

JLMS BOYS SOCCER PARENT MEETING

COACH ERIK CARLSON

EMAIL: ECARLSON@PASCO.K12.FL.US

SOCCKER TRYOUTS

- Tuesday Nov 1st and Thursday 3rd
- Only a Two Day Tryout (Be There Both Days)
- Season Starts On Nov 15th – We got to get going quickly)
- AFTER SCHOOL ON THE JLMS TRACK/SOCCER FIELD
- From 3:30pm – 5:30pm
- 3:30pm - 5:30 pm
- CLOSED TRYOUT
- (NO PARENTS OR CARS BY THE TRACK PLEASE)

SOCCER TRYOUTS

- SHOES/CLEATS/SHINGUARDS/SOCKS
- SHORTS / T-SHIRT = P.E. STYLE ATTIRE
- WATER & SNACK IF NEEDED
- IT IS A TRYOUT , NOT SOCIAL TIME

SOCCKER TRYOUTS

- PASSING, TRAPPING, SHOOTING, DRIBBLING
- Only 2 Day Tryout – Show Us What You Got
- NO GUARANTEED SPOTS –
- 24hr RULE – STUDENT APPROACH COACH
- CAN'T TAKE ALL THE ATHLETES WHO TRYOUT
- HARDEST PART OF THE JOB IS MAKING CUTS.

ATHLETIC FORMS (REQUIRED)

School Website: jlms.pasco.k12.fl.us

- Click on Athletics
- Click on Sports Participation Requirements
- Click on Sports Physical (MUST COMPLETE ALL FORMS)
- **Concussion/SCA/HRI Video:** complete & print certificate
- **Notary** –We have some here at school
- **Medicals**- Med Express \$30 & Fast Track



Florida High School Athletic Association Clearance for Participation Form

GA7
Revised 06/12

The following information **MUST** be completed before the student will be allowed to participate in athletics at an FHSAA member school.

The student **MUST** have each of the categories below completed before equipment will be issued and/or the student is allowed to participate in tryouts, practices or contests.

To be completed by the student: Please **PRINT** all information clearly.

_____	_____
Student's OFFICIAL Full Name	Date of Birth (mm/dd/yy)
_____	_____
School Attended the Previous School Year	Current Grade Level

Sport (a separate form MUST be used for each sport)	

To be completed by school official only:

ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	Athletic Office Staff
REASON NOT ELIGIBLE: <input type="checkbox"/> GPA <input type="checkbox"/> LIMIT EXPIRED <input type="checkbox"/> PROOF OF AGE NEEDED	
MISSING FORM (if applicable): <input type="checkbox"/> EL4 <input type="checkbox"/> EL7 <input type="checkbox"/> EL12 <input type="checkbox"/> EL14	
PHYSICAL ON FILE (EL2 Form)	_____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Date of Exam _____</div>	Athletic Office Staff
CONSENT/RELEASE ON FILE (EL3 Form)	_____
	Athletic Office Staff
CONCUSSION/HYDRATION RELEASE ON FILE (EL3CH Form)	_____
	Athletic Office Staff
<input type="checkbox"/> GA4 <input type="checkbox"/> GA6 FORM ON FILE (if applicable)	_____
	Athletic Office Staff
<input type="checkbox"/> STUDENT HAS BEEN ADDED TO THE C2CSchools DATABASE	_____
	Athletic Office Staff



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?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	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)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	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?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		
FEMALES ONLY (optional)					
42. When was your first menstrual period? _____					
43. When was your most recent menstrual period? _____					
44. How much time do you usually have from the start of one period to the start of another? _____					
45. How many periods have you had in the last year? _____					
46. What was the longest time between periods in the last year? _____					

Explain "Yes" answers here:



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.



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ATHLETIC PARTICIPATION FORM

Please print or type clearly.

Grade level/School year: _____ Student I. D. #: _____

Name of Student (As it appears on the student's birth certificate):

Last: _____ First: _____ Middle: _____

Street Address or P.O. Box: _____ City/State/Zip: _____

Home Phone (938 Area Code): _____ D.O.B.: _____

Emergency Contact: _____ Phone: _____

Name Of Last School Attended/Year: _____

Father/Guardian: _____ Mother/Guardian: _____

Street/P.O. Box: _____ City/State/Zip: _____ Street/P.O. Box: _____ City/State/Zip: _____

Employer's Name: _____ Employer's Name: _____

Employer's Phone: _____ Employer's Phone: _____

Medical Insurance Provider: _____ Medical Insurance Provider: _____

Is the company or plan listed above considered a Health Maintenance Organization (HMO)?

YES: _____ NO: _____

Participation in competitive athletics may result in serious injury, including paralysis or death. Improvements in equipment, medical treatment, and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

PARENT STATEMENT: The undersigned parent(s)/guardian(s) give consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above-named adult student, do hereby consent to the release of confidential educational records/information including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA or FHSAA and its service provider CSC Schools, Inc. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or CSC to educational entities or their representatives for monitoring purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other re-disclosure of the information provided under this consent is authorized.

