



Miami-Dade County Public Schools  
 Division of Athletics and Activities  
 ATHLETIC PHYSICAL FORM

SCHOOL NAME Mater Lakes Academy SCHOOL YEAR 2022 / 2023 GRADE \_\_\_\_\_  
 SPORT(S) \_\_\_\_\_

**SECTION I - STUDENT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_ FEMALE  MALE  ID # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**SECTION II - PARENT/GUARDIAN INFORMATION**

PARENT/GUARD \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PARENT/GUARD \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 EMERGENCY CONTACT PHONE \_\_\_\_\_

**SCHOOL BOARD INSURANCE INFORMATION**

IN ACCORDANCE TO SCHOOL BOARD POLICY 2431, INTERSCHOLASTIC ATHLETICS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport.** Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. **Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased.** Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100% of all bills for any one accident. **Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. All School Board-approved insurance is non-refundable.**

**SECTION III - PARENT/GUARDIAN INSURANCE INFORMATION**

**PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:**

NAME OF INSURED \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 INSURANCE COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 INSURANCE COMPANY ADDRESS \_\_\_\_\_  
 INSURANCE POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_  
 PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

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

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you cough, wheeze or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been knocked out, become unconscious or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you ever been diagnosed with sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever been diagnosed with having the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B: _____ Chickenpox: _____		

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Preparticipation Physical Evaluation (Page 2 of 3)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

**Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes  No  Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**FINDINGS**                      **NORMAL**                      **ABNORMAL FINDINGS**                      **INITIALS\***

**MEDICAL**

- 1. Appearance \_\_\_\_\_
- 2. Eyes/Ears/Nose/Throat \_\_\_\_\_
- 3. Lymph Nodes \_\_\_\_\_
- 4. Heart \_\_\_\_\_
- 5. Pulses \_\_\_\_\_
- 6. Lungs \_\_\_\_\_
- 7. Abdomen \_\_\_\_\_
- 8. Genitalia (males only) \_\_\_\_\_
- 9. Skin \_\_\_\_\_

**MUSCULOSKELETAL**

- 10. Neck \_\_\_\_\_
- 11. Back \_\_\_\_\_
- 12. Shoulder/Arm \_\_\_\_\_
- 13. Elbow/Forearm \_\_\_\_\_
- 14. Wrist/Hand \_\_\_\_\_
- 15. Hip/Thigh \_\_\_\_\_
- 16. Knee \_\_\_\_\_
- 17. Leg/Ankle \_\_\_\_\_
- 18. Foot \_\_\_\_\_

\* - station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

- Cleared without limitation
- Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
- Precautions: \_\_\_\_\_
- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

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



Consent and Release from Liability Certificate (Page 1 of 4)

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: Mater Lakes Academy

School District (if applicable):

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 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by 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 or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/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 ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

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

Company: Policy Number:

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

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

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

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

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

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) Signature of Student Date



**Consent and Release from Liability Certificate for Concussions (Page 2 of 4)**

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.

School: Mater Lakes Academy School District (if applicable): \_\_\_\_\_

**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 can't 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 health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), 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 step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of 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 students 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 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](http://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 of participation for myself and that of my child/ward.

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



Florida High School Athletic Association

## Consent and Release from Liability Certificate for

### Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

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.

School: Mater Lakes Academy

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

#### Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

**What to do if your student-athlete collapses:**

1. Call 911
2. Send for an AED
3. Begin compressions

#### FHSAA Heat-Related Illnesses Information

People 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 isn't 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.

**Heat Stroke** is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

**Heat Exhaustion** is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

**Heat Cramps** usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

**Who's at Risk?**

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at [www.nfhslearn.com](http://www.nfhslearn.com). I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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

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.

## 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. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student, a charter school student, a special/alternative school student, non-member private school student or 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 which the student is permitted to participate.** Home education students and students attending non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within the first 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a **cumulative 2.0 grade point average** on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than eight semesters ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must not turn 19 before **July 1st** to participate at the high school level; must not turn 16 prior to **September 1st** to participate at the junior high level; and must not turn 15 prior to **September 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. 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)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (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 acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





**Miami-Dade County Public Schools**  
**Contract for**  
**Student Participation in Interscholastic Competitions or Performances**  
**per School Board Policy 5845, Student Activities**

Senior High School   Mater Lakes Academy  

Student Name (Print or Type) \_\_\_\_\_

Student ID Number \_\_\_\_\_

Team/Performing Group \_\_\_\_\_

A student who participates in interscholastic competitions and/or performance groups should demonstrate high standards of ethics and promote the development of good character and other life skills. A model student participant should exhibit a high degree of decorum demonstrating respect for self, family, and all people regardless of ethnicity, race, religion, gender or physical condition. As a representative of Miami-Dade County Public Schools (M-DCPS), I commit to adhering to the following values and team rules.

