special equipment, off-season conditioning.
5. Procedure should your child be injured during participation.
6. Discipline that may result in the denial of your child's participation.

COMMUNICATION COACHES SHOULD EXPECT FROM PARENTS:

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts well in advance.
3. Specific concern in regard to a coach's philosophy and/or expectations.
4. Medical or physical limitations of your child.

As your children become involved in the THS athletic programs they will experience some of the most rewarding moments in their lives. It is important to understand that there will be times when things do not go the way you or your child wishes. During these times, discussion with the coach is welcomed when conducted in the appropriate manner, at the appropriate time. Coaches are professionals. They make judgment decisions based on what they believe is best for all students involved on their team. Certain things can and should be discussed with your child's coach. Other things must be left to the discretion of the coach.

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES:

1. The treatment of your child, mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES:

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

IF YOU HAVE A CONCERN TO DISCUSS WITH A COACH, THIS IS THE PROCEDURE YOU SHOULD FOLLOW:

Call to set up an appointment.

If the coach can't be reached, call the Athletic Director and he will set up the meeting for you.

Please **DO NOT** attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not usually promote resolution of the problem.

WHAT CAN A PARENT DO IF THE MEETING WITH THE COACH DOES NOT PROVIDE A SATISFACTORY RESOLUTION:

1. Call and set up an appointment with the Athletic Director.
2. At this meeting, the appropriate next step can be determined.
3. If still not satisfied, make an appointment with the principal as a last resort.

Research indicates a student involved in extracurricular activities has a greater chance for success during adulthood. Many of the character traits required to be successful when participating in high school athletics are exactly those that will promote success after high school. We hope this information will make both your child's and your experience with the Titusville High School athletic programs less stressful and more enjoyable.

TITUSVILLE HIGH SCHOOL

STUDENT – ATHLETE CODE OF CONDUCT AND ELIGIBILITY REQUIREMENTS

Printed Name of Student Athlete: X_____

Philosophy

The Titusville High School Athletic Program strives to develop a well-rounded student-athlete. We view interscholastic athletics as an extension of the classroom where life-lessons are learned. Sportsmanship, scholarship and physical development are promoted and developed through a wide variety and level of interscholastic sports.

Student Eligibility

- All student-athletes are required to complete all essential forms required by the Florida High School Athletic Association (FHSA), Brevard Public Schools and Titusville High School **PRIOR** to being allowed to participate in off season conditioning, practices, tryouts or contests each year.
- All student-athletes must maintain the 2.0 minimum state unweighted cumulative grade point average at the end of a semester in order to be eligible to participate in interscholastic contests.
- Unexcused absences, chronic tardiness to class or discipline problems may result in declaring a student-athlete ineligible at any time by the head coach, athletic director or the Principal.
- Brevard Public School athletic policy stipulates that student-athletes must be in attendance a minimum of four hours of instructional time to be considered present each school day. THS student-athletes are expected to be present at least two blocks in order to participate in practices and contests. The principal or principal's designee may excuse an athlete for prescheduled activities such as driver's test, medical appointment, court appearances or an unforeseen family emergency. Chronic abuse of prescheduled activities will not be tolerated and may result in the athlete being kept from participating in after school activities, including athletic contests. School sponsored field trips are part of the school program and are considered excused absences.
- Athletes who are enrolled in a physical education class must actively participate in class on the day of a practice or contest.
- Participation in athletic activities (practices or contests) will not be permitted when a student is serving an out of school suspension. A suspension ends the next school day morning after the last day of a suspension. A second out of school suspension will result in immediate dismissal from the athletic team for the remainder of the season as per Brevard Public School athletic policy.
- Athletes who are ejected from FHSA contests will be responsible for the payment of any fines that the FHSA issues to THS as a result of the ejection. Fines will have to be paid to THS prior to the student resuming play.
- Athletes will be dedicated to their in-season sport and not commit to another sport until the in-season sport is complete. If a student-athlete leaves a team in bad standings, the athlete will not be permitted to try-out, participate in offseason workouts or play for another team until the season of the previous team is complete, which includes the state playoffs.

Student-Athlete Standards

1. Maintain academic and scholastic eligibility according to THS, BPS and FHSAA policies.
2. Display behavior that will add to the good name of the Titusville High Athletic Department.
3. Maintain good school and community relations.
4. Comply with **all** school rules and policies without hesitation.
5. Take a leadership role in demonstrating good sportsmanship at all times.
6. Dress appropriately at all times. All student-athletes are expected to follow their coach's guidelines on dress.
7. Follow any additional team specific standards.

