

BOYS & GIRLS


TRACK PARENT MEETING

COACH CARLSON - SPRINTERS/JUMPERS

COACH FRENCHKO – RELAYS / SPRINTERS

COACH SANCHEZ – DISTANCE RUNNERS

COACH ZASSENBRAKER – THROWERS



DAY 1. TRYOUTS

- ▶ March 6th
- ▶ 100M & 1600M
- ▶ JLMS TRACK – After School
- ▶ CLOSED TRY-OUT
- ▶ NO CARS PARKED BY TRACK
- ▶ Athletes can do both events
- ▶ Or Just Sprint or Distance



DAY 2 TRYOUT

200M /800M

Tuesday, March 7th

- ▶ AFTER SCHOOL (CLOSED TRYOUT)
- ▶ 3:20PM – 5:15PM @ JLMS TRACK
- ▶ MAKE UP – 100M
- ▶ ANYONE WHO MISSED MONDAY
- ▶ (NO REDO'S)
- ▶ ONE OPPORTUNITY FOR EACH EVENT
- ▶ THAT'S IT, NO EXCEPTIONS –
- ▶ ONE CHANCE = SAME FOR EVERYONE
- ▶ THROWERS WITH COACH ZASSENBRAKER

DAY 3 TRYOUT

WEDNESDAY, MARCH 8th

HURDLES/BROAD/VERT

LAST DAY

HURDLES ON GRASS

BROAD JUMP (LONG JUMPERS)

VERT POLE (HIGH JUMPERS)

MAKE UPS OF 100M / 200M / / 800M / 1600M

FINAL CUTS MADE FOR BOYS AND GIRLS TEAMS

SHOTPUT/DISCUS TRYOUTS

Coach Zassenbraker

- ▶ MONDAY MARCH 6th – Shot/Discus Tutorial
- ▶ To learn “How to Throw”
- ▶ DISCUS TRYOUT IS ON MARCH 8th
- ▶ SHOT PUT TRYOUT IS ON MARCH 7th
- ▶ SEE COACH ZASSENBRAKER FOR MORE DETAILS
- ▶ THROWERS Can Be Runners as well
- ▶ dzassenb@pasco.k12.fl.us if you have questions

TRYOUTS

- ▶ Running Shoes
- ▶ Shorts/T-Shirt – P.E. Style
- ▶ Stay in dress code for tryout
 - ▶ Water/Snack if needed
 - ▶ It is a Tryout NOT SOCIAL TIME

TRYOUTS

- ▶ NO GUARANTEED SPOTS
- ▶ Must have Paperwork complete
- ▶ 24 HOUR RULE
 - ▶ LET STUDENT APPROACH COACH

Can't take everyone,

TRYOUTS

- ▶ TIMED RACES - Groups of 6
- ▶ 100m
- ▶ 200m
- ▶ 800M/1600m (OPEN ENTRIES)
- ▶ Coach Z with Throwers
- ▶ Can tryout for all events

SPRINT TIMER APP

- ▶ Records Finish
- ▶ Playback Lanes
- ▶ Fastest in your Heat
- ▶ Not always the Fastest Overall
- ▶ Run Through the Finish Line
- ▶ Top Times Make The Team
- ▶ 5 Years Using The App
- ▶ Same App We Use At Meets



ATHLETIC FORMS

School Website:

- Click on Athletics
- Click on Sports Participation Requirements
- Click on Sports Physical

(MUST COMPLETE ALL FORMS)

- ▶ **3 Videos:** Complete Courses and print certificate to turn in with packet.
- ▶ **Notary** –We have some here at school
- ▶ **Medicals**- Medexpress \$30 & Fast Track
- ▶ Liability Certificates



www.Athleticclearance.com

- ↪ Create Parent Account
- ↪ Upload Physical Documents
- ↪ Step by Step Submissions
- ↪ Once Complete, Athletic Director Approval Needed
- ↪ GREEN CHECK Approved or
- ↪ RED (X) if something is missing
- ↪ Must have Paperwork Complete to Tryout
- ↪ (NO Exceptions)



Physical Forms On JLMS Website

[HTTPS://JLMS.PASCO.K12.FL.US/](https://jlms.pasco.k12.fl.us/)



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)	_____	
<table border="1" style="display: inline-table;"><tr><td>Date of Exam</td></tr></table>	Date of Exam	Athletic Office Staff
Date of Exam		
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 or 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, sores, 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: _____

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 (ECCG) and/or cardio stress test.



