The background is a dark grey to black gradient. On the right side, there is a stylized, grey-toned illustration of a tiger's head, facing right with its mouth open, showing sharp teeth. On the left side, there is a large, faint, grey outline of the letter 'P'. Scattered across the background are numerous water droplets of various sizes, some with highlights, giving a sense of freshness or motion.

**PLANT HIGH SCHOOL ATHLETICS
PAPERWORK
DIRECTIONS**

DEADLINE TO SUBMIT CLEARANCE FOR SPORTS. YOU MUST BE CLEARED IN ORDER TO PARTICIPATE IN CONDITIONING OR IN/OFF SEASON PRACTICES/WORKOUTS

IMPORTANT: CHEERLEADING TRYOUTS ARE JUNE 8TH – 11TH 1:00-4:00PM. DEADLINE TO SUBMIT CLEARANCE IS JUNE 5TH.

ALL FALL SPORTS START DATE: JULY 27TH 2026 DEADLINE TO SUBMIT CLEARANCE: JULY 20TH

(FOOTBALL, GIRLS VOLLEYBALL, BOYS & GIRLS CROSS COUNTRY, BOYS AND GIRLS GOLF, BOYS AND GIRLS SWIM AND DIVE)

WINTER SPORTS START DATES AND DEADLINES:

SPORT	START DATE	DEADLINE TO SUBMIT
COMPETITIVE CHEER	SEPT 28 TH	TRYOUTS JUNE 8 TH – 11 TH
BOYS SOCCER	OCTOBER 12 TH	OCTOBER 5 TH
GIRLS SOCCER	OCTOBER 12 TH	OCTOBER 5 TH
BOYS BASKETBALL	OCTOBER 26 TH	OCTOBER 19 TH
GIRLS BASKETBALL	OCTOBER 26 TH	OCTOBER 19 TH
BOYS WRESTLING	NOVEMBER 9 TH	NOVEMBER 2 ND
GIRLS WRESTLING	NOVEMBER 2 ND	NOVEMBER 2 ND

SPRING SPORTS START DATES AND DEADLINES:

SPORT	START DATE	DEADLINE TO SUBMIT
BOYS TENNIS	JAN 11 TH	JAN 4 TH
GIRLS TENNIS	JAN 11 TH	JAN 4 TH
BASEBALL	JAN 11 TH	JAN 4 TH
SOFTBALL	JAN 18 TH	JAN 11 TH
BOYS LACROSSE	JAN 18 TH	JAN 11 TH
GIRLS LACROSSE	JAN 18 TH	JAN 11 TH
BOYS TRACK	JAN 18 TH	JAN 11 TH
GIRLS TRACK	JAN 18 TH	JAN 11 TH
GIRLS FLAG FOOTBALL	JAN 25 TH	JAN 18 TH

List of Documents Needed For Athletic Clearance

- EL2 (Physical) on new approved FHSAA EL2 form (2/26)
- EL1 (ECG Screening)** – ONLY for **NEW** students (9th grade and new enrollees that have **NEVER participated**. Those who have participated *must wait* for EL6 to be approved by sending school)
- EL1/2S** – ONLY if recommendations were made on page 4 of EL2 and on the EL1 form.
- Birth Certificate
- 2 Proofs of Residence (TECO/water bill within 30 days of athletic clearance application, If using lease student **MUST** be listed as an occupant)
- 4** FHSAA Required Videos Dated May 15 2026 or later
- Government Issued ID of parent signing forms with matching address
- School Health of Florida Insurance ID card
- Residential and Enrollment History Form

DOCUMENT(S) REQUIRED EL2

Prior to starting, you will need the following documents

- ❖ FHSAA EL2 PHYSICAL - USE NEW FHSAA EL2 ON SDHC ATHLETICS WEBSITE - [HTTPS://WWW.SDHC.K12.FL.US/DOC/LIST/ATHLETICS/STUDENT-FORMS/39-285/](https://www.sdhc.k12.fl.us/doc/list/athletics/student-forms/39-285/)
- ❖ MUST BE ON THIS FORM. PHYSICALS ARE GOOD FOR 365 DAYS
- ❖ **ONLY PAGE 4** MUST BE UPLOADED UNLESS STUDENT NOT CLEARED WITHOUT LIMITATIONS
- ❖ **MUST INCLUDE DOCTOR'S STAMP, SIGNATURE, PRINTED NAME AND DATE ON PAGE 4.**
- ❖ MAKE SURE THE CLEARED WITHOUT LIMITATIONS BOX HAS BEEN CHECKED BY YOUR PHYSICIAN.
 - ❖ IF NOT CLEARED WITHOUT LIMITATIONS – YOU WILL NEED THE **EL1/2S FORM**. THIS IS THE CLEARANCE AND WILL NEED TO BE MARKED CLEARED WITHOUT LIMITATIONS AFTER THE VISIT TO THE REFERRED DOCTOR/SPECIALIST
 - ❖ UPLOAD PAGE 4 ONLY IF CLEARED WITHOUT LIMITATION. IF RECOMMENDATIONS WERE MADE AND STUDENT ATHLETE WAS REFERRED THE **EL1/2S FORM** WILL NEED TO BE UPLOADED.

ONLY UPLOAD PAGE 4 OF THE EL2. IF YOU UPLOAD ALL PAGES CLEARANCE WILL BE DENIED



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 of exam.

EL2

Revised 2/26

MEDICAL ELIGIBILITY FORM

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

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: (____) _____

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

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

Provider Stamp (if required by school)

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

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.

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction after clearance by medical specialist for: _____
(if this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/25 for documentation.)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and 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): _____ Date of Exam: ___/___/___

Address: _____ Phone: (____) _____

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

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

- New Form – dated 2/26
- THIS INFORMATION MUST BE COMPLETED. BLANKS NOT ACCEPTED

Doctor's Office Stamp Goes HERE

Does our AT need to know anything?

Student and Parent Sign (WET signature required. No printed or Digital Signatures Allowed) and Date

- IMPORTANT: Please tell doctors office NOT to place the stamp here! The stamp CANNOT cover ANY Information!
- Doctor's Name MUST be Printed
- Doctor's Signature & Date of Exam, Credentials and License #
- PRINT/Type Doctors Office Address and Phone #



MEDICAL ELIGIBILITY SUPPLEMENTAL FORM
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is only required one time if used as a supplement to the EL1.
This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

EL1/25

Revised 2/26

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticipation Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

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

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: (____) _____

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: ___/___/___

Address: _____ Phone: (____) _____

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

Provider Stamp (if required by school)

EL1/25 - ONLY Necessary if Recommendations were made on page 4 or on EL1 form. Form MUST be completed by specialist listed on recommendation/precaution etc.... CLEARANCE FROM SPECIALIST MUST BE ON THIS FORM

PAGE MUST BE FILLED OUT COMPLETELY IN ORDER FOR EL2 TO BE VALID.

