

## DeLaura Middle School Athletics

300 Jackson Avenue  
Satellite Beach, Florida 32937



**ALL FORMS AND INFORMATION SHEETS IN THIS PACKET ARE REQUIRED FOR PARTICIPATION IN TRYOUTS, PRACTICES, INTRAMURALS OR CONTESTS DURING THE 2022-2023 SCHOOL YEAR!**

**NO SUBSTITUTE FORMS WILL BE ACCEPTED!!!**

**PLEASE TURN COMPLETED FORMS TO MRS. TERRY (Main Office or Guidance Office)**

Dear Parent/Guardian,

Florida State Statutes mandates that every student athlete must have a Preparticipation Physical Evaluation (EL2), Consent and Release from Liability form (EL3) and a Consent and Release from Liability Certificate completed each school year. In addition, Brevard Public Schools also requires the athlete and parent to complete the following: Cardiology Report: Electrocardiogram (ECG), the Assumption of Risk, Waiver, Release & Hold Harmless, and the Parent Permission and Responsibility Statement for Off Campus Extra-Curricular Athletics form.

**Florida State Statute mandates that physicals are only valid for 365 days. DeLaura Middle School respectfully requests that the physical be completed after June 1<sup>st</sup> each year in order to be valid for the entire school year. Therefore, if a physical expires in the middle of a sports season, a new physical must be completed before the expiration to ensure valid participation. Students will not be allowed to participate without a valid physical. (Having a physical after June 1 makes sure that your son/daughter has a valid physical throughout the entire school year.)**

You may get the physical evaluation completed by the Physician/Physician Assistant/Nurse Practitioner of your choice. **The EL2 FHSAA Preparticipation Physical Evaluation form MUST be completed. No substitute physical forms will be accepted.** Please make sure that after they sign at the bottom of page #2 on the EL2 that they also clearly print their name, address and date of the physical on the appropriate lines. All parent and student signatures are required in required signature lines.

Florida State Statutes also requires every athlete to have health insurance coverage in order to participate. Please be sure to include the insurance company name and policy number for your family health insurance plan on page #1 on the EL3 form. If you need to purchase insurance coverage so that your child can participate, BPS has entered into an agreement with School Insurance of Florida that offers athletic and school insurance coverage plans for all students. You can access their plans and fee schedule at their website located at [www.schoolinsuranceoflorida.com](http://www.schoolinsuranceoflorida.com). Their toll free number is 1-800-432-6915. **I encourage you to consider purchasing this reasonably priced coverage even if your child is covered by your own family health plan. It will help pay towards some of your out of pocket deductibles up to certain limits.**

In closing you will need to complete and turn in all the forms in this packet BEFORE your child can participate in athletic tryouts, intramurals or open gyms or clinics. I appreciate, in advance, your cooperation with completing this packet as requested. Please do not hesitate to contact me at [terry.candace@brevardschools.org](mailto:terry.candace@brevardschools.org) or 321-773-7581 Ext 31619 if you have any questions.

Sincerely,  
Candace Terry  
Athletic Director

## APPLICATION FOR F.H.S.A.A. ELIGIBILITY

Instructions:

**Part I:** Read carefully. Please Print. Complete all questions. The form will be returned if all questions are not answered completely. PLEASE GIVE YOUR BIRTH CERTIFICATE NAME!!!

**Part II:** MAKE SURE EVERYTHING IS CHECKED OFF

-----  
**PART I: BIRTH CERTIFICATE NAME**

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Name)                      (Jr,Sr,II)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ CIRCLE ONE: MALE      FEMALE

HOME ADDRESS: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City/Zip)

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_

**\*\*PARENTS EMAIL:** \_\_\_\_\_

CURRENT YEAR IN SCHOOL:    7      8

SCHOOLS ATTENDED LAST YEAR: \_\_\_\_\_

### **Parent/Player Checklist**

-----  
**PART II: (check list)**

\_\_\_\_\_ EL2 Physical

\_\_\_\_\_ Electrocardiogram screen (ECG) Consent form and release of liability

\_\_\_\_\_ EL3 Parent Permission (don't forget insurance information)

\_\_\_\_\_ Assumption of Risk, Waiver, Release & Hold Harmless

\_\_\_\_\_ Parent Permission and Responsibility Statement for Off Campus Extra-Curricular Athletics (  
(Transportation Form)



Revised 03/16



Florida High School Athletic Association

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: (\_\_\_\_\_) \_\_\_\_\_

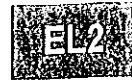
Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Table with 2 columns of questions and Yes/No checkboxes. Questions include: Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing chronic illness? Have you ever been hospitalized overnight? ...