INSURANCE: Pasco County Schools provide only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical services. You may encounter certain out-of-pocket expenses when your son or daughter is treated for accidental injuries.

BIRTH CERTIFICATE: Each athlete MUST present to the athletic director or coach a certified copy of a valid birth certificate. The copy will be retained.

In the event of injury and you cannot be reached, do you give athletic coach permission to have your child treated medically?

Yes: _____ No: _____

PARENT SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

This Enabling Instrument was acknowledged before me this _____ day of _____, 20____, by

Signature of Notary Public-State of Florida

(NOTARY SEAL)

Name of Notary (Type, Print, or Stamp)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced



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-signed.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgment and Release (to be signed by student at the bottom)

I have read the (attached) 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 the serious injury, including the potential for a concussion, and even death, in participating in such participation, and choose to accept full responsibility for my own safety and well-being while participating in athletics, with full understanding of the risks involved. I understand that I am 18 years of age or older, or should be treated based from my actual/assumed age. 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 illness resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or injury involving my athletic participation. I hereby authorize the use or disclosure of any individually identifiable health information about treatment for illness or injury because necessary. I hereby grant the school 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, behavior, residence and physical fitness. I hereby grant the school the right to photograph and videotape me and to use in any yearbook, fact, brochure, video and appropriate in connection with admissions, publicity, advertising, promotion and commercial materials without restriction or limitation. The released parties, however, are under no obligation to exercise such rights herein. I understand that the school may not be able to provide me with any and that they make no claim of them at any time by using them with respect 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, Acknowledgment and Release (to be signed and signed by a parent/guardian) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)

I hereby give consent for my child/minor to participate in any FHSAA competition or sanctioned sport **EXCEPT** in the following sport(s): _____

List sport(s) exceptions here

B. I understand that participation in any competition is an activity that involves risk. I understand that 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 further safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child'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 illness resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or injury involving the athletic participation of my child/minor. I authorize emergency medical treatment for my child/minor should the need arise for such treatment while my child/minor is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/minor's individually identifiable health information as deemed treatment for illness or injury because necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/minor's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, behavior, residence and physical fitness. I give the released parties the right to photograph and videotape my child/minor and further to use such child's/minor's name, face, likeness, voice and appearance in connection with admissions, publicity, advertising, promotion and commercial materials without restriction or limitation. The released parties, however, are under no obligation to exercise such rights herein.

D. I am aware of the seasonal nature of concussions and the head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate even when an injury or concussion is not apparent or obvious.

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 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 RIGHTS AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOL'S 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 of an emergency, medical assistance should be given to my child/ward/ward's school and/or my child's/ward's school as soon as possible by the nearest available medical personnel.

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

G. Please check the appropriate box(es):

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

____ **Consent:** _____ **Policy Number:** _____

____ My child/minor is covered by the school's private medical health insurance plan.

____ These parties' supplemental health 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(s) (printed) _____ Signature of Parent(s) (signed) _____ Date: ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian (signed) _____ Date: ____/____/____

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

Name of Student (printed) _____ Signature of Student (signed) _____ 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: _____ 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 soon after 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussions may show up right after the injury or one to two hours or days in fully aware. All concussions are potentially fatal and, if not managed properly, may lead to complications including brain damage and, in rare cases, even death. Even a "big" one being on the head can be serious. If your child reports any signs or symptoms of concussions, or if you notice the symptoms or signs of concussions 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 an average 10-14 days to begin to experience an amnesia, and in one case in 2 the athlete has sustained multiple concussions, the symptoms did not go away. Signs and symptoms of concussion can include (but are not limited to):

- Head pain or feeling sore
- Lack of awareness of surroundings
- Sensation not 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
- Clonus, including light-headedness, or a loss of equilibrium (being off balance or unsteady sensation)
- Disoriented coordination, reaction time
- Confusion and inability to find a situation
- Memory loss
- Sudden change in academic performance or sleep in grade
- Irritability, depression, anxiety, sleep disturbance may be helpful
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or related head injury

All athletes with signs and symptoms of concussions 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" when 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 (NACFP) in Florida, an appropriate health-care professional (AHCP) in defined or other licensed physician (MD), as per Chapter 41B, Florida Statutes, a licensed naturopathic physician (ND), as per Chapter 199, Florida Statutes). Once 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 clearance, the athlete is actively present (against the athlete to be completely symptom-free), after which they may complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance from AHCP.

For current and up-to-date information on concussions, visit <http://www.fhsaa.org/concussions/parental> or <http://www.fhsaa.org/concussions>.