NEW PARTICIPANTS: EL1 INFORMATION

In alignment with Florida Statute, the FHSAA, in conjunction with the Sports Medicine Advisory Committee and the Board of Directors, have released the new ECG screening form(s) on www.fhsaa.com. The form(s) can be found by selecting the "Parents" tab.

Summary of new documents and changes to existing documents:

1. **EL1** ECG Screening form - required form starting July 1, 2026 for all incoming 9th graders and new student athletes in grades 10-12.
2. **EL1/2s** - this form replaces page five of the EL2 and is for use when a follow-up is required for either the EL1 or the EL2
3. **EL2** - Page five of the EL2 was removed. The first four pages of the EL2 **did not change** in any way and the previous version can still be used.
4. **EL3** - Information, including vital State Statute language was added to the EL3. **This new version of the EL3 will need to be used by parents moving forward.**
5. **ME1** - For use by Medical doctors to exempt a student athlete from the ECG requirement.

Who Must Obtain an ECG:

- All incoming **9th-grade student-athletes (2026-27)**
- Any student in **grades 10-12** who has never participated in an FHSAA-sanctioned sports
Returning athletes are not required but strongly encouraged to obtain an ECG. The goal is to identify undetected cardiac risk factors and enhance athlete safety.

Documentation:

A one-page standardized form (**EL1**) will confirm ECG completion, including:

- Parent/guardian attestation
- Clinician verification
- Referral information, if needed

Any follow-up that is requested by the medical professional will require the completion of the EL1/2s.

An ECG performed on or after July 1, 2024 will satisfy the requirement.

Parents can visit WhoWePlayFor.org for local screening opportunities, contact their school athletic director or athletic trainer, or consult their family healthcare provider.

Interpretation Standards - - To ensure accuracy and minimize false positives, clinicians must use the most current **International Criteria for Electrocardiographic Interpretation in Athletes**. FHSAA will collaborate with statewide medical societies to provide education and training for consistent application.

Parent Options & School Partnerships The committee reviewed parental opt-out pathways, including religious exemptions, and emphasized the need for schools to partner with qualified ECG screening organizations and referral providers to ensure equitable access for all families.

NEW for 2026-2027
ONLY FOR NEW PARTICIPATING STUDENTS
AND FOR NEW ENROLLEES

EL1 FORM. ONLY IF YOU ARE A NEW STUDENT ENROLLING AND HAVE NOT PARTICIPATED IN HIGH SCHOOL ATHLETICS IN FLORIDA



ELECTROCARDIOGRAM (ECG) SCREENING (Page 1 of 1)
SUBMIT THIS CLEARANCE FORM TO THE SCHOOL

EL1
Revised 2/26

ELECTROCARDIOGRAM (ECG) SCREENING FORM

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

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Student ID: _____

Parent/Guardian: Review the FHSAA EL3 Consent and Release form for details on Sudden Cardiac Arrest. Per §1006.20, F.S. (Second Chance Act), effective July 1, 2026, all first-time high school participants in FHSAA athletics must have an Electrocardiogram (ECG) screening before participation. This applies to students with no cardiac symptoms. Students with cardiac symptoms should consult their healthcare provider. An ECG completed within two (2) years prior to July 1 of the participation year satisfies this requirement. If the ECG requires further evaluation, the student must be cleared by a licensed medical practitioner trained in the diagnosis, evaluation and management of ECGs before participating in FHSAA athletic competition, practice, tryouts, or workouts.

Please complete only ONE section (Section A or Section B, as applicable)

SECTION A: PARENT/GUARDIAN ATTESTATION (Select one and sign below)

ECG completed by Who We Play For, a hospital in the state of Florida, or another healthcare organization and electronically signed by a licensed physician; attach normal result documentation from health record or the email received from provider.

Date of NORMAL ECG Result: ____/____/____ Organization Performing ECG: _____

OR

Medical Exception - Attach FHSAA Form ME1

Religious Objection - I object to an ECG for my child based on religious reasons allowed by law

Parent/Guardian Signature: _____ Printed Name: _____ Date: ____/____/____

SECTION B: LICENSED PRACTITIONER ATTESTATION - ECG Interpretation by healthcare provider

In accordance with §1006.20(2)(c), F.S., I certify I am a licensed practitioner (Ch. 458, 459, 460, 464.012, 464.0123 F.S. or equivalent) familiar with the "International Criteria for ECG interpretation in student-athletes". If the ECG is normal, complete the section below. If further evaluation is required, the student should be referred to a practitioner trained in the diagnosis, evaluation and management of ECGs.

Normal ECG (no additional evaluation required)

Normal variant ECG based on the International Criteria (no additional evaluation required)

Further evaluation by a licensed medical professional is required, and an EL1/25 must be completed

Provider Signature: _____ Printed Name: _____ Date: ____/____/____

Credentials: _____ License #: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

If your ECG requires further evaluation and you need help accessing cardiology follow-up care, please visit www.whoweplayfor.org.

Please retain a copy for your records.

RETURNING FLORIDA HIGH SCHOOL STUDENT ATHLETES (YOU PARTICIPATED IN PREVIOUS YEAR(S) – PLEASE WRITE RETURNING STUDENT ON FORM AND UPLOAD

- **IMPORTANT: ONLY COMPLETE ONE (1) SECTION. A OR B**
- **SECTION A NOTES:**
 - ECG SCREENING MUST HAVE BEEN COMPLETED JULY 1 2024 AND LATER
 - RESULTS MUST BE ATTACHED WITH FORM. SCAN RESULTS WITH EL1 AND UPLOAD
 - ONLY WET SIGNATURES WILL BE ACCEPTED
- **SECTION B NOTES:**
 - MUST BE SIGNED BY DOCTOR
 - DATE, CREDENTIALS, LICENSE AND DOCTORS OFFICE ADDRESS AND PHONE # MUST BE COMPLETED



MEDICAL ELIGIBILITY SUPPLEMENTAL FORM
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

EL1/25
Revised 2/26

This form is only required one time if used as a supplement to the EL1. This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticipation Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

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

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: (____) _____

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: ____/____/____

Address: _____ Phone: (____) _____

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

Provider Stamp (if required by school)

EL1/25 - ONLY Necessary if Recommendations were made on page 4 or on EL1 form. Form MUST be completed by specialist listed on recommendation/precaution etc.... CLEARANCE FROM SPECIALIST MUST BE ON THIS FORM

DOCUMENTS REQUIRED CERTIFIED COPY OF STUDENT ATHLETE'S BIRTH CERTIFICATE

STATE OF FLORIDA
OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: [REDACTED] DATE FILED: [REDACTED]

CHILD'S NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

SEX: [REDACTED]

COUNTY OF BIRTH: **MIAMI-DADE COUNTY**

MOTHER'S MAIDEN NAME: [REDACTED]

FATHER'S NAME: [REDACTED]