**Core Values**

**CITIZENSHIP**

I will:

- Comply with school, classroom and interscholastic competition rules.
- Respect all laws and rules of society.
- Use appropriate language at all times.
- Demonstrate behavior that is fair, civil, polite and courteous.
- Abide by and understand the rules of the competition in which I am participating.

**COOPERATION**

I will:

- Resolve conflicts with peers in an appropriate and lawful manner.
- Adhere to the school dress code.
- Accept responsibility for my own behavior.
- Support classmates and team members in their lawful endeavors.
- Demonstrate school pride in an appropriate manner.
- Cooperate with administrators, teachers, coaches, and sponsors.

**COMPASSION**

I will:

- Provide support to people who are in need of assistance.
- Demonstrate kindness to peers and adults.
- Assist teachers, coaches, and sponsors in making my school environment a positive place in which to learn.
- Support community outreach programs and charities when possible.
- Make contributions of time and energy that enrich the school environment.

**HONESTY and RESPONSIBILITY**

I will:

- Tell the truth.
- Live and compete honorably.
- Report any inappropriate or illegal act to an administrator, teacher, coach, or sponsor.
- Complete all work independently.
- Return lost property to the owner.
- Attend school and all classes regularly and on time.

**INTEGRITY**

I will:

- Express beliefs and feelings without regard to social pressure and do what's right even when it is unpopular or personally costly. Help fellow classmates and teammates.
- Support school activities and interscholastic programs.
- Exercise self-control.
- Engage in healthy life-style practices.

**EXCELLENCE**

I will:

- Put forth maximum effort and complete all academic assignments.
- Maintain a cumulative GPA of at least 2.00.
- Maintain an average conduct grade of at least 2.00 in each semester.
- Commit to being a student first and to getting the best education I can.

**FAIRNESS and RESPECT**

I will:

- Participate in activities that are safe, respectful and lawful.
- Treat all adults (administrators, teachers, coaches, and sponsors) and peers (teammates) with respect.
- Treat all people the same regardless of ethnicity, race, religion, gender, age or disability.
- Respect the integrity and judgment of competition judges or game officials.

**Team Performing Group Rules**

All interscholastic athletics and school activities are meant to contribute to the overall academic excellence achieved by a student participant. The following rules and consequences are seen as the basic conditions that must be met by a student who wishes to represent his or her school through interscholastic competitions or performances:

- 1) A student must maintain a cumulative 2.00 GPA or higher as specified by s. 1003.43(1) Florida Statutes.
- 2) A student must receive a minimum 2.00 in conduct in the preceding semester.
- 3) If a student is assigned to Indoor Suspension/School Center for Specialized Instruction (SCSI), he or she will be unable to participate in interscholastic competitions or performances on the day(s) on which he or she is assigned. If the assignment to SCSI takes place on/or includes a Friday, the student will be unable to participate in interscholastic competitions or performances on the weekend.
- 4) A student who is serving an Outdoor Suspension or is assigned to the Student Success Center (SSC) cannot practice or participate in interscholastic competitions or performances and may be subject to further sanctions or penalties.
- 5) A student who has a total of eleven (11) cumulative days of suspension (indoor, outdoor/SSC) will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
- 6) A student who has ten (10) or more cumulative absences will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year. (Outdoor suspension is considered an absence.)
- 7) A student who has twenty (20) or more cumulative tardies will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
- 8) A student must be reported as present for the school day in order to participate in interscholastic competitions or performances, including practices.
- 9) A student who participates in interscholastic competitions or performances and has not performed at grade level as defined by the Florida Department of Education may seek two (2) hours per week of academic tutoring.
- 10) Any student who is arrested for conduct occurring on or off school grounds will be prohibited from participating in all interscholastic competitions or performances for a minimum of ten (10) days, including practices.

