



**Mount Dora Middle School  
2018-2019  
Student-Athlete  
Eligibility Packet**

**Student name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Dear Future Eagle Athletes and Parents,

Welcome to Mount Dora Middle School sports! If your child has received this packet they have expressed an interest in trying out for one of our extracurricular sports. This packet contains all the information we will need to allow your student to participate in intramurals and tryouts.

Please look over this packet and fill it out ***completely***. If there is missing information the packet will be returned to you and your student will not be allowed to attend practice. Each athlete will need a current sports physical. If the physical is dated before June of 2018 they will need to get a new physical to ensure that they will be eligible for the entire season. **POP WARNER physicals and the Health Department SCHOOL ENTRY physicals are NOT ACCEPTED.** Be sure to include your insurance information. **A copy of the front and the back of your insurance card must be attached to this packet.** Each athlete is required to have health insurance. If you do not have insurance you may purchase school insurance. Please see the front office for more information about school insurance or visit [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com).

Each sport will have a specific deadline for turning in paperwork. If your student athlete misses that deadline, or if their paperwork is not complete by the deadline, they will not be allowed to participate in that specific sport. This, however, does not exclude them from participating in a future sport that same school year.

All sports will consist of a few weeks of intramurals, followed by tryouts and the interscholastic season. Every eligible student is allowed to participate in intramurals. The coach for each sport will choose the interscholastic team after tryouts. Attendance throughout intramurals is a necessity if your student would like to play on the interscholastic team. Please be sure you are there to pick up your student on time. **Two late pickups will result in removal from the team.** Practice times and dates will be designated by the coach. Practice times are subject to change though, so please have your student listen to their coaches and to the announcements for schedule changes and check the calendar on a regular basis.

The coaching staff here at Mount Dora Middle School, and I, look forward to working with you and your student athlete. Please do not hesitate to contact me if you have any questions or concerns.

Thank you and GO EAGLES!

## Heather Medina

MDMS Athletic Director  
[medinah@lake.k12.fl.us](mailto:medinah@lake.k12.fl.us)  
 352-383-6101

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

**LAKE COUNTY SCHOOLS**  
SPORTS SCREENING PHYSICAL EXAMINATION

**NOTICE TO PARENT/LEGAL GUARDIAN**

Lake County Schools recommends that your child have a yearly comprehensive physical examination by your personal physician. The screening sport physical, given by volunteer doctors, are not intended to replace your child's regular health maintenance. It is the responsibility of the parent/guardian to make the choice for medical care regarding your child. It is your clear understanding that participation in athletic activities creates a risk normally associated with such activities and that the risk increases as the sport becomes more vigorous and/or involves bodily contact.

**PARENTAL/LEGAL GUARDIAN & CHILD/WARD NOTICE OF RESPONSIBILITY & CONSENT FOR PARTICIPATION**

As a parent/legal guardian of a student who will be participating in any Lake County School Board (LCSB) athletic activity, your authorization to permit your child/ward to participate requires you understand and agree to certain rules, responsibilities and regulations.