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*
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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.



Pasco County Schools

Eurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard - Land O' Lakes, Florida 34638

Office for Teaching and Learning
Amy Updegraff, Program Coordinator
Advances/Physical Education K-12
813/794-2755 727/774-2755
850/524-2750 Fax: 813/794-2112
Email: ajupdegr@pasco.k12.fl.us

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 (984 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 place 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/data including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determined nature of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider C2C 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 C2C to colleges/universities or their representatives for reporting 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 record/data 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 returned.

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

Yes: _____ No: _____

PARENT SIGNATURE _____

DATE _____

STATE OF FLORIDA
COUNTY OF _____

This foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

Signature of Notary Public-State of Florida

(INDIVIDUAL SEAL)

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Printed Identification _____
Type of Identification Provided



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 (enclosed) FHSAA's Sport or Activity permit on Page 4 of this "Consent and Release Certificate" and know of my reasons 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, including but not limited to the possibility of a concussion, and even death, as a result of such participation. I voluntarily assume my and all responsibility for my own safety and well-being while participating in athletic activities, with full and complete 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 I compete, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or death 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, aptitude, behavior, residence and physical fitness. I hereby grant the relevant parties the right to photograph and/or videotape me and factors in my my name, face, likeness, voice and appearance in connection with enrollment, practice, school being, promotional and ceremonial activities - before, throughout or following the relevant parties, however, are under no obligation to exercise said rights. I understand that the collection, use and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting written notification to writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic activities.

Part 2. Parental/Guardian Consent, Acknowledgment and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where directed or optional, parent(s)/guardian(s) with legal custody must sign)
A. I hereby give consent for my child/ward to participate in any FHSAA regulated or sanctioned sport EXCEPT for the following sport(s): _____

Liability exceptions here
B. I understand that parents do not have control over every aspect of their child's participation. I understand that various injury and even death is possible in such participation and choose to accept any and all responsibility for that injury and well-being while participating in activities. With full understanding of the risks involved, I release and hold harmless my child's school, the schools against which I compete, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or death 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. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the appropriate disclosure of my child/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, aptitude, behavior, residence and physical fitness. I grant the relevant parties the right to photograph and/or videotape my child/ward and factors in our school and child/ward's name, face, likeness, voice and appearance in connection with enrollment, practice, school being, promotional and ceremonial activities without restriction or limitation. The relevant parties, however, are under no obligation to exercise said rights herein.
C. I am aware of the general nature of concussion and the head and neck injuries in interscholastic activities. I also have knowledge about the risk of continuing to participate in such activities if a concussion or other injury is sustained without appropriate treatment.

READ THIS FORM COMPLETELY AND CAREFULLY AND 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 I COMPETE, 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 I COMPETE, 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 I COMPETE, 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.

C. I agree that in the event of a serious illness, medical emergency, or other (such as being injured on child's health insurance) or my child's health insurance plan, I understand that the school and area 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 activities.
D. I have checked the appropriate box(es):
My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.
My child/ward is covered by the school's athletic medical health insurance plan.
I have purchased supplemental health insurance through my child/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: _____ 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: _____ 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 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 one to two hours or days in fully awake. 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 "blow" on the head can be serious. If you think you might have a concussion, or if you notice the symptoms or signs of concussion yourself, you should stop play immediately and seek medical care from a physician, or if you notice the symptoms or signs of concussion yourself, you should stop play immediately and seek medical care from a physician.