Alcohol/Tobacco/Controlled Substances Policy

The use of alcohol, tobacco, illegal drugs and controlled substances including steroids is an extremely serious health issue. Such use places the quality of life for the student-athlete in jeopardy. If the student-athlete is using alcohol, tobacco or drugs he/she is placing herself/himself at risk and may compromise the safety of team members. Mandatory discipline action will occur when a student is determined to be in violation of school policy related to the use of alcohol, tobacco, illegal drugs and controlled substances including steroids. If the illegal use, distribution or possession of alcohol or drugs is verified, he/she will be subject to suspension, exclusion, police referral and expulsion.

Care of Team Equipment, Uniforms and Locker Rooms

- All athletic gear is on loan to the athlete, and he/she is personally responsible for its care and return to the appropriate head coach at the time requested.
- Lost uniforms and equipment must be reported immediately and if not found the athlete will be charged the replacement cost for it.

Hazing and Initiation

- Hazing and initiations **are not** allowed as they are against Brevard Public Schools policy, FHSAA bylaws and Florida State Statutes.
- Hazing is defined but not limited to; to persecute or harass with meaningless, difficult, or humiliating tasks. To initiate by exacting humiliating performances from or playing rough practical jokes upon.
- Initiation is defined but not limited to; a ceremony, ritual, test or period of instruction with which a new member is admitted.

Your signature below indicates that you have read all parts of the agreement. Failure to comply with the above guidelines may result in the student-athlete's suspension or dismissal from the team.

X _____
Signature of Student

X _____
Date

X _____
Signature of Parent/Guardian

X _____
Date

X _____
Printed Name of Parent/Guardian



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 participating in his/her first athletic sport in middle school would need a second ECG screening prior to participating 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 participating in his/her first athletic sport in high school.

X Date: _____ Student's Name: (Print) _____

X Name of School: _____

X 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:

Cardiac Clearance:
(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.

X _____
Parent/Legal Guardian Name Printed

X _____
Parent/Legal Guardian Signature

X _____
Parent/Legal Guardian Phone #

*See Section 1006.20(2)(c), Florida Statutes.



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THS TRANSPORTATION WAIVER

By Signing this form, I understand that my son/daughter will not always be provided transportation by Titusville High School to athletic practices and contests. I agree to not hold Titusville High School responsible for the following issues;

1. My son / daughter will be responsible for their own transportation to practices that are held at off campus facilities. They must provide transportation by their own means or find another way to get there.
2. My son / daughter is responsible for their own transportation to all contests where athletes are asked to meet at the playing facility for a contest.
3. My son / daughter may ride with an adult who has provided the THS Athletic Director with driver's license, automobile insurance, and vehicle information on the Brevard County Schools approved vehicles' list as well as entered the school board volunteer database.

Parent / Guardian Name: X _____

Signature: X _____

Student Name: X _____

Signature: X _____

Date: X _____

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

Titusville High School X
School Name Date
X Student's Name (please print) Name of Sport(s)

Activity / Event: X
(List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

Jason Berley (321) 264 - 3100
School Athletic Director Phone Number

TRANSPORTATION BEING PROVIDED (check all that apply)

- X - Walking X - School Bus X - Commercial Carrier (bus) X - Privately Owned Vehicle
X - Leased Vehicle X - County Vehicle X - None
Other (Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- X - Listed Volunteer X - Registered Volunteer X - Teacher or Staff Member
Other (Describe)

TYPE OF ACTIVITY (Check all that apply)

- X - Interscholastic game or competition X - Interscholastic practice(s) X - Other Camps and Tournaments

Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:

Name Appropriate Head Coach Telephone: (321) 264 - 3100 (321) 264 - 3100
Coach or Sponsor in Charge (School Number) (Mobile Phone)

ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:

- 1. I understand that participation in athletics' is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus athletic activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability for the student's participation in the off-campus activity and will indemnify and hold the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extra-curricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in athletics' off school property: therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. I certify that my child is in good health and may participate, but in the event of medical emergency, I/We authorize the coach in charge of the off-campus athletic activity to seek emergency medical treatment for my child at my expense.
8. Some trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury, and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all

aspects of this trip - X Granted Denied Granted with the following exceptions: (Describe)

X
Students Signature (Required for All) - Date

X
Parent/Guardian Signature (Required for all) - Date

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: Titusville High 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

2700 Judge Fran Jamieson Way • Viera, FL 32940-6601

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.

X _____	X _____	_____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

X _____	X _____	_____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

X _____	X _____	_____
Name of Student (printed) Signature	Signature of Student	Date

Kevin Robinson
District Director of Athletics





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: Titusville High School School District (if applicable): Brevard

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

I have read the (condensed) FHSAA Eligibility Rules printed on page 5 of this "Consent and Release from Liability Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. 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 the 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: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

X 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. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child's/ward's athletic eligibility including, but not limited to, 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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

X 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: X
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)

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

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

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student signature is required)

X Name of Student (printed) X Signature of Student X Date



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: Titusville High School School District (if applicable): Brevard

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 fatigability
- 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.