**Florida Certification of birth acceptable for apostille
signed by C. Meade Grigg State Registrar**

DATE ISSUED: **August 9, 2013**

C. Meade Grigg, State Registrar

REQ: [REDACTED]

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, VOID ERASABLE SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:

OH FORM 1346 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH

VOID IF ALTERED OR ERASED

DOCUMENT REQUIRED: (2) PROOFS OF RESIDENCE

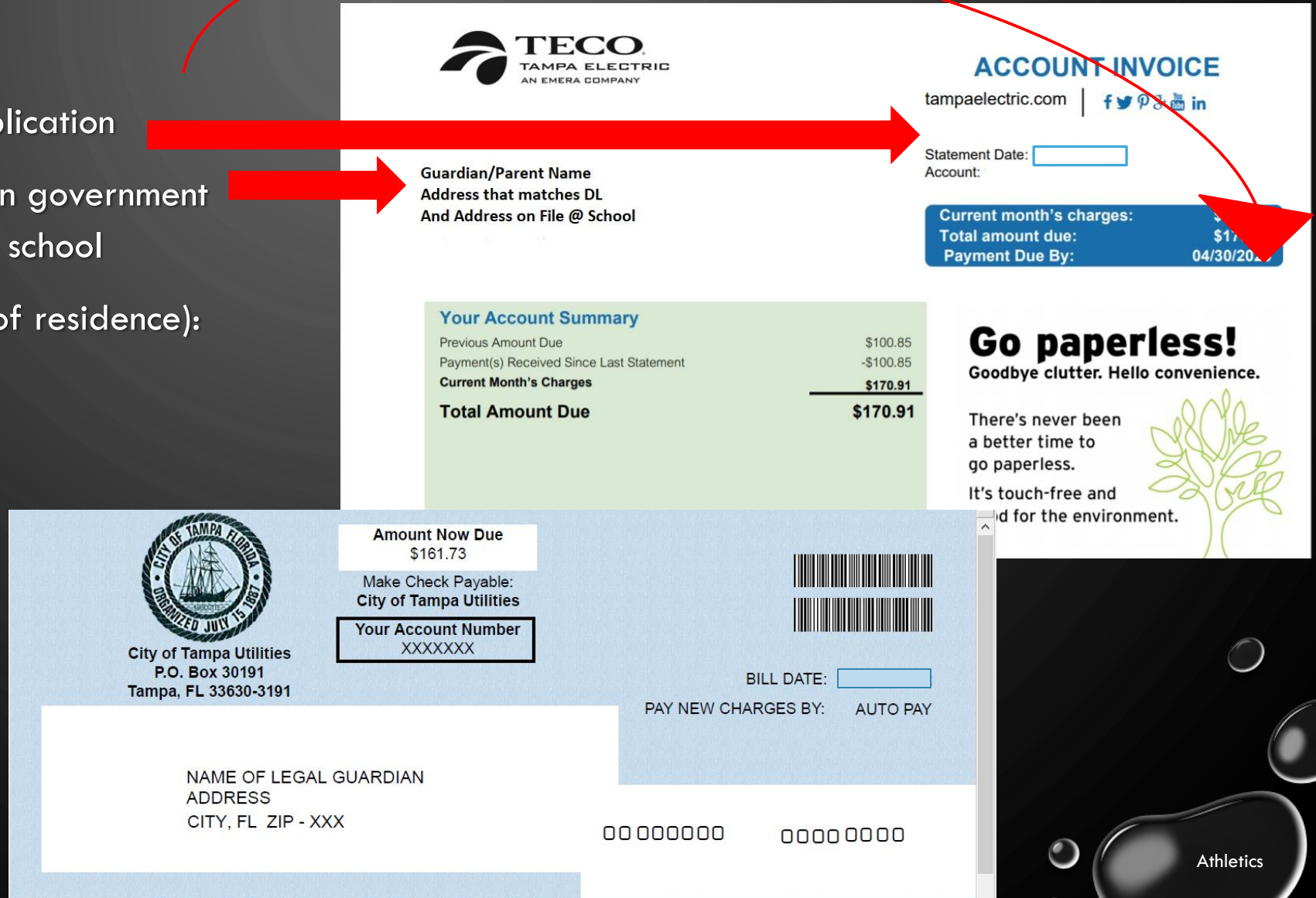
- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school

❖ Examples: (Acceptable proofs of residence):

- ❖ TECO Bill
- ❖ Water Bill
- ❖ Lease (with occupants listed)
- ❖ Mortgage Statement

❖ Not Accepted:

- ❖ Cable Bill
- ❖ Phone Bill
- ❖ CC Bill
- ❖ Bank Statement



The image displays two utility bills. The top bill is from TECO Tampa Electric, an Emera company, titled 'ACCOUNT INVOICE'. It includes the website 'tampaelectric.com', social media icons, and fields for 'Statement Date' and 'Account'. A red arrow points from the title to the 'Guardian/Parent Name' field, which also contains the instruction 'Address that matches DL And Address on File @ School'. Another red arrow points from the 'Current month's charges' section to the 'Payment Due By' date, '04/30/2020'. The 'Your Account Summary' table shows a total amount due of \$170.91. The bottom bill is from the City of Tampa Utilities, featuring the city seal and contact information. It shows an amount now due of \$161.73, a check payable to the City of Tampa Utilities, and a field for the account number 'XXXXXXXX'. It also includes a 'BILL DATE' field, a 'PAY NEW CHARGES BY' option for 'AUTO PAY', and a section for the legal guardian's name and address.

Previous Amount Due	\$100.85
Payment(s) Received Since Last Statement	-\$100.85
Current Month's Charges	\$170.91
Total Amount Due	\$170.91

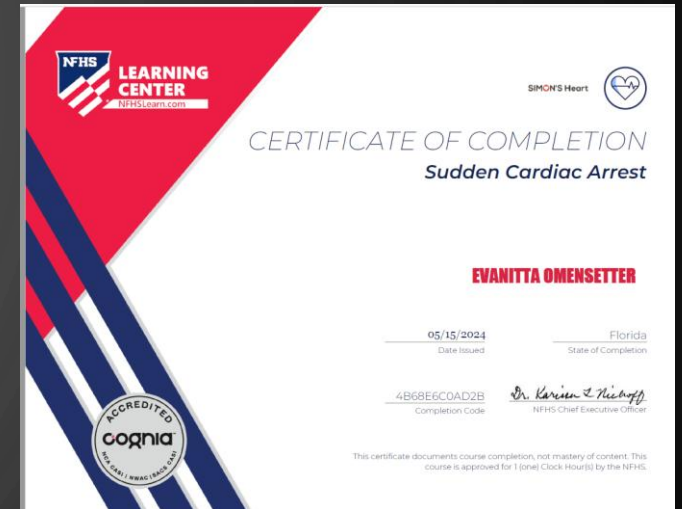
Amount Now Due	\$161.73
Make Check Payable:	City of Tampa Utilities
Your Account Number	XXXXXXXX
BILL DATE:	<input type="text"/>
PAY NEW CHARGES BY:	AUTO PAY
NAME OF LEGAL GUARDIAN	<input type="text"/>
ADDRESS	<input type="text"/>
CITY, FL ZIP - XXX	<input type="text"/>