**I have read and understand the requirements of the Contract for Student Participation in Interscholastic Competitions or Performances. I understand that participation in interscholastic competitions or performances is a privilege and not a right. I understand that I am expected to perform according to this contract and the team/performing group rules. I understand that there may be sanctions or penalties, which may include suspension or dismissal from the team/performing group.**

**This contract is in effect for one (1) calendar year from the date of signature.**

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# STUDENT-ATHLETE SPORTSMANSHIP CONTRACT

1. **Accept and understand** the seriousness of your responsibility.
2. **Show respect for opponents** at all times. The opponent must be accorded respect, integrity and courtesy.
3. **Respect cultural and ethnic differences.**
4. **Respect contest officials** as impartial decision makers and contest managers. Accept decisions despite the impact on the contest. Control emotions.
5. **Understand the rules of the game.** Moreover, understand that playing rules are intended to provide safe control of a contest while preventing opponents from gaining an advantage.
6. **Keep competition in perspective.** Athletics must be educational experiences and not dominated by a consuming desire to win at the expense of fairness and integrity.
7. **Respect opponent skills and talents.** Demonstrate an appreciation for excellence in opponent performances.
8. **Shake hands** with opponents before and/or after a contest. Wish them good luck.
9. **Accept victories or losses** with equal self control, poise and dignity.
10. **Accept responsibility** for the leadership privilege that is accorded to student-athletes and competitors.
11. **Make sport citizenship a total team commitment** regardless of your individual role.
12. **Treat opponents** as you would wish to be treated.
13. **Refrain from harassment,** taunting or degrading commentary about opponents, officials or teammates.
14. **Avoid disrespectful language** or conduct, trash talk or profanity.
15. **Demonstrate respect** for officials' opinions and judgments at all times.

Student-Athlete's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student-Athlete's Signature: \_\_\_\_\_

## STUDENT ACKNOWLEDGEMENT AND CONSENT

I have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate (EL3)*, *Consent and Release from Liability Certificate for Concussions*, *Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness*, and I have also read and signed the Miami-Dade County Public Schools (M-DCPS) *Contract for Student Participation in Interscholastic Competitions or Performances (FM-7155)*. I also agree to comply with M-DCPS Board Policies and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers.

I agree to follow the rules of M-DCPS, the GMAC, and the FHSAA and 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 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, including the responsibility of reporting my injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

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 The School Board of Miami-Dade County, Florida, my school, the schools against which it competes, the contest officials, GMAC, 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 parties named 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 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. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me. 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. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

\_\_\_\_\_  
Name of Student Printed

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I/we have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate (EL3)*, *Consent and Release from Liability Certificate for Concussions*, *Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness*, and I/we have also read and signed the Miami-Dade County Public Schools (M-DCPS) *Contract for Student Participation in Interscholastic Competitions or Performances (FM-7155)*. I/we also agree to comply with M-DCPS Board Policies and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers. I/we know of, and acknowledge, that my/our child/ward knows of, the risks involved in interscholastic athletic competition, 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, including the responsibility of reporting my/our child's/ward's injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

With the full understanding of the risks involved, I/we for ourselves, and for our child/ward, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT(S) NOT TO SUE** The School Board of Miami-Dade County, Florida, its members, officers, employees, agents, representatives, insurers, and assigns (referred to as "releases"), from any and all liability to the undersigned, his/her parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we for ourselves and for our child/ward, **HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/we hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all the records relevant to his/her athletic eligibility including, but not limited to, his' or her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness.** In addition, I/we grant the releases the right to photograph and/or videotape my/our 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. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me. The released parties, however, are under no obligation to exercise said rights herein.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics. **I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

I/we have read and understood the previous information. Furthermore, I/we have reviewed my/our child's medical history form (EL2) and agree that it is accurate and complete. I/we give consent for my/our child to participate in ImPACT Testing; Cognitive Testing and Post Concussion Testing and King-Devick Testing; Rapid Eye Movement Sideline Screening. I/we give consent for the medical staff to perform the pre-season sport physical examination on my/our child, which I/we understand is not a substitute for regular check-ups and care from our own family physician. I/we also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician, nurse practitioner, or physician assistant) to treat my/our child, if necessary, at any physical, practice, or game upon my/our absence. My/our signature in the space(s) below indicates that the requirements have been carefully read and permission is granted for my/our child to participate in all interscholastic athletics, with the exception of

(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_  
(Please print name) (Please print name)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father Mother Guardian

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father Mother Guardian

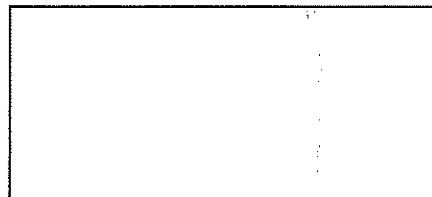
SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

BY \_\_\_\_\_, WHO PRODUCED A LEGAL IDENTIFICATION OR IS PERSONALLY KNOWN TO ME.

NOTARY NAME \_\_\_\_\_  
(Please print name)

NOTARY SIGNATURE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



NOTARY SEAL

## SPORTSMANSHIP AGREEMENT

Dear Parent/Guardians:

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to complete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son-daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provide a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a privilege to participate and not a right.