Understanding of Student Athlete Responsibility

Parents and athletes 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 imaging devices as Chronic Traumatic Encephalopathy (CTE). There have been some reports suggesting the development of Parkinson's-like symptoms. Any string of lateral neck hits (LASH), serious traumatic brain injury, depression, and long-term memory loss that may be related to concussions history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the current requirement for my child/minor to view "Concussions in Sports: What You Need to Know" or www.fhsaa.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or medical personnel with my sport including any signs and symptoms of CONCUSSION. I have read and understood the above information on concussions. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a traumatic with these symptoms. Furthermore, I have been advised of the dangers of participating for myself and that of my child/minor.

Name of Student Athlete (printed) _____ Signature of Student Athlete (signed) _____ Date: ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian (signed) _____ 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.

Revised 04/18

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and non-coaches school 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 occur in both F & M's not trained athletes.

Symptoms of sudden cardiac arrest include: lightheadedness, weakness, collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: lightheadedness or activity, abnormal or faint, racing heart rate, dizziness, chest pain, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, on a regularly trained in CPR and the use of an AED. Training is accessible through agencies that provide hands-on training and skills certification that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and events. The FHSAA also strongly recommends that they be available at all practices and regular season events as well along with unattended athletes trained in CPR.

What to do if your athlete exhibits collapse:

1. Call 911.
2. Send for an AED.
3. Begin CPR procedure.

FHSAA Heat-Related Illnesses Information

Excessive heat can lead to heat-related illness when the body's natural cooling system 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 may 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 exercise for long, demanding activity. It involves aches in the body's salt and moisture and can cause painful, cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a precursor of heat exhaustion.

Who's at Risk?

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

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness has been read and understood. I acknowledge and understand appropriate in written consent at www.fhsaa.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. I have been advised of the dangers of participating 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 _____



Florida High School Athletic Association
Consent and Release from Liability Certificate (Page 4 of 4)

Revised 04/18

This completed document to 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 activities, is an FHSAA recognized sport (i.e. baseball, basketball, cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, table tennis, golf, soccer, flag-football, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. This form is non-transferable; a separate form must be completed for each different school in which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School – Full-time Program or a special-needs school or certain small non-member private schools, the student must declare in writing whether intention to participate in activities at the school at which the student is permitted to participate. These education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.1, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 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 a 4.0 unweighted scale for previous semesters. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 1.4)
6. Must not have enrolled in the state grade level the first class since that first school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.3)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (ELC) provided by the school. (Bylaw 9.8)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high schools; and 13 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must receive 10 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic activities (Form ELC).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or earn more 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 1.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth coaching, 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 obtain from his/her/their/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 is regarding 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 _____

THE ATHLETIC PACKET

- DR. PHYSICAL (MUST BE COMPLETED ON FHSAA SPORTS PHYSICAL)
- NOTARY SEAL
- CONCUSSION VIDEO / HEAT RELATED ILLNESS / SUDDEN CARDIAC ARREST
- LIABILITY CERTIFICATES AND VIDEO CERTIFICATES
- ATHLETIC PARTICIPATION FORMS
- AGAIN, THE WHOLE PACKET HAS TO BE COMPLETE IN ORDER TO TRYOUT
- GOOD FOR ONE CALENDAR YEAR OF SPORTS
- Upload All Documents to www.athleticclearance.com
- No Paperwork Submitted To Coaches – Green Check When Cleared By AD

GRADES

- ELIGIBILITY = 2ND SEMESTER GRADES FROM 2022 TO TRYOUT
- 2.0 GPA OR HIGHER TO BE ON THE TEAMS
- MUST MAINTAIN (C) OR BETTER GRADES DURING SEASON
- TUTORING - If needed doesn't hurt eligibility for match play.
Student 1st, Athlete 2nd

HOME AND AWAY GAMES

Starts at 6:00pm

- 11/16 WEDNESDAY AWAY vs. WEIGHTMAN @WCHS
- 11/17 THURSDAY AWAY vs. CENTENNIAL @PHS
- 11/29 TUESDAY HOME vs. PASCO @WRHS
- 12/5 MONDAY HOME vs. STEWART @ WRHS
- 12/6 TUESDAY AWAY vs. PINEVIEW @LOLHS
- 12/8 THURSDAY. HOME vs. RUSHE @WRHS
- 12/13 TUESDAY AWAY vs. CYPRESS CREEK @ CCHS
- 12/14 WEDNESDAY HOME vs. WEIGHTMAN @ WRHS

GAMES

- 5:30 SHOES ON READY TO WARM UP ON THE FIELD
- Go Home after school on game days
- NO BUS FOR AWAY MATCHES

PRACTICE

- Everyday after school 3:30pm – 5:15pm
- Please pick up your child on time or make other arrangements
- Parents late picking up child on 2 or more occasions can result in child not competing in an upcoming match
- (Coaches Decision)

LAST SLIDE OF INFORMATION

- \$50 athletic fee for players who make team
- Paid by first game of the year or no play
- \$30 for 2nd sport in the school year
- Free for 3rd sport in the school year
- Parent Phone /Email Tree for Communication/REMIND
- Questions?????? Thank you for attending