DOCUMENT(S) REQUIRED: FHSAA VIDEO CERTIFICATES

- VIEWING THE VIDEOS IS REQUIRED EACH YEAR. FOR THE 2026-2027 SCHOOL YEAR, VIDEOS MUST BE VIEWED ON OR AFTER MAY 15, 2026.
- WWW.NFHSLEARN.COM
- HAVE THE STUDENT LOG IN OR CREATE AN ACCOUNT. BE SURE WHEN ASKED FOR THE **NAME ON THE CERTIFICATE THE STUDENT'S NAME** IS ENTERED AND NOT THE PARENT. THE STUDENT IS RESPONSIBLE FOR WATCHING THE VIDEOS, NOT THE PARENT.
- ORDER THE FOLLOWING COURSES (THEY ARE FREE). ONCE YOU HAVE COMPLETED CHECKOUT, THE STUDENT CAN ACCESS THE COURSES IN THEIR DASHBOARD.
 - ❖ CONCUSSION FOR STUDENTS! (MUST BE THIS COURSE FOR ATHLETICS)
 - ❖ HEAT ILLNESS PREVENTION
 - ❖ SUDDEN CARDIAC ARREST
 - ❖ SPORTSMANSHIP
 - ❖ ONCE THE STUDENT HAS COMPLETED ALL THREE COURSES, DOWNLOAD THE CERTIFICATES.
 - ❖ USE THE UPLOAD TIPS TO UPLOAD THE CERTIFICATES.

DOCUMENT(S) REQUIRED: FHSAA VIDEO CERTIFICATES

- ❖ CERTIFICATES FOR THE **FOUR** REQUIRED FHSAA VIDEOS (IN STUDENT'S NAME) FROM NFHSLEARN.COM.
- ❖ UPLOAD EACH CERTIFICATE IN THE APPROPRIATE PLACES IN THE FILES SECTION.
- ❖ VIDEOS MUST BE COMPLETED ON OR AFTER **MAY 15, 2026** OF THE CURRENT YEAR TO BE ACCEPTED FOR THE 2026-2027 SCHOOL YEAR
- ❖ IF YOUR STUDENT PARTICIPATES IN BAND OR BAND AUXILIARY – THEY MUST WATCH THE SPECIFIC VIDEOS LISTED AND ADHERE TO THE DATES FOR ATHLETICS



DOCUMENT(S) REQUIRED: GOVERNMENT ISSUED ID

- ❖ GOVERNMENT ISSUED PHOTO IDENTIFICATION OF PARENT OR LEGAL GUARDIAN SIGNING THE FORMS.
- ❖ ADDRESS MUST MATCH ADDRESS ON FILE AND PROOF OF RESIDENCE FOR ATHLETIC CLEARANCE
- ❖ WHEN SCANNING THIS DOCUMENT, MAKE SURE ALL INFORMATION IS CLEARLY VISIBLE IN THE PICTURE.



SUPPLEMENTAL INSURANCE REQUIRED FOR ATHLETICS AND JROTC

• DIRECTIONS:

- **LINK BELOW:**
- [HILLSBOROUGH COUNTY PUBLIC SCHOOL ATHLETIC PROTECTION | STUDENT INSURANCE](#)
- CREATE AN ACCOUNT IF YOU DO NOT ALREADY HAVE ONE. SIGN IN IF YOU HAVE ONE.
- PURCHASE APPROPRIATE LEVEL INSURANCE FOR SPORT THAT YOUR STUDENT WOULD LIKE TO PARTICIPATE/TRY OUT FOR.
- DOWNLOAD/PRINT OR SAVE YOUR INSURANCE ID CARD PROVIDED AFTER YOUR PURCHASE
- UPLOAD TO YOUR ATHLETIC CLEARANCE
- REQUIRED FOR ATHLETICS AND JROTC. NOT REQUIRED FOR BAND AND BAND AUXILIARY

GROUP A - 2024 FHSAA TACKLE FOOTBALL/ 2025 LACROSSE \$60.00 - Hillsborough County School District Sponsored 2024 Tackle Football and the 2025 May Spring Practice sessions, as sanctioned by the FHSAA. The tackle football coverage expires after the last official 2024 game or last FHSAA sanctioned practice, whichever is first. Coverage is also provided for the lacrosse players during the 2025 FHSAA lacrosse sanctioned season and for the FHSAA sports listed in Group B and Group C. **Terminates 5/29/2025.**

GROUP B - HIGH SCHOOL INTERSCHOLASTIC SPORTS \$40.00 - FHSAA Soccer, Volleyball, Baseball, Softball, Wrestling, and Basketball practices and games during the 2024-2025 regular school term, as sanctioned by the FHSAA. Also provides coverage for conditioning on school premises while under the direct supervision of a school coach. *Includes coverage for the sports listed in Group C.*

GROUP C - HIGH SCHOOL INTERSCHOLASTIC SPORTS \$30.00 - FHSAA Cheerleading, Golf, Cross Country, Track, Tennis, Swimming, Girls Flag Football, Team Trainers/Managers, while on school premises and for sanctioned FHSAA events.

MIDDLE SCHOOL SPORTS \$25.00 - Hillsborough County School District sponsored, scheduled and supervised Middle School Track/Field, Soccer, Volleyball, Basketball, Boys/Girls Flag Football and Middle School Team Trainers/Managers. Coverage ends after the last game for the sports season for each respective sport. If a student plays another sport during the school year they do not need to pay the fee again. **This is a one-time payment, per school term.** Off-season practices and games are not covered.

JROTC Drill Participants \$30.00 - Provides coverage for JROTC activities that are exclusively scheduled, organized and sponsored by the SDHC and supervised by a JROTC designated instructor during the regular school term and summer months. Coverage is also provided for the sports listed above in Group C, while on school premises, as sanctioned by the FHSAA.

SPRING Tackle Football 2025 \$20.00 - For **NEW** players only. Hillsborough County School District Sponsored 2025 Spring Tackle Football practice sessions. Provides coverage for FHSAA practices beginning on April 29, 2025, as scheduled by FHSAA. Expires after the last official FHSAA spring practice date. *Coverage will extend for weightlifting and cardio sessions through the last day of school.* **Summer is not covered under this option.**

DOCUMENT REQUIRED: INSURANCE ID CARD

School Insurance of Florida Student Accident Insurance

Purchase Date cannot be prior to May 15th 2026

Expiration Date : 05/29/2027

Please cut your insurance card out and retain for records.