X _____ X _____ X _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

X _____ X _____ X _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

X _____ X _____ X _____
Name of Student (printed) Signature of Student Date



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: Titusville High School School District (if applicable): Brevard

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 and unexpectedly stops beating. 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, but they are not the same. A heart 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 heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

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 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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 mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden 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 providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm 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 conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

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 can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nghslearn.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 of my child/ward.

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

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

X Name of Student (printed) X Signature of Student X Date



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School: Titusville High School School District (if applicable): Brevard

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just is not enough. Heat-related illnesses can be serious and life-threatening. Very high body temperatures may damage the brain or other vital organs and can cause disability and even death. Heat-related illnesses and deaths are preventable.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones 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?

- Learn more about heat-related injuries in sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf
Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nghslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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



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: Titusville High School School District (if applicable): Brevard

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)
9. 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)
14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (FHSAA Policy 17)
15. 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.

<u>X</u> Name of Parent/Guardian (printed)	<u>X</u> Signature of Parent/Guardian	<u>X</u> Date
<u>X</u> Name of Parent/Guardian (printed)	<u>X</u> Signature of Parent/Guardian	<u>X</u> Date
<u>X</u> Name of Student (printed)	<u>X</u> Signature of Student	<u>X</u> Date



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.

EL2

Revised 4/24

MEDICAL ELIGIBILITY FORM

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

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

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- X [] Medically eligible for all sports without restriction
[] Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary)
[] Medically eligible for only certain sports as listed below:
[] Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): X _____ Date of Exam: X ___/___/___
Address: X _____ Phone: X (____) _____
Signature of Healthcare Professional: X _____ Credentials: X _____ License #: X _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

- X [] Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

X Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)

- [] Allergies [] Asthma [] Cardiac/Heart [] Concussion [] Diabetes [] Heat Illness [] Orthopedic [] Surgical History [] Sickle Cell Trait [] Other

Explain: _____

Signature of Student: X _____ Date: X ___/___/___ Signature of Parent/Guardian: X _____ Date: X ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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.

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



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.

EL2

Revised 4/24

MEDICAL HISTORY FORM

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

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

X List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

X **Patient Health Questionnaire version 4 (PHQ-4)**

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

X	GENERAL QUESTIONS		HEART HEALTH QUESTIONS ABOUT YOU			
	Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No		
1	Do you have any concerns that you would like to discuss with your provider?					
2	Has a provider ever denied or restricted your participation in sports for any reason?					
3	Do you have any ongoing medical issues or recent illnesses?					
4	Have you ever passed out or nearly passed out during or after exercise?					
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?					
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?					
7	Has a doctor ever told you that you have any heart problems?					
8			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10			10	Have you ever had a seizure?		
11			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)		
12			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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



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.

EL2

Revised 4/24

Student's Full Name: X _____ Date of Birth: X ___ / ___ / ___ School: Titusville High School

X BONE AND JOINT QUESTIONS		Yes	No	MEDICAL 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?		
X MEDICAL 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?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
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: X _____ (printed) Student-Athlete Signature: X _____ Date: X ___ / ___ / ___

Parent/Guardian Name: X _____ (printed) Parent/Guardian Signature: X _____ Date: X ___ / ___ / ___

Parent/Guardian Name: X _____ (printed) Parent/Guardian Signature: X _____ Date: X ___ / ___ / ___



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.

EL2

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: X Date of Birth: X ___ / ___ / ___ School: Titusville High School

X HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

X Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

X EXAMINATION

Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: Yes No
MEDICAL - healthcare professional shall initial each assessment		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing			
Lymph Nodes			
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)			
Lungs			
Abdomen			
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis			
Neurological			
MUSCULOSKELETAL - healthcare professional shall initial each assessment		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 squat test, and box drop or step drop test			

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

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): X Date of Exam: X ___ / ___ / ___

Address: X Phone: X () E-mail: X

Signature of Healthcare Professional: X Credentials: X License #: X

Pre-Participation Sports Physicals 2024/2025 School Year

Parrish Medical Group is offering pre-participation sports physicals for the upcoming school year. Legal guardian must be present, please wear a t-shirt and shorts to complete the physical.

Saturday, July 20 8AM - Noon	Saturday, August 10 8AM - Noon
Parrish Healthcare Center Titus Landing 250 Harrison Street Floor 1 Titusville, FL	Parrish Healthcare Center Port St. John 5005 Port St. John Pkwy Suite 2100 Port St. John, FL

Cost: \$10/Person

Electrocardiograms (ECGs) will also be available. Please scan the QR code below to visit the Who We Play For website to register for your ECG.



For additional information, please contact:

Kellie Way, Director, Athletic Training

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