Signs and Symptoms of a Concussion
Concussion symptoms may appear immediately after the injury or one to two weeks after the injury. Signs have shown that it takes an average 10-14 days to begin for symptoms to resolve and, in rare cases, if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion include (not all-inclusive):

- Head pain or racing thoughts
- Lack of awareness of surroundings
- Sudden loss of perspective to consciousness (disorientation, crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, dizziness or imbalance of gait
- Dizziness, including light-headedness, vertigo/spinning or loss of equal balance (losing off balance or stumbling sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or sleep patterns
- Irritability, depression, anxiety, sleep disturbance, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon
All risks with signs and symptoms of concussion that is returned from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion before the young athlete is fully recovered is potentially vulnerable to sustaining another concussion. All risks 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" which has little medical accountability). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

When 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 (AHEC) in Florida, an appropriate health-care professional (AHEC) is defined as either a licensed physician (MD), as per Chapter 408, Florida Statutes, or a licensed orthopedic physician (DO), as per Chapter 409, Florida Statutes. Once clearance of the athlete is obtained, 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, that which time they would complete a step-wise protocol under the supervision of a licensed physician (either, coach or medical professional) and then, receive written medical clearance of an AHEC.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussion/symptoms/ or http://www.cdc.gov/trauma/

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 observed brain changes which can only be seen on magnetic resonance or Chronic Traumatic Encephalopathy (CTE). There have been some reports suggesting the development of Parkinson's disease, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussions history. Further research on the topic is needed before any conclusions can be drawn.

I acknowledge the medical requirement for my child/ward to view "Concussion 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 coach associated with my sport including any signs and symptoms of CONCUSSION. I have read and understood the above information on concussion. I will follow the reporting protocol, 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: ____/____/____





Florida High School Athletic Association
**Consent and Release from Liability Certificate for
 Sudden Cardiac Arrest and Heat-Related Illness** (Page 3 of 4)

Revised 04/18

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): _____

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 related 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 during if it's not treated within minutes.

Signatures of sudden cardiac arrest incidents but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest incidents: lightheaded during exercise or activity, dizziness or fainting, racing heart rate, dizziness, chest pain, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is accomplished through specific first-aid courses or training and after certification that includes an expiration date.

Automatic external defibrillators (AED) 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 sessions every day, not along with emergency medical services in CPR.

What to do if your student exhibits collapse:

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

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 electrolytes 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 medical issues and people with chronic illnesses. However, even young and healthy individuals can become ill if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, liver, dehydration, poor circulation, diabetes, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.fhsaa.org. Please go to www.fhsaa.org/department/health for further instructions to view the courses. 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: _____



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

Revised 04/18

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 activities, to an FHSAA recognized sport (i.e. bowling, carpeted floor basketball, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting) or non-sport (i.e. baseball, basketball, canoe/canymat, tackle football, golf, soccer, flag-pitch softball (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 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 or attends a charter school or Florida Virtual School - Full-time Program or a special/alternative school or certain small non-number private schools, the student must declare in writing his/her intention to participate in activities at the school at which the student is permitted to participate. Home education students and students attending small non-number 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 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 8.2)
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 the previous semester. (FHSAA Bylaw 9.6)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 1.4)
6. Must not have exceeded the sixth grade for the first three years from 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 9.2)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (ELI) provided 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 school; and 15 years 11 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 not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.4)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic activities (Form ELI).
10. Must be an amateur. This means the student must not accept money, gifts or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
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 20)
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 as to the FHSAA to gain eligibility. (FHSAA Bylaw 8.1)
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/harassing 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 enrolled or held 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: _____



Pasco County Schools

Karl L. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Office for Teaching and Learning
Amy Lipovsky, Program Coordinator
Athletics/Physical Education K-12
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e-mail: alipovsk@pasco.k12.fl.us

Pasco County Schools Athletic Information for Students and Parents

ACADEMIC ELIGIBILITY: In order to participate in high school interscholastic athletics, a student must currently have and maintain a cumulative grade point average of 2.0 or above on a 4.0 un-weighted scale. The athletic director and/or coach will verify all grades within a five-day period subsequent to team tryouts and monitor grades thereafter. Failure to have and maintain a cumulative 2.0 grade point average will result in immediate dismissal from any interscholastic athletic team. Middle school students must have a 2.0 grade point average for the previous semester in order to be eligible.

TRANSFER POLICY: A high school student who has been enrolled in a different high school prior to their district high school assignment and wishes to participate in athletics will be defined as a student-athlete transfer. This includes, but is not limited to, students who were previously enrolled in public schools, private schools, charter schools, home schools, magnet schools and alternative schools. Student-athletes changing schools during the summer are also deemed to be student-athlete transfers.