<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023	<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023
Student Name: EVANITTA OMENSETTER	Student Name: EVANITTA OMENSETTER
School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL	School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL
Date Paid: 05/15/2026 Amount Paid: \$60.00	Date Paid: 05/15/2024 Amount Paid: \$60.00
Coverage: FBLA Group A Football Lacrosse Termination Date: 05/29/2027	Coverage: FBLA Group A Football Lacrosse Termination Date: 05-30-2025
For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.	For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.
This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.	This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.


Please visit our website WWW.HCPSATHLETICPROTECTION.COM to view answers to frequently asked questions, or to download another summary of the insurance benefits. Thank you. We appreciate your business!

Sincerely,

School Insurance of Florida

- Log into your school insurance of Florida account (<https://hcpsathleticprotection.com/>)
- Download/print and/or Save your **insurance ID card** provided after purchase.
- Upload to your athletic clearance account

DOCUMENT(S) REQUIRED: ENROLLMENT AND RESIDENTIAL HISTORY FORM


Hillsborough County PUBLIC SCHOOLS
Providing a Future for All

HCPS Student-Athlete Enrollment & Residential History

Student's Name: _____ Date of Birth: _____ Current Grade: _____

Current Home Address*: _____

Number of Years Resided at Current Home Address: _____

Most Recent Previous Home Address: _____

Does the student ever reside at another address during the school year (split families)? (check one) Yes No

If yes, please explain: _____

If yes, address of other residence: _____

Name of School that student attended and Completed 8th Grade: _____

Has the student ever attended another high school? (check one) Yes No
(Fill in below for every other high school student has attended. If more lines are needed, please attach additional pages.)

If yes, name of prior high school: _____ Reason for transfer: _____

If yes, name of prior high school: _____ Reason for transfer: _____

Enrollment Type: (check one): Attendance Zone District Assignment Choice Other/Non-Traditional

If Other/Non-Traditional, please explain: _____

List all sports student has played in high school: (If incoming freshman – only list sports interested in for 9th grade. N/A for all other grades.)

9 th Grade:	10 th Grade:	11 th Grade:	12 th Grade:
_____	_____	_____	_____
_____	_____	_____	_____

List the LAST school student participated in high school athletics: _____

Prior High School Athletics Participation:
 An FHSAA EL6 (Change of Schools) Form will need to be submitted electronically by the current school to any prior High School in which students participated. The following information is needed:
 Prior High School Athletic Director's Name: _____
 Prior High School Athletic Director's Email Address: _____
 Prior High School City: Prior High School State: _____

My signature (wet signature only) below states that I have provided the most up-to-date and accurate information.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Relationship to Student	Date
------------------------------	---------------------------	-------------------------	------

**The school is required to be notified within 10 days of moving when a change of address occurs and provided with documentation of the new address.*

- ❖ Form **MUST** be completed in it's entirety.
- ❖ List **ALL** schools previously attended.
- ❖ Last school participated in high school athletics **MUST** be complete if you participated
- ❖ **Original Signature Required** – **NO PRINTED** signatures allowed

DOCUMENT CHECKLIST:



Before logging in or creating an account on athletic clearance make sure you have all the following

List of Documents Needed For Athletic Clearance

- EL2 (Physical) on approved FHSAA EL2
- EL1 (ECG Screening) – ONLY if NEW Student (9-12 grade) returning students see what to upload in this section.
- EL1/2S – if needed
- Birth Certificate
- Two (2) Proof of Residence
 - E.g.: (TECO or water bill within 30 days of athletic clearance application)
 - Mortgage
 - Lease (Student MUST be listed as an occupant)
 - Homestead ONLY Property Record
- 4 FHSAA Required Videos
- Government Issued ID of parent signing forms
- School Health of Florida Insurance ID card
- Residential and Enrollment History Form

LOGGING IN

[HTTPS://ATHLETICCLEARANCE.FHSAAHOME.ORG/](https://athleticclearance.fhsaaahome.org/)

If you have ever had an account, log in here. If you have forgotten your info, DO NOT create a new account. Use the reset or HELP options.

HOME CAMPUS
ONE

Home

Florida Registration Options

Florida Registration Options

✓ **2026–27 Athletic Clearance**

Use this for all new 2026–27 registrations. This is the standard platform for Florida schools.

- ✓ New student registrations
- ✓ New school year submissions
- ✓ All future Florida clearances

[Go to 2026–27](#)

⚠ **2025–26 School Year (Current)**

Use this to finish or update registrations for the current school year. This remains available for ongoing updates.

- ⚠ Updating existing physicals
- ⚠ Finishing current-year athlete records
- ⚠ Managing active 2025–26 submissions

[Continue 2025–26](#)

⚠ Important: If you are starting a new clearance for **2026–27**, select the 2026–27 option. Use 2025–26 only for current school year updates.

[Create an Account](#)

AFTER SELECTING 2026-2027 SCHOOL YEAR

The screenshot shows the Home Campus website interface. At the top left is the logo for Home Campus, described as 'ONE STOP SHOP FOR SCHOOL ATHLETICS'. To the right of the logo are two buttons: 'For Students & Parents' and 'For School Admin'. Below this is a dark navigation bar with links for 'Home', 'Schedule Management', 'Association Software', 'Athletic Clearances', 'Coaches Clearances', and 'About Us'. The main content area is white and features a central 'Login' form. The form includes an 'Email' input field, a 'Password' input field, and a 'Remember me' checkbox. Below these fields is a teal 'Login' button, followed by blue links for 'Forgot your password?' and 'Create an Account'. A horizontal line with the word 'or' in the center separates these from a 'Sign In Using Google' button at the bottom. A large red arrow points from the left text box to the 'Forgot your password?' link.

Returning users: Use same username and password. If you have forgotten your password – click forget password

If you have never logged in – click here to create an account. The parent must create the account using THEIR email, not the student's.



Your password has been reset!

✓ You are in: 2026-27 System

2026-27 Athletic Clearance Current

This is the new platform for the 2026-27 school year and beyond.



Need to work in the other year?

[Switch to 2025-26 School Year \(Florida only\) →](#)

My Student/Athlete Clearances

[Start Clearance Here](#)

Filter Search

Year

All Years

Status

All

[Search](#)

All Clearances

[Archived Clearances](#)

[Purchase History](#)

Choose Start Clearance Here



Clearance - Setup

Choose which School, Year & Sport

State *

Select

School * ?

X

Next

- **Choose State: Florida**
- **Find School: Plant (Tampa) Address will populate**
- **Select the Year: 2026-2027**
- **Select Sport (click on additional sport if multisport athlete. Note please make sure you purchase correct level of insurance)**
- **Select Next**

Clearance - Setup

Choose which School, Year & Sport

State *

Florida

School * ?

