Astronaut High School
Cheryl Shivel, Director of Athletics
800 War Eagle Boulevard · Titusville, FL 32796
Office: (321) 264-3000, Ext. 2104 7-Fax: (321) 264-3013

Student Name: 
Grade: 
FOR SCHOOL YEAR 2020-2021

ALL FORMS AND INFORMATION SHEETS IN THIS PACKET ARE REQUIRED FOR PARTICIPATION IN CONDITIONING, WEIGHT TRAINING, TRYOUTS, PRACTICES OR CONTESTS DURING THE 2020-2021 SCHOOL YEAR!

NO SUBSTITUTE FORMS CAN BE ACCEPTED!!

Dear Parent/Guardian of an AHS athlete,

Florida State Statutes mandates that every student athlete must have a Preparticipation Physical Evaluation form (EL2), Consent and Release from Liability Certificate form (EL3) completed each school year. In addition, Astronaut High School requires each student athlete and their parent/guardian to sign our Athlete Code of Conduct form. Finally, the Brevard Public Schools (BPS) also requires the athlete and parent to sign the Parent Permission and Responsibility Statement for Off-Campus Extra Curricular Athletics form.

**Astronaut High School respectfully requests that the physical be completed after June 1st each year in order to be valid for the entire upcoming school year.** That helps us (and you) make sure that your son/daughter has a valid physical throughout the entire school year (August thru May). Any exception to the June 1st date must be approved by me or my designee (preferably in advance).

You may get the physical evaluation completed by the Physician/Physical Assistant/Nurse Practitioner of your choice after June 1, 2020 to be valid for the 2020-2021 school year. Also, please help us by making sure that after they sign at the bottom of page #2 on the EL2 that they also clearly print their name and address and the physical date on the appropriate lines. This will save you from having to go back if we can’t clearly read the required data we must document. Please remember that Florida State Statute mandates that physicals are only valid for 365 days.

Florida State Statutes also require 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 towards the bottom of that page. 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.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). Their toll free phone number is 1-800-432-6915. Please note that some of the plans only provide for football coverage’s (fall, spring and summer conditioning). A separate plan would need to be purchased to cover any other sport other than football. Also, please make sure the plan you select covers summer conditioning if your child participates in a sport that has summer activities. I encourage you to consider purchasing this reasonably priced coverage even if your child is covered by your own family health plan through your employer. 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 of the forms in this packet BEFORE your child may participate in athletic tryouts, practices, conditioning & weight training (including summer and pre and post season) for Astronaut High. We appreciate, in advance, your cooperation with completing this packet as requested. Please don’t hesitate to contact me (321) 264-3000 X 21047 if you have any questions. My e-mail address is Shivel.Cheryl@brevardschools.org if you need to contact me.

Sincerely,

Cheryl Shivel
Athletic Director

PLEASE TURN IN THIS COMPLETED PACKET TO THE COACH OF THE FIRST SPORT THAT YOUR SON/DAUGHTER WILL BE PARTICIPATING IN FOR THE 2020-2021 SCHOOL YEAR!
Astronaut High School
2020-2021 School Year

STUDENT NAME ________________________________

Last  First  Middle

GRADE _____  BIRTHDATE_________  SEX _____  RACE_____

Do you live with the same parent/Guardian as last school year? _____________

Parent/Guardian Name ________________________________________________

Address ______________________________________________________________

City ____________________  zip code ____________  phone __________

Have you attended any other high school since entering 9th grade? ____________

Previous schools since ENTERING 8th grade ________________________________

IF YOU ARE ATTENDING AHS FOR THE FIRST TIME, HAVE YOU EVER PLAYED ON A CLUB/TRAVEL LEAGUE TEAM COACHED BY ANYONE ON THE CURRENT AHS COACHING STAFF? ____________

If yes, name of AHS coach. ____________________________________________

Name of club/travel/league team. ________________________________________

Dates of participation with AHS coach. ________________________________

Do you live in the Astronaut High attendance zone with your parents and/or legal guardian? ______

Are you attending Astronaut High on an out of area assignment? ____________

Are you enrolled in our academy programs? ______  If yes, which one? ______

Are you a home school student, foreign exchange student, or international student? ______

Are you a US citizen? ______

List sports you plan to participate in at AHS this school year:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Philosophy

The Astronaut High School Athletic Program strives to develop a well-rounded student-athlete. We view interscholastic athletics as an extension of the classroom where life-lessons are learned. Sportsmanship, scholarship and physical development are promoted and developed through a wide variety and level of interscholastic sports.