1. Athletics is a sports activity that will require your child/ward to maintain satisfactory grades and behavior in accordance with the LCSB Code of Conduct and school/team rules. Once a child is approved for sports activities you hereby give consent for participation.
2. You understand if a parent, guardian or student falsifies any signature or information on the sports screening physical examination form, the child/ward will be declared ineligible to participate in any Lake County interscholastic activity for one full calendar year from disclosure date.
3. You understand that your child/ward must have a physical evaluation each year and be certified as being physically fit to participate in interscholastic athletic programs. A physical evaluation shall be valid for a period not to exceed one calendar year from the date of practitioner's signature. The student cannot be allowed to participate in any activity related to interscholastic athletic programs until the fully executed physical evaluation form is on file in the school.
4. You further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold LCSB and its employees harmless in the administration of such assistance.
5. You understand that if the child/ward consults a medical physician concerning any injury received in a LCSB sponsored athletic practice or interscholastic sports contest, written medical approval must be obtained from a physician prior to the child/ward's further participation in activity. You understand that a written doctor's note on the doctor's stationary or prescription pad must be given to the athletic trainer or athletic director before that student will be allowed to resume activity.
6. You also consent for your child to be transported in connection with participation in athletic activities. You fully understand that this consent is given knowing that your child/ward's participation in approved activities may, from time to time, require travel out of state as well as out of and within Lake County. You realize, and agree, that the travel may be by private or publicly owned vehicles, bus, passenger car, on foot or various other means, as deemed appropriate and approved by the school principal.
7. Athletics require that your child/ward and you commit to timely arrival and departure from the activity in accordance with the directive issued by the school principal or coach designated by the school principal to direct said activities. Your failure to timely pick up your child/ward may result in your child/ward's exclusion from the athletic activity.
8. You do authorize and give permission to the school principal, coaches, and school representatives to release your child at the conclusion of the athletic activity. You do authorize and give permission to your child to individually determine his/her method and means of returning to your home upon conclusion of any daily athletic activity including but not limited to his/her walking, riding with a friend, or any other means of transportation he/she chooses. If you have elected to give your child/ward permission herein, you hereby release the LCSB, its employees, agents, and assigns, from any and all liability or claim that may arise from or after your child/ward leaves the athletic activity.
9. You do grant permission to the school principal, coaches, school representatives the right to photograph and/or videotape your child/ward and further to use name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.
10. You do grant permission to LCSB to release any and all athletic injury information relating to the named athlete to the Sports Medicine Program Injury Registry.

11. In addition to the routine sports screening evaluation required by FHSAA Bylaws, you understand and acknowledge that you are hereby advised that your child/ward should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test provided by your personal physician.

12. You further hereby authorize the use or disclosure of your child's/ward's individually identifiable health information should treatment for illness or injury become necessary. You understand that this authorization is voluntary and that you may revoke it at any time by submitting the revocation in writing to your child/ward's school principal.

13. Hazing is defined as any method that causes, or is likely to cause, bodily danger or physical harm, or serious mental or emotional harm to any student. You understand activities that expose individuals to embarrassment, abuse, ridicule, or humiliation will not be tolerated and are subject to enforcement under the LCSB Code of Conduct, depending upon the seriousness of the violation.

14. You and child/ward have read and discussed the LCSB Code of Conduct and acknowledge that she/he may be disciplined or removed from a team if any of the provisions are violated.

I hereby acknowledge and certify that I have read the sports screening document.  
I understand and agree to be bound by its terms.

_____	_____	_____
Signature of Parent/Legal Guardian	Print Name of Parent/Legal Guardian	Date

_____	_____	_____
Signature of Student	Print Legal Name of Student	Date

## FAMILY / STUDENT HEALTH HISTORY

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone(s) \_\_\_\_\_

Identify the answer for each of the following questions as well as circle any questions you are unable to answer. Explain "yes" answers on the next page.

YES NO Have you had a medical illness or injury since your last medical check or sports physical?

YES NO Do you have an ongoing chronic illness?

YES NO Have you ever been hospitalized overnight?

YES NO Are you currently taking any prescription or nonprescription medications or pills or using an inhaler?

YES NO Have you taken any supplements or vitamins to help you gain or lose weight to improve performance?

YES NO Do you have any allergies? (For example pollen, medicine, latex, food, or stinging insects)

YES NO Have you ever had a rash or hives develop during or after exercise?

YES NO Have you ever passed out during or after exercise?

YES NO Have you ever been dizzy during or after exercise?

YES NO Do you get tired more quickly than your friends do during exercise?

YES NO Have you had a severe viral infection? (For example: myocarditis or mononucleosis)

YES NO Do you have any current skin problems? (For example: itching, rashes, acne, warts, fungus, blisters or pressure sores)

YES NO Have you ever become ill from exercising in the heat?

YES NO Do you cough, wheeze, or have trouble breathing during or after activity?

YES NO Do you have asthma?

YES NO Do you have seasonal allergies that require medical treatment?

YES NO Have you had any problems with your eyes or vision?

YES NO Do you wear glasses, contacts, or protective eyewear?

YES NO Have you ever had a sprain, strain or swelling after injury?

YES NO Have you broken or fractured any bones or dislocated any joints?

YES NO Do you want to weigh more or less than you do now?

YES NO Has your weight fluctuated up or down over the past year?

YES NO If you are female, do you experience any problems with your period?

YES NO Do you use any special protective or corrective equipment or medical devices that aren't usually for your sport or position?

(knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)

YES NO Have you ever been hospitalized? (Include date(s) in explanation)

YES NO Have you ever had surgery? (Include date(s) in explanation)

YES NO Have you ever had a seizure?

YES NO Do you have frequent or severe headaches?

YES NO Have you ever had a head injury or concussion? (Include how many and how long ago)

YES NO Have you ever been rendered unconscious, or lost your memory?

YES NO Have you ever had a stinger, burner or pinched nerve?

YES NO Have you ever had numbness or tingling in your arms, hands, legs or feet?

YES NO Have you ever had chest pain during or after exercise?

YES NO Have you ever had racing of your heart or skipped heartbeats?

YES NO Have you had high blood pressure or high cholesterol?

YES NO Have you ever been told you had a heart murmur?

YES NO Have you ever been diagnosed with sickle cell anemia?

YES NO Have you ever been diagnosed with the sickle cell trait?

YES NO Has a physician ever denied or restricted your participation in sports for any heart problems?

YES NO Has any family member or relative died of heart problems or sudden death before age 50?

YES NO Have you had any injuries to, or experienced pain or swelling in muscles, tendons, bones, or joints?

If YES, check appropriate area and explain below:

\_\_\_head \_\_\_elbow \_\_\_neck \_\_\_ankle \_\_\_thigh \_\_\_back \_\_\_wrist \_\_\_toe \_\_\_hand \_\_\_shin/calf \_\_\_shoulder \_\_\_finger \_\_\_upper arm \_\_\_foot \_\_\_forearm \_\_\_chest \_\_\_hip \_\_\_knee

Record the dates of your most recent immunizations (shots) for

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Chickenpox \_\_\_\_\_

EXPLAIN YES ANSWERS BELOW (If more space is needed; attach page.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VERIFICATION OF MEDICAL INSURANCE

Know that I/we do hereby waive, relinquish, remise, and release the LCSB from any claim or cause of action which may arise as a result of my/our said minor child participating in the athletic program of the public school system of Lake County, insofar as I/we have elected to assume said risk, I/we have insured myself/ourselves against said risk. I/We further relieve and release said LCSB from any liability in its failure to provide insurance upon my/our said child/ward while he/she shall be engaged in the program of said public school system. I/We am providing information for medical insurance coverage for my child/ward. If I/we falsify any insurance information I/we understand that my child/ward will forfeit athletic eligibility from date of disclosure. The information below is required for participation. A copy of your valid insurance card must be attached; if you do not have family insurance you must purchase and sign below that you have football and/or school insurance for your child/ward.

Name of insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Name of insurance contact \_\_\_\_\_

Insurance company phone number \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**PHYSICAL EXAMINATION (to be completed by licensed physician, licensed chiropractic physician, licensed osteopathic physician, licensed physician assistant or certified advanced nurse practitioner).**

Student Name (please print)

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List all sport(s) in which child/ward will participate.

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Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_

Resting Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_

Hearing – Right P \_\_\_\_\_ F \_\_\_\_\_ Left P \_\_\_\_\_ F \_\_\_\_\_

Visual Acuity - Right: 20/ \_\_\_\_\_ Left: 20/ \_\_\_\_\_ Corrected YES NO

Pupils Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL FINDINGS	NORMAL	ABNORMAL FINDINGS
General Appearance	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Lymph Nodes	_____	_____
Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitalia (males only)	_____	_____
Skin	_____	_____
<u>Musculoskeletal</u>		
Neck	_____	_____
Back	_____	_____
Shoulder, Arm	_____	_____
Elbow, Forearm	_____	_____
Wrist, Hand	_____	_____
Hip, Thigh	_____	_____
Knee	_____	_____
Leg, Ankle	_____	_____
Foot	_____	_____



ASSESSMENT OF EXAMINING PHYSICIAN ASSESSMENT

\_\_\_\_\_ Cleared without limitation

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

\_\_\_\_\_ Precautions

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

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

Recommendations

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Physician office stamp must be on this page.**

**LAKE COUNTY SCHOOLS**  
EMERGENCY TREATMENT AUTHORIZATION CARD

(Please Print)

Student Legal Name \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Student DOB \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

My child/ward has the following allergies

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Child/ward is allergic to the following medications