Plant (Tampa) X

Address

2415 S. Himes Ave. Tampa, Florida 33629

Year *

2026-27

Sport * (If you are a multiple sport athlete click "+ Additional Sport")

Football (11 person)

+ Additional Sport

Next

Year
2026-27

School
Plant (Tampa)

Sport
Football (11 person); Track & Field, Boys; Wrestling, Boys



Student



Parent/Guardian



Offer



Medical



Additional Questions



Signatures



Files



Confirmation

Choose Existing Student

First Name *

Last Name *

Date of Birth *

Student ID *

Gender *

Is the Student Covered by Insurance? *

Does the student possess a US or US Territory Birth Certificate? *

- Yes
 No

Primary Physician/Family Doctor N/A *

Physician Phone # N/A *

STUDENT SECTION

Gender *

Grade *

Graduation Year *

Home Address *

Address Line 2

City *

State *

Zip *

Home Phone *

Mobile Number * N/A

Student Email *

Preferred Hospital *

Please enter the preferred hospital you would like your student to be transported to in the case of an emergency. The field is required; it cannot be left blank. If none, enter "Nearest Hospital".

Education History *

- My student has never attended a different high school
 Student has previously attended a different high school
 Student attends academic classes at a different school

- Student Information: Please Complete ALL Information.
- DO NOT LEAVE BLANKS system will not let you continue if you leave blanks

Back to Clearances

Save and Continue

INSURANCE SECTION IN STUDENT INFORMATION

Is the Student Covered by Insurance? *

Yes

Insurance Company *

Insurance Policy Number *

EL3 - Consent and Release from Liability Certificate *



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



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



I have purchased supplemental football insurance through my child's/ward's school

Is the Student Covered by Insurance? *

No

No Insurance Message

School insurance is mandatory and must be purchased online at www.hcpsathleticprotection.com

- Select Yes or No. See boxes to select for how you answer.
- Complete Information
- Your insurance is the primary insurance
- **HCPS REQUIRED Supplemental Insurance** Must be purchased based on sport. (see insurance slide on coverages and groups) You will upload the insurance ID card in the files section
- www.hcpsathleticprotection.com
- Select Save and Continue

PARENT INFORMATION SECTION

Year
2026-27

School
Plant (Tampa)

Sport
Football (11 person); Wrestling, Boys; Track & Field, Boys

Student **Parent/Guardian** Offer Medical Additional Questions Signatures Files Confirmation

Choose Parent/Guardian
Select

Parent/Guardian #1

First Name *

Last Name *

Mobile * N/A

Email *

Student is living with *
Select

Emergency Contact
If Guardian 1 or 2 is not available, who should be contacted?

First Name *

Parent/Guardian #2 N/A

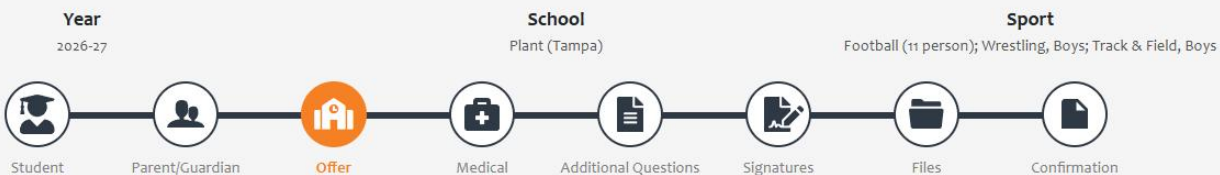
First Name

Last Name

Mobile N/A

Email

- Complete Parent/Guardian Information. This SERVES AS YOUR STUDENTS EMERGENCY CARD – please complete this section with accurate information
- Click on save and continue



Does your child want to compete at the college level?

Find out how NCSA College Recruiting and IMG Academy help high school athletes get recruited to play the sport they love in college. Start with a free recruiting profile visible to every college coach in the country.

Yes
 No

How would you best describe your interest level to compete in college? *

Select

Disclaimer: By selecting Yes and clicking Save and Continue, I consent to share my and my child's personal information with and be contacted by NCSA and affiliates at the number provided via recurring live or automated calls (including AI/prerecorded) or texts, and to receive a free profile. Consent not required for purchase. I may revoke consent by calling 1-877-845-6272. I agree to the [Privacy Policy](#) and [Terms of Use](#), including mandatory arbitration.



- **Not required. You can choose how you respond to this question**
- **Choosing yes – NCSA is a recruiting service that will send you information.**
- **Choosing no – you won't get information.**
- **You must chose an answer.**
- **Click on save and continue**



HIRE AN NCAA ATHLETE MENTOR

Would you like to learn more about how a college athlete could support Evanitta?

- Yes, I'd like a team member to reach out to me
- No, I'll pass for now

- 1 2 GET MATCHED WITH A COLLEGE ATHLETE
- 3 TRY A FREE MENTORSHIP SESSION

CHOOSE A PACKAGE AND GET STARTED



- **Not required. You can choose how you respond to this question**
- **Choosing yes – NCSA is a recruiting service that will send you information.**
- **Choosing no – you won't get information**
- **You must choose an answer or it won't let you get past this page**

MEDICAL SECTION

Year
2026-27

School
Plant (Tampa)

Sport
Football (11 person); Wrestling, Boys; Track & Field, Boys

Student Parent/Guardian Offer **Medical** Additional Questions Signatures Files Confirmation

Recommended

Sports Injury Coverage

Get up to \$5,000 reimbursed for medical expenses due to injuries that happen during your registered activity - with just a \$50 deductible per incident. This affordable protection helps cover registration costs and unexpected emergency medical expenses resulting from sickness or injuries that may occur while traveling to participate in the registered activity.

- Emergency Medical expenses coverage up to \$5,000
- Emergency Dental expenses coverage up to \$500
- Includes ambulance, hospital, prescriptions, and emergency dental care
- Active for the entire registered season for a one-time fee.

<input type="checkbox"/> Include Football (11 person) Package for Evanitta Omensetter (Football (11 person) Season 2026-27)	\$147.29
<input type="checkbox"/> Include Wrestling, boys Package for Evanitta Omensetter (Wrestling, Boys Season 2026-27)	\$21.23
<input type="checkbox"/> Include Track & field, boys Package for Evanitta Omensetter (Track & Field, Boys Season 2026-27)	\$24.96
<input type="checkbox"/> Decline Coverage	

Accepting coverage constitutes my electronic signature. I confirm that I have read, understand, and agree to the [insurance notices and disclosures](#).

➤ In case you get this section:

➤ This is NOT the HCPS Required Insurance – you can Decline coverage

➤ Scroll Down and complete Students Medical History

STUDENT MEDICAL HISTORY INFORMATION

Do you have or have had any of the following?

Allergies (drug, food, insects, etc.)

Yes No

Does the student-athlete carry an inhaler?