Student Eligibility

- All students are required to complete all forms required by the Florida High School Athletic Association (FHSAA), Brevard Public Schools and Astronaut High PRIOR to being allowed to participate in off season conditioning, practices, tryouts or contests. The State Statute required physical exam must be completed on the FHSAA EL2 form and must be dated after June 1st in order to be valid for the following school year.
- A student-athlete has to maintain the minimum state unweighted cumulative grade point average at the end of a semester in order to be eligible to participate in interscholastic contests.
- **Unexcused absences, chronic tardiness to class or discipline problems may result in declaring a student-athlete ineligible at any time by the head coach, athletic director or the Principal.**
- Brevard Public Schools athletic policy stipulates that a student must be in attendance a minimum of four hours of instructional time to be considered present each school day. AHS student athletes are expected to be present at least three class periods in order to participate in practices and contests. The principal or principal’s designee may excuse an athlete for prescheduled activities such as driver’s test, medical appointment, court appearances or an unforeseen family emergency. Chronic abuse of prescheduled activities will not be tolerated and may result in the athlete being kept from participation in after school activities, including athletic contests. School sponsored field trips are part of the school program and are considered excused absences.
- Athletes who are enrolled in a physical education class must actively participate in class on the day of the practice or contest.
- Participation in athletic activities (practices or contests) will not be permitted when a student is serving an out of school suspension. A suspension ends the next school day morning after the last day of a suspension. A second out of school suspension will result in immediate dismissal from the athletic team for the remainder of the season as per Brevard Public School athletic policy.
- Athletes who are ejected from FHSAA contests will be responsible for the payment of any fines that the FHSAA issues to AHS as a result of the ejection. Fines will have to be paid to AHS prior to the student resuming play.
Parent/Guardian & Spectator Code of Conduct

As a parent and/or spectator:

1. I will not force my child to participate in sports.
2. I will inform the coach or athletic trainer of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game including all FHSAA guidelines.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and contests, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or use profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
7. I will teach my student to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my student treat other players’ coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will never ridicule or yell at my student or other participant for making a mistake or losing a competition.
10. I agree not to criticize, belittle, antagonize, berate or otherwise incite the opposing team, its players, coaches, cheerleaders, fans or officials/judges by word of mouth or by gesture.
11. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
12. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
13. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sporting events.
14. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
15. I will park my car only in assigned parking spots and not in illegal areas such as emergency lanes or handicapped spots or other reserved parking areas.
16. I agree to abide by all requests from school and district administrators, security and volunteers.

I also agree that if I fail to abide by the above rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, security and/or administrator
- Written warning by head coach and/or administrator
- Parental game suspension
- Parent season suspension
- No trespass warning issued for Brevard Public Schools property for any school event

Student Name: __________________________________________________________

Parent/Guardian Signature: _____________________________________________
SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS EXTRA-CURRICULAR ATHLETICS

Astronaut High School

Student’s Name (please print) ____________________________ Name of Sport(s) ____________________________

Activity / Event: tryouts, practices, conditioning, weight training, contests, meets, matches, tournaments

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

Cheryl Shivel

School Athletic Director

(321) 264 - 3000 ext. 21047

Phone Number

TRANSPORTATION BEING PROVIDED (check all that apply)

X - Walking  X - School Bus  X - Commercial Carrier (bus)  X - Privately Owned Vehicle

X - Leased Vehicle  X - County Vehicle  X - None  X - Other ____________________________ (Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

X - Listed Volunteer  X - Registered Volunteer  X - Teacher or Staff Member  X - Other student will drive self. (Describe)

TYPE OF ACTIVITY (Check all that apply)

X - Interscholastic game or competition  X - Interscholastic practice(s)  X - Other holiday tournament

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

Name ____________________________ Telephone: (321) 264 - 3000 (School Number) ____________________________ (Cell Phone) ____________________________ (Mobile Phone)

Coach or Sponsor in Charge ____________________________

ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL

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 the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extracurricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) 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, agents, or volunteers, will have any responsibility for the condition or use of any nonschool 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).

I/we have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip - X Granted  Denied  Granted with the following exceptions: ____________________________ (Describe)

Student’s Signature (Required for All) - Date ____________________________ Parent/Guardian Signature (Required for all) - Date ____________________________
Part 1. Student Information (to be completed by student or parent)

Student's Name: ____________________________ Age: ______ Date of Birth: ______/_____/______

School: ____________________________________ Sport(s): ____________________________

Home Address: _____________________________ Grade in School: ____________________________

Name of Parent/Guardian: ____________________ Home Phone: ( ) ____________________________

Person to Contact in Case of Emergency: ____________________________________________

Relationship to Student: ____________________ Work Phone: ( ) ____________________________