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Please identify any serious injuries or disease your child/ward has had

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Name alternate contact in case of emergency \_\_\_\_\_

Telephone Number \_\_\_\_\_

Primary Care Doctor Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

I/We the parent/guardian understand that the medical insurance coverage for our/my child/ward is my/our responsibility; whether it is family insurance or purchased school insurance. I/we relieve and release LCSB from any liability in its failure to carry insurance upon our/my child/ward. I/We are providing information for medical insurance coverage for my/our child/ward. I/We further understand that if I/We falsify any insurance information that my/our child/ward will forfeit athletic eligibility from date of disclosure. The information below is required for participation, if you do not have family insurance you must purchase and identify below that you have football/school insurance for your child/ward.

Name of Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Name of Insurance Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_

I/We further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the Lake County School Board and its employees harmless in the administration of such assistance. I/We hereby acknowledge and certify that I/We have read the emergency medical document and I/We understand and agree with its terms. According to Florida Statutes (92.525) "Under penalties of perjury, I/we declare that I/we have read the foregoing and that the facts stated in it are true." I/We agree to be bound by its terms and I/we have reviewed and explained the notice with my/our child/ward.

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

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_ Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

75 F0110 1/15/10 Submitted by District Athletic Director

**LAKE COUNTY SCHOOLS**  
**NOTIFICATION OF RISK AGREEMENT for MIDDLE SCHOOL ONLY**

All athletic forms for eligibility must be completed and returned to the school athletic office before your child/ward will be permitted to try out, practice or participate in any athletic event. I/We have marked, for the current school year, and I/we hereby give permission for our child/ward to participate in the following activities.

\_\_\_\_\_ ALL SPORTS                      \_\_\_\_\_ SOCCER                      \_\_\_\_\_ CROSS COUNTRY  
 \_\_\_\_\_ BASKETBALL                      \_\_\_\_\_ VOLLEYBALL                      \_\_\_\_\_ FLAG FOOTBALL

I/We am/are aware that playing or practicing any sport can be dangerous in nature involving many risks of injury, including but not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of the body, general health and well being. I/We understand that the dangers and risks of playing or practicing in any of the above sports may result not only in serious injury, but in serious impairment of my child's/ward's future abilities to earn a living, to engage social and recreational activities, and generally to enjoy life. Because of the dangers of participating in any sport, I/We recognize the importance of following coaches' instructions regarding playing techniques and training, Lake County School Board (LCSB) Code of Conduct, school policies and other team rules and my/our child/ward agrees to obey such instructions.

As consideration for the LCSB allowing my child/ward to participate, practice or try out for any LCSB sponsored athletic activity, I/We understand that there is a risk of injury associated with all athletic activity including, but not limited to injury caused by contact, physical conditioning, exertion, medical conditions known or unknown, equipment defects, equipment failures, equipment misuse or equipment maintenance, playing field conditions, playing field maintenance, facility conditions, facility maintenance, intentional acts of third-persons, supervision and student disregard of conduct codes and safety instructions, to which my child/ward may be exposed. I/We agree to assume the risk set out above and, on my/our own behalf and on behalf of my/our child/ward, heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities claims, actions, damages, or costs or expense of any nature arising of my/our child/ward playing, practicing or trying out for any athletic activity. I/We further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, attorney's fees and disbursements. The released parties are the LCSB its employees, agents, representatives and any of its insurers. I/We understand that this Notification of Risk Agreement includes any claims based on the negligent actions or inactions of any of the above-released parties and covers bodily injury and property damage whether suffered by me/us, my/our child/ward before, during or after such participation. I/We further authorize medical treatment for said child or ward at my/our cost if the need arises.

I/We hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I/We hereby grant to FHSAA the right to review all records relevant to my/our child's/ward's athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/We hereby grant the released parties the right to photograph and/or videotape my/our child/ward and further to use his/her 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/We understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school; in doing so, however, /I/we understand that I/we will no longer be eligible for participation in interscholastic athletics.

By signing this Agreement below, I/we affirm that I/we have read the afforded mentioned Notification of Risk.

Agreement and voluntarily and knowingly agree to be legally bound by its provisions.

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

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Print Legal Name of Student

\_\_\_\_\_  
 Date