Yes No

Concussion or Head Injury

Yes No

Sickle Cell Trait

Yes No

Heart murmur/abnormal heart beat

Yes No

Diabetes

Yes No

Hepatitis/yellow jaundice

Yes No

Mononucleosis

Yes No

ADD/ADHD

Yes No

Wears contact lenses/glasses

Yes No

Sport injuries (sprains/strains) in Past Year?

Yes No

Current Medications

Yes No

My child has a special need and/or medication required on this field trip, activity or sport.

Yes No

Do you have an Epi Pen?

Yes No

Headaches or Migraines

Yes No

Dizziness or fainting spells

Yes No

Heat illness, treated or hospitalized

Yes No

Family history of heart disease

Yes No

Family history of diabetes

Yes No

Kidney or bladder problems

Yes No

Missing organs

Yes No

Anxiety/Depression

Yes No

Surgeries

Yes No

Sudden death in family before age 55

Yes No

Any other disorders or diseases that have required physician evaluation or treatment

Yes No

History of skin conditions

Yes No

Asthma

Yes No

Unconsciousness or blackouts

Yes No

Muscle cramps

Yes No

High blood pressure

Yes No

Epilepsy or seizures

Yes No

Rheumatic Fever

Yes No

Stomach trouble or ulcer

Yes No

Hearing/Speech Disorder

Yes No

Painful/Irregular Menstrual Periods

Yes No

Broken Bones

Yes No

False teeth or bridges

Yes No

My child has special needs that the staff should be made aware of.

Yes No

Additional Comments

Yes No

staff should be made aware

[Download Blank Physical Form](#)

Print your physical form here. Please upload your completed physical form at the end of the Athletic Clearance process in the Files section.

[Previous](#)

[Save and Continue](#)

- This is your students medical history information.
- Please complete as accurately as possible.
- You can print the EL2 page from here. (Click on download and print)
- Click save and continue

ADDITIONAL QUESTION SECTION



Year

2026-27

School

Plant (Tampa)

Sport

Football (11 person); Wrestling, Boys; Track & Field, Boys



Student



Parent/Guardian



Offer



Medical



Additional Questions



Signatures



Files



Confirmation

What school did you attend last year?*

Plant (Tampa) Other

Insurance Dollar Amount: *

Choose the dollar amount that you have paid for insurance.

- \$60 - Tackle Football , Lacrosse
 \$40 - Soccer, Volleyball, Baseball, Softball, Wrestling, Basketball
 \$30 - Golf, Cheerleading, Cross Country, Track, Swimming, Girls Flag Football, and Team Managers

Previous

Save and Continue

- **Select School Attended Last Year**
- **Choose the insurance level you purchased of the required HCPS supplemental insurance**
- **Click on Save and continue**

SIGNATURE SECTION

NOTE:

IF STUDENT HAS THE SAME NAME AS PARENT SIGNING THE FORMS, DIFFERENTIATION MUST BE MADE.

FOR EXAMPLE:

JOHN DOE, AND JOHN DOE JR.
OR JOHN C DOE, AND JOHN S.
DOE

STUDENT SIGNATURE ON THE
LEFT PARENT SIGNATURE ON THE
RIGHT

PLEASE READ EACH FORM AND
SIGN

Year: 2026-27 | School: Plant (Tampa) | Sport: Football (11 person); Wrestling, Boys; Track & Field, Boys

Student | Parent/Guardian | Offer | Medical | Additional Questions | **Signatures** | Files | Confirmation

EL3 - Consent and Release from Liability Certificate

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.

G. Please check the appropriate box(es):

- My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000. Company: _____ Policy Number: _____
- My child/ward is covered by his/her school's activities medical base insurance plan.
- I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (only one parent/guardian signature is required)

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

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

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

Required *
Student signature here

Please type **Evanitta Omensetter**

Required *
Parent signature here

Please type **Evanitta Omensetter**

EL3 - Consent and Release from Liability Certificate for Concussions

FLORIDA Florida High School Athletic Association

EL3

LIST OF FORMS YOU ARE SIGNING

- FHSAA EL3 CONSENT AND RELEASE FROM LIABILITY CERTIFICATE
- FHSAA CONSENT AND RELEASE FROM LIABILITY CERTIFICATE FOR CONCUSSION
- FHSAA CONSENT AND RELEASE FROM LIABILITY CERTIFICATE SUDDEN CARDIAC ARREST
- FHSAA CONSENT AND RELEASE FROM LIABILITY CERTIFICATE FOR HEAT RELATED ILLNESS
- FHSAA CONSENT AND RELEASE FROM LIABILITY CERTIFICATE FHSAA RULES
- AFFIDAVIT OF COMPLIANCE WITH RECRUITING AND NON-TRADITIONAL STUDENT PARTICIPATION
- FHSAA POLICY 36 ON RECRUITING

LIST OF FORMS YOU ARE SIGNING

- HCPS PAYMENT OF FINES
- HCPS SOCIAL MEDIA AND HAZING GUIDELINES
- HCPS STUDENT REQUIRED NFHS COURSES
- HCPS WHAT YOU SHOULD KNOW ABOUT SENIOR HIGH ATHLETIC ELIGIBILITY
- HCPS SMAC RECOMMENDATION FOR ECG AS PART OF THE PRE-PARTICIPATION EXAMINATION
- TITLE IX AND ATHLETICS
- HCPS POLICY ON USE OF PERSONAL EQUIPMENT
- HCPS PARENT/GUARDIAN/STUDENT ATHLETE CODE OF CONDUCT
- HCPS SMAC RECOMMENDATION FOR SICKLE CELL TRAIT SCREENING
- STATEMENT OF CONSENT
- MEDIA RELEASE
- PARENT PLEDGE

IMPORTANT! READ HOW TO UPLOAD FILES:

OPTION 1: USING PDF FILES TO UPLOAD

- Click on choose existing files
- Upload files in appropriate places.
- Scroll down to the bottom of the page and click on Save and Continue.
- If you have uploaded all required forms – you will receive a confirmation screen after you click on save and continue and a status of pending.
- If you are missing any uploads – you will get an in processing status. If you get this screen – you are not done and I cannot see any of your documents.

OPTION 2: USING PICTURES to UPLOAD:

- Click on browse
- This will give you an option to take a picture
- Click on Take a picture
- Take a CLEAR PICTURE – DON'T CUT OFF THE EDGES OF THE PAGE. (Don't worry about the size)
- Click on Use picture.
- Do this for each document that you need to upload.
- Scroll down to the bottom of the page and click on Save and Continue.
- You will get a confirmation screen and a status that says pending.
- If you are missing any uploads – you will get an in progress status. If you get this screen you are not done and I cannot see any of your documents.

Files

- Proof of residency must be a current TECO/water bill, mortgage statement, or lease agreement.
- Name and/or address on parent Photo ID must match proof of residence and/or information submitted on this website.