A high school student-athlete transfer shall not participate in athletics for one (1) full calendar year from the date of enrollment at the new school. Student-athlete transfers may appeal if they are prohibited from participating due to the transfer definitions established above. The Athletic Transfer Participation Committee (ATPC) is provided for students to appeal their non-participation status. Appeal forms are available on the school and district website or through your school athletic office and/or registrar's office.

For more information on the policy and/or procedures, visit your school or district website or contact your school athletic director. The policy can be located at the following web address:
<http://www.pasco.k12.fl.us/sports/policies/pas2431.01.htm>

ATHLETIC FEES: There are no try-out fees. Once a student is selected for a team a fee will be due: \$60.00 for high school students; \$45.00 for middle school students. The fee for the second sport is \$40.00 for high schools; \$30.00 for middle schools. The total family fee (for the same school) is \$160.00 for high schools; \$120.00 for middle schools. The individual cap for high schools is \$100.00. The individual cap for middle schools is \$75.00. A student will not be allowed to dress out, participate in a game or be considered part of the team until the full fee is paid.

STUDENT STATEMENT: As a student athlete, I agree to maintain athletic eligibility, comply with training rules, and conduct myself so as to bring pride to my school, my team, and my family. I understand I, as well as my parent(s)/guardian(s), are responsible for any uniforms, equipment, and / or supplies issued to me while participating in interscholastic athletics. I agree to repair or replace any damaged items and replace any lost items.

I understand suspension from school, in or out, will result in suspension from practices or games during the time of the suspension.

PAYMENT OF FHSAA FEES: As a student athlete I am representing my school and my school district. I am responsible for my conduct in the athletic program. I will follow guidelines and rules outlined in the District School Board of Pasco County's Code of Student Conduct and the FHSAA Handbook. In the event of an ejection or disqualification while participating in athletics my parent(s)/guardian(s) and I agree to pay the FHSAA fines, which are assessed by the FHSAA. (Example: \$250.00 gross sportsmanlike conduct).

My parent(s)/guardian(s) and I understand I won't be able to participate in any athletic contests until all fines have been paid to my school and I am subject to additional disciplinary action by any school administration depending on the severity of my actions.

Print Student Name _____

Student Number _____

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

age

GRADES

- ▶ Eligibility- 1st semester grades from FALL 2022 to tryout - 2.0 GPA
- ▶ Teacher recommendations may be part of tryouts
- ▶ Must maintain C or better grades during season,

TRACK MEETS

- ▶ THURSDAY March 30th - @ ZHS
- ▶ WEDNESDAY APRIL 5th-@
WRHS
- ▶ THURSDAY APRIL 13th @ ZHS
- ▶ THURSDAY APRIL 20th @WCCHS

THURSDAY APRIL 27th @ CCHS
CONFERENCE CHAMPIONSHIPS

TRACK MEETS

- ▶ Track Meets start at 5:30pm
- ▶ With FIELD EVENTS –
- ▶ G -DISCUS / B -SHOTPUT
- ▶ G - HIGH JUMP / B - LONG JUMP
- ▶ Around 6:30 pm Field Events Over
- ▶ RUNNING EVENTS Begin
- ▶ Hurdles/100m/1600m/4x100 Relay
- ▶ 400M/800m/200m/Medley

TRACK MEETS



- ▶ No Bus for Meets
- ▶ Parents drive athlete to MEETS
- ▶ Parents take athlete Home after MEETS or after EVENT finishes
- ▶ Parent "Wave" to Coach when taking their Athlete from Meets.
- ▶ Face to Face – Get Home Safe

PRACTICES



- ▶ Mon - Wed 3:20pm – 5:15 PM unless told otherwise. Please pick up your child on time or make other arrangements. Some Friday's too
- ▶ Parents late picking child up on 2 or more occasions can result in child not competing in an upcoming meet. (Coaches Decision)
- ▶ Short Season – Long School Days- Please don't make them longer than they have too.

7 Weeks Old Twins

Why Coach Carlson needs Athletes picked up on time!