City/State: ____________________ Office Phone: ( ) ____________________________

Personal Family Physician: ____________________

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1.</td>
<td>Have you had a medical illness or injury since your last check up or sports physical?</td>
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<td>2.</td>
<td>Do you have an ongoing chronic illness?</td>
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<td>3.</td>
<td>Have you ever been hospitalized overnight?</td>
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<tr>
<td>4.</td>
<td>Have you ever had surgery?</td>
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<tr>
<td>5.</td>
<td>Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?</td>
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<tr>
<td>6.</td>
<td>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</td>
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<tr>
<td>7.</td>
<td>Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?</td>
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<td>8.</td>
<td>Have you ever had a rash or hives develop during or after exercise?</td>
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<tr>
<td>9.</td>
<td>Have you ever passed out during or after exercise?</td>
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<tr>
<td>10.</td>
<td>Have you ever been dizzy during or after exercise?</td>
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<tr>
<td>11.</td>
<td>Have you ever had chest pain during or after exercise?</td>
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<td>12.</td>
<td>Do you get tired more quickly than your friends do during exercise?</td>
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<tr>
<td>13.</td>
<td>Have you ever had racing of your heart or skipped heartbeats?</td>
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<td>14.</td>
<td>Have you had high blood pressure or high cholesterol?</td>
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<td>15.</td>
<td>Have you ever been told you have a heart murmur?</td>
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<td>16.</td>
<td>Has any family member or relative died of heart problems or sudden death before age 50?</td>
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<td>17.</td>
<td>Have you had a severe viral infection (for example, myocarditis or meningococcal) within the last month?</td>
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<td>18.</td>
<td>Has a physician ever denied or restricted your participation in sports for any heart problems?</td>
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<td>19.</td>
<td>Do you have any current skin problems (for example, itching, rash, acne, warts, fungus, blisters or pressure sores)?</td>
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<td>20.</td>
<td>Have you ever had a head injury or concussion?</td>
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<td>21.</td>
<td>Have you ever been knocked out, become unconscious or lost your memory?</td>
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<td>22.</td>
<td>Have you ever had a seizure?</td>
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<td>23.</td>
<td>Do you have frequent or severe headaches?</td>
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<tr>
<td>24.</td>
<td>Have you ever had numbness or tingling in your arms, hands, legs or feet?</td>
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<td>25.</td>
<td>Have you ever had a sinter, burn or pinched nerve?</td>
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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? ______

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. 1069.20, 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 (ECG), echocardiogram (ECHO) and or cardiac stress test.

Signature of Student: ____________________________ Date: ______/_____/______

Signature of Parent/Guardian: ____________________________ Date: ______/_____/______
## Florida High School Athletic Association
### Preparticipation Physical Evaluation (Page 2 of 3)

**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 20/20 | Left 20/20 | Corrected: | Yes | No | Pupils: | Equal | Unequal | |

### FINDINGS

**NORMAL**

- Appearance
- Eyes Ears Nose/Throat
- Lymph Nodes
- Heart
- Puls
- Lungs
- Abdomen
- Genitalia (males only)
- Skin

### MUSCULOSKELETAL

- Neck
- Back
- Shoulder: Arm
- Elbow/Wrist/Hand
- Hip/Thigh
- Knee
- Leg/Ankle
- 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:

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<th>Precautions:</th>
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<table>
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<tr>
<th>Not cleared for:</th>
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<th>Reason:</th>
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<tr>
<th>Cleared after completing evaluation/rehabilitation for:</th>
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<th>Referred to:</th>
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<th>For:</th>
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**Recommendations:**

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<tr>
<th>Name of Physician/Physician Assistant/Nurse Practitioner (print):</th>
</tr>
</thead>
</table>

| Date: | |

**Signature of Physician/Physician Assistant/Nurse Practitioner:**

- [Signature]
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: ________________________________

Florida High School Athletic Association

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: Astronaut High School

School District (if applicable): Brevard

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, and even death, is possible in such participation, and so accept such risks. I hereby agree and hold harmless any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 16 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby agree and hold harmless 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 my 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, any 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 of 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/ward, the school, 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 my accident or mishap involving my athletic participation. 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 use or 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, 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/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 local and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate when 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/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/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/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 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

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 I will no longer be eligible for participation in interscholastic athletics.

G. I hereby grant the released parties the right to photograph and/or videotape my child/ward and further to use said child/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.

Company:
Policy Number:

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

I have purchased supplemental football 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 (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: ____________

State of Florida, County of ______________. Sworn and subscribed before me this ___ day of __________, 20__ by _______________ as identification. Signature of notary: ____________________________ STAMP: ____________
Concussion Information
Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can’t see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

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

- Vacant state or seeing stars
- Lack of awareness of surroundings
- Faintness or unceremonious 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, muted or incoherent speech
- Dizziness, including lightheadedness, 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 fatigue/y
- 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 (AICP). In Florida, an appropriate health-care professional (AICP) 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 should 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 AICP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seenogstartsfoundation.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.athlertext.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) __________________________ Signature of Student-Athlete __________________________ Date __________ /

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

Name of Parent/Guardian (printed) __________________________ Signature of Parent/Guardian __________________________ Date __________ /
Florida High School Athletic Association

Consent and Release from Liability Certificate for
Sudden Cardiac Arrest and Heat-Related Illness  (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: ___________________________ 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 it 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 are 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, all school employees 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 or practice, and outside of the school year, 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 cause serious and life-threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability. 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.fsbelearn.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 / __/ __________

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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 partipating 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 partipating 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 1006.20(2)(c), Florida Statutes.
Assumption of Risk, Waiver, Release & Hold Harmless

COVID-19 and Voluntary Extracurricular Activities
Summer 2020 and School Year 2020-21

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 2020 and continuing into the 2020-21 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.

In an effort 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 of 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 as a result 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