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.

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



Revised 03/16



Florida High School Athletic Association

# 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 \_\_\_\_\_ Heating 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 \_\_\_\_\_



Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 3 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.

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 Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*



### Cardiology Report: Electrocardiogram (ECG)

In accordance with Board Policy 2431 Interscholastic Athletics, as part of the middle and high school athletic packets, The School Board of Brevard County, Florida is requiring each student athlete wishing to participate in middle school and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school. An athlete who had an ECG screening prior to participating in his/her first athletic sport in middle school would need a second ECG screening prior to participating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in middle school athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to participating in his/her first athletic sport in high school.

Date: \_\_\_\_\_ Student's Name: (Print) \_\_\_\_\_

Name of School: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

- An ECG screening has previously been completed and is on file at \_\_\_\_\_ School. My child has been cleared for participation in  middle school athletics or  high school athletics.
- An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in  middle school athletics or  high school athletics.
- The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

**Cardiac Clearance:**  
(To be completed by a Licensed Physician or Practitioner\*)

Low Risk/Cleared for Participation: \_\_\_\_\_ Higher Risk/Not Cleared for Participation: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Licensed Physician or Practitioner\*:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Print Name) (Signature)

Name of Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

\_\_\_\_\_  
Parent/Legal Guardian Name Printed      Parent/Legal Guardian Signature      Parent/Legal Guardian Phone #

\*See Section 1905.26 (c), Florida Statutes.



# 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: \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



Revised 06/21



Florida High School Athletic Association

### 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 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 an 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 (AHC/P). In Florida, an appropriate health-care professional (AHC/P) 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 AHC/P.

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.nflslearn.com](http://www.nflslearn.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 \_\_\_\_/\_\_\_\_/\_\_\_\_





Revised 06/21



# 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: \_\_\_\_\_ 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     /     /



Assumption of Risk, Waiver, Release & Hold  
Harmless

**COVID-19 and Voluntary Extracurricular Activities  
Summer 2022 and School Year 2022-23**

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Brevard County, Florida. The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

Brevard Public Schools (BPS) will conduct certain extracurricular activities beginning in the Summer of 2022 and continuing into the 2022-23 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

To ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100 F. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 because of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BPS staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of me and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Brevard County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

---

Signature of Parent/Guardian

---

Signature of Student

---

Print name of Parent/Guardian

---

Print name of Student

---

Date of signature

---

Date of signature

School Board of Brevard County, Florida  
**Parent Permission and Responsibility Statement for Off Campus  
 Extra- Curricular Athletics 2022-2023 School Year**

DeLaura Middle School \_\_\_\_\_  
 School Name Date

\_\_\_\_\_  
 Student Name All Athletic Teams/Athletic Events 2022-2023 School Year  
 Event

Activity/Event: On and Off Campus Practices, Games, Conditioning and all other events pertaining to  
 DeLaura Middle School.

(List the extra-curricular sports, anticipated contest dates and off campus practice locations or attach the schedule for both to this form)

Candace Terry \_\_\_\_\_  
 School Athletic Director Phone Number (321)773-7581

**Transportation Being Provided (Check all that apply)**

- Walking       - School Bus       - Commercial Carrier (bus)       - Privately Owned Vehicle  
 - Lease Vehicle       - County Vehicle       - None       - Other \_\_\_\_\_

**Drivers of Private or Leased Vehicles (Check all that apply)**

- Listed Volunteer       - Registered Volunteer       - Teacher or Staff Member       - Other \_\_\_\_\_

**Type of Activity (Check all that apply)**

- Interscholastic game or competition       - Interscholastic practice       - Other \_\_\_\_\_

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

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:**

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

\_\_\_\_\_  
 Student Signature (Required) Date Parent/Guardian Signature (Required) Date