EL1 *
[\(Download File\)](#)

Drop file here or [click to upload](#) Choose Existing file

EL1/2S
[\(Download File\)](#)

Drop file here or [click to upload](#) Choose Existing file

EL2 *
[\(Download File\)](#) Expiration Date:

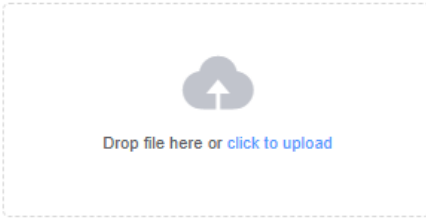
Drop file here or [click to upload](#) Choose Existing file

FILE UPLOADS:

- **PLEASE UPLOAD THE CORRECT FILE WHERE IT SHOULD GO:**
- **EL1:**
 - For **NEW** students that have **NEVER** participated in high school athletics (9th grade, 10-12th grade that have **NEVER** participated).
 - For returning **PLANT** students who **HAVE** participated in high school athletics in Florida - please write **“RETURNING STUDENT” ON THE FORM AND UPLOAD.**
 - For students who participated in **ANY** other school in Florida – you may write returning student and upload – however you will **NOT** be cleared until your **EL6** is returned from your sending school.
- **EL2:**
 - **ONLY** Page 4 – Must be cleared without limitation. If multiple pages are uploaded – clearance will be **DENIED.**
 - **Doctors** printed and signature **MUST** be on form
 - **Doctors** office address and phone number **MUST** be on form
- **EL1/2S:**
 - **ONLY** needed if recommendations were made on **page 4.**

NFHS Concussion Video Certificate *

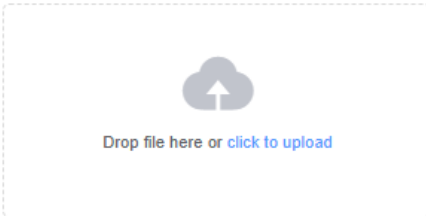
[\(Link\)](#)



Choose Existing file

NFHS Heat Illness Video Certificates *

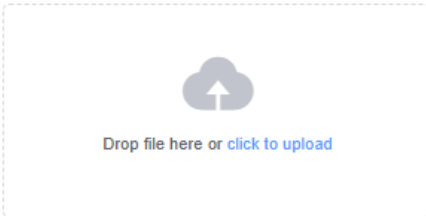
[\(Link\)](#)



Choose Existing file

NFHS Sudden Cardiac Arrest Video Certificate *

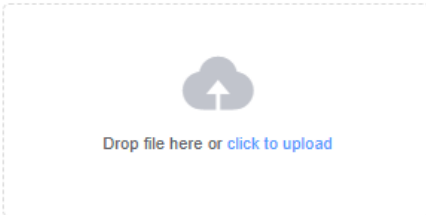
[\(Link\)](#)



Choose Existing file

NFHS Sportsmanship Course *

[\(Link\)](#)



Choose Existing file

- ❖ **CERTIFICATES FOR THE FOUR REQUIRED FHSAA VIDEOS (IN STUDENT'S NAME) FROM NFHSLEARN.COM. (CONCUSSION FOR STUDENTS, HEAT ILLNESS, SUDDEN CARDIAC ARREST, SPORTSMANSHIP)**
- ❖ **UPLOAD EACH CERTIFICATE IN THE CORRECT SECTION**
- ❖ **VIDEOS MUST BE COMPLETED ON OR AFTER MAY 15, 2026 OF THE CURRENT YEAR TO BE ACCEPTED FOR THE 2026-2027 SCHOOL YEAR**
- ❖ **IF YOUR STUDENT PARTICIPATES IN BAND OR BAND AUXILIARY – THEY MUST WATCH THE SPECIFIC VIDEOS LISTED AND ADHERE TO THE DATES FOR ATHLETICS**

Government Issued Photo Identification *



Drop file here or [click to upload](#)

Choose Existing file

Birth Certificate *



Drop file here or [click to upload](#)

Choose Existing file

Proof of Residency *



Drop file here or [click to upload](#)

Choose Existing file

Proof of Insurance *




Drop file here or [click to upload](#)

Choose Existing file

- ❖ **GOVERNMENT ISSUED PHOTO IDENTIFICATION OF PARENT OR LEGAL GUARDIAN SIGNING THE FORMS.**
- ❖ **ADDRESS MUST MATCH ADDRESS ON FILE AND PROOF OF RESIDENCE FOR ATHLETIC CLEARANCE**
- ❖ **WHEN SCANNING THIS DOCUMENT, MAKE SURE ALL INFORMATION IS CLEARLY VISIBLE IN THE PICTURE.**
- ❖ **COPY OF BIRTH CERTIFICATE**
- ❖ **2 PROOFS OF RESIDENCE: (SEE ACCEPTABLE LIST ON PROOF OF RESIDENCE DOCUMENTS SLIDE)**
- ❖ **PROOF OF INSURANCE = REQUIRED HCPS SUPPLEMENTAL INSURANCE ID CARD**

Additional EL2 Pages




Drop file here or [click to upload](#)

Choose Existing file

Enrollment History *

[\(Download File\)](#)



Drop file here or [click to upload](#)

Choose Existing file

Previous

Submit Completed Application

❖ **YOU MAY UPLOAD THE E.G. SCAN ON THE ADDITIONAL EL2 PAGES**

❖ **ENROLLMENT HISTORY FORM: DOWNLOAD, COMPLETE AND UPLOAD**

❖ **CLICK SUBMIT COMPLETED APPLICATION**

Year
2026-27

School
Plant (Tampa)

Sport
Football (11 person); Wrestling, Boys; Track & Field, Boys

Confirmation Message

Dear [username],

This message is to let you know [student-name] has started the Athletic Clearance process to participate in Football (11 person); Wrestling, Boys; Track & Field, Boys for Plant (Tampa) in 2026-27.

This email does not mean that your student is cleared to participate in sports at Plant (Tampa) High School. The final step in this process requires clearance from the Assistant Principal for Administration before your student will be permitted to tryout, practice, condition or train with Plant (Tampa) High School Athletics. Notification of clearance will be sent electronically to the email address provided in your Home Campus account. Once you receive your confirmation email, your student needs to bring the confirmation email and report to their respective coach to participate.

Thank You,

Plant (Tampa) High School

[Back to Clearances](#)

[Print](#)

❖ **CONFIRMATION MESSAGE – YOUR DONE! (YOU WILL ALSO GET AN EMAIL CONFIRMATION)**

❖ **IT CAN TAKE UP TO 20 DAYS TO BE CLEARED.**

❖ **CLEARANCES ARE PROCESSED IN ORDER THEY ARE RECEIVED AND IN ORDER OF SEASON.**

❖ **TEAMS WITH OFF SEASON WORKS OUTS – PATIENCE IS ASKED OF YOU AS THOSE NEEDING TO BE CLEARED FIRST (CHEER) DUE TO TRY OUT DAYS WILL BE PROCESSED FIRST.**