As parents you have committed yourselves to certain responsibilities and obligation as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guideline and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By Signing below, I agree and understand the contents contained in this letter.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)



Florida High School Athletic Association

## Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a "Non-Traditional" student (i.e. home education, certain charter and special/alternative school, certain private school, FLVS Full Time Public Program, etc.) participating for your school. *This form is not required for students entering from a terminating grade school (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a "Non-Traditional" student at a member school.**
- Due date:** Must be received by the school prior to participation in the first sport in which the student wishes to participate,
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a "Non-Traditional" student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

### TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a "Non-Traditional" student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to "adopt bylaws that specifically prohibit the recruiting of students for athletic purposes." Florida law also regulates the participation in interscholastic athletics by "Non-Traditional" students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by "Non-Traditional" students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a "Non-Traditional" student by signing the attached "Affidavit of Compliance". The signed affidavit must be submitted to the member school prior to a date not earlier than the first day of practice of the first sport in which the student wishes to participate, as posted on the FHSAA Website.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school's athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at [compliance@fhsaa.org](mailto:compliance@fhsaa.org). Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

### What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school's athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school's athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

### Who is "a representative of the school's athletic interests?"

Any person, business or organization that participates in, assists with, and/or promotes a school's athletic program is considered to be a representative of the school's athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school's athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school's interscholastic athletic program.

### What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



# Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

## What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

## What is a "third party"?

A "third party" is an independent person, business or organization who may or may not be a representative of the school's athletic interests.

## What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

## What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

## What are the regulations regarding the participation of "Non-Traditional" students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, prior to participation in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school's insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

## What are the penalties for violations of regulations regarding "Non-Traditional" student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Florida High School Athletic Association

# Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school on or before the first day of practice for the first sport in which the student wishes to participate, as established on the FHSAA Calendar. Submission of this form DOES NOT grant eligibility. The student must be ELIGIBLE in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student *{fill legal name}* \_\_\_\_\_ ("THIS STUDENT"), who was born on *{date}* \_\_\_\_\_, 19/20 \_\_\_\_\_, and who is currently in the {number} \_\_\_\_\_th grade, now attends or wishes to participate for *{school now attending/participating for}* \_\_\_\_\_ ("THIS SCHOOL"), commencing on *{date}* \_\_\_\_\_, 20 \_\_\_\_\_.

THIS STUDENT has previously attended/participated for *{list all previous secondary schools beginning with the most recent and working back in time}* \_\_\_\_\_.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit", or I have read and understand the regulations regarding participation as a "Non-Traditional" student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a "Non-Traditional" student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms prior to participation in the first sport in which the student wishes to participate.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

**Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.**

**FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):**

\_\_\_\_\_  
Signature of Student / Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian



## **COVID-19 SAFETY ACKNOWLEDGEMENT --- LIABILITY WAIVER AND RELEASE OF CLAIMS COVID-19 SAFETY INFORMATION**

While participating in events held or sponsored by Mater Lakes Academy & the Mater Lakes Academy Athletic Department, "social distancing" must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Mater Lakes Academy has put in place preventative measures to reduce the spread of COVID-19. However, Mater Lakes Academy cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in MLA events and/or other face to face activities. By attending an MLA event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR:**

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath).

### **LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with Mater Lakes Academy, and I willingly engage in Mater Lakes Academy Athletic Department events and/or other related activities.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST MATER LAKES ACADEMY AND THE MATER LAKES ACADEMY ATHLETIC DEPARTMENT AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR ADMINISTRATION, DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY. ASSUMPTION OF THE RISK.



# K-12 VOLUNTARY STUDENT ACCIDENT INSURANCE COVERAGE—CHARTER SCHOOLS PROGRAM

COVERAGE UNDERWRITTEN BY BERKLEY LIFE AND HEALTH INSURANCE COMPANY

**ELIGIBILITY:** All registered students K-12 of participating charter schools

Dear Parents,

Mater Lakes Academy Charter Middle/High School is pleased to provide a voluntary Student Accident Insurance Program to protect your child/children in the event of an accident which can be described as an unexpected, external and sudden event that may occur during school activities.

**ELEGIBILIDAD:** Todos los estudiantes matriculados K-12 de las escuelas charter participantes

Queridos padres,

Mater Lakes Academy Charter Middle / High School se complace en proveer un programa voluntario de Seguro de Accidentes para proteger a su hijo/hija a en caso de un accidente que puede ser descrito como un evento inesperado, externo y repentino que puede ocurrir durante las actividades escolares.

Student Name: \_\_\_\_\_

ID # \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_