Athletic Eligibility Packet 2017-18

Congratulations on your choice to participate in athletics at East Ridge High School. ERHS is a proud member of Florida High School Athletics Association (FHSAA), and as such must operate under the rules and regulations established for governing all member schools. The administrators, athletic directors, athletic trainer and coaches are responsible for strict adherence to these policies, as well as county established policies. This is to assure the safety of all student-athletes and to protect the integrity of the athletic programs. Below is a checklist of the forms and documents that are required for participation in all high school athletics. Additional eligibility requirements must be met in order to participate (i.e. minimum GPA, establishing residency, etc.). Please be sure that both student and parent/guardian signatures and dates are on every form where requested, that the physician who completes the physical signs and dates the physical examination (pg. 4), and that all forms are completed in their entirety. Missing information will result in the forms being returned and will create unnecessary delays in participation. Additional eligibility questions may be directed to the athletic directors at the school.

Required forms and documents:

- Lake County Schools Sports Screening Physical Examination Form – p. 2
- FHSAA Preparticipation Physical Evaluation (EL2) – p. 4-6
- FHSAA Consent and Release from Liability Certificate (EL3) – p. 7-10
- Consent for Cognitive Testing and Release of Information (ImPACT) – p. 11
- Copy of Current Health Insurance Card (School Insurance may be purchased if necessary – available for online purchase at www.schoolinsuranceofflorida.com or forms may be picked up in the front office) – p. 13
- Emergency Treatment Authorization Cards – PLEASE FILL OUT BOTH SECTIONS – p.14
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.

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 examination 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 (EKG) 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
For the 2017-18 school year, all student athletes will be required to present a valid Athletic Eligibility Pass with a photo ID in order to try out for any sport.

All completed Athletic Eligibility Packets must be turned in directly to the Athletic Director, or Athletic Trainer at least 1 week prior to tryouts (coaches may not accept packets for athletes).

Student athletes will be issued Athletic Eligibility Cards once all Athletic Eligibility Packet signatures and materials were confirmed complete.

The name of the student athlete and expiration date of the eligibility paperwork will be hand written on the Athletic Eligibility Card by the Athletic Director, Athletic Trainer, or Athletic Secretary.

Upon submission of Athletic Eligibility Packets, each student athlete will be given the opportunity to purchase a Student Activity Pass sticker for a discounted price of $25 (Normally $35).

Each year the color of this pass will change, therefore requiring updated Athletic Eligibility Packets for each student athlete.
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: (_____)

Personal/Family Physician: ______________________       Work Phone: (_____)

City/State: __________________________       Cell Phone: (_____)

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

1. Have you had a medical illness or injury since your last check up or sports physical? ______ Yes ______ No

2. Do you have an ongoing chronic illness? ______ Yes ______ No

3. Have you ever been hospitalized overnight? ______ Yes ______ No

4. Have you ever had surgery? ______ Yes ______ No

5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? ______ Yes ______ No

6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ______ Yes ______ No

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ______ Yes ______ No

8. Have you ever had a rash or hives develop during or after exercise? ______ Yes ______ No

9. Have you ever passed out during or after exercise? ______ Yes ______ No

10. Have you ever been dizzy during or after exercise? ______ Yes ______ No

11. Have you ever had chest pain during or after exercise? ______ Yes ______ No

12. Do you get tired more quickly than your friends do during exercise? ______ Yes ______ No

13. Have you ever had racing of your heart or skipped heartbeats? ______ Yes ______ No

14. Have you had high blood pressure or high cholesterol? ______ Yes ______ No

15. Have you ever been told you have a heart murmur? ______ Yes ______ No

16. Has any family member or relative died of heart problems or sudden death before age 50? ______ Yes ______ No

17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? ______ Yes ______ No

18. Has a physician ever denied or restricted your participation in sports for any heart problems? ______ Yes ______ No

19. Do you lose weight regularly to meet weight requirements for your sport? ______ Yes ______ No

20. Do you feel stressed out? ______ Yes ______ No

21. Have you ever been hospitalized overnight? ______ Yes ______ No

22. Have you ever had a seizure? ______ Yes ______ No

23. Have you ever had numbness or tingling in your arms, hands, legs or feet? ______ Yes ______ No

24. Have you ever had a stinger, burner or pinched nerve? ______ Yes ______ No

25. Have you ever had a sprain, strain or swelling after injury? ______ Yes ______ No

26. Have you ever become ill from exercising in the heat? ______ Yes ______ No

27. Do you cough, wheeze or have trouble breathing during or after activity? ______ Yes ______ No

28. Do you have asthma? ______ Yes ______ No

29. Do you have seasonal allergies that require medical treatment? ______ Yes ______ No

30. Do you have any other problems with pain or swelling in muscles, tendons, bones or joints? ______ Yes ______ No

31. Have you had any problems with your eyes or vision? ______ Yes ______ No

32. Do you use any special protective or corrective equipment or medical devices that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? ______ Yes ______ No

33. Have you been told you have diabetes? ______ Yes ______ No

34. Have you had any heart murmurs or other heart problems? ______ Yes ______ No

35. Have you had any previous surgery or medical conditions? ______ Yes ______ No

36. Do you have any chronic medical conditions? ______ Yes ______ No

37. Do you have any other medical conditions that may affect your performance? ______ Yes ______ No

If yes, check appropriate blank and explain below:

Head ___ Elbow ___ Hip ___
Neck ___ Forearm ___ Thigh ___
Back ___ Wrist ___ Knee ___
Chest ___ Hand ___ Shin/Calf ___
Shoulder ___ Finger ___ Ankle ___
Upper Arm ___ Foot ___

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

Tetanus: _____________ Measles: _____________
Hepatitis B: _____________ Chickenpox: _____________

FEMALES ONLY (optional)

42. When was your first menstrual period? ______

43. When was your most recent menstrual period? ______

44. How much time do you usually have from the start of one period to the start of another? ______

45. How many periods have you had in the last year? ______

46. What was the longest time between periods in the last year? ______

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 (ECG) and/or cardio stress test.

Signature of Student: ___________________________       Date: _____/_____/_____

Signature of Parent/Guardian: ______________________       Date: _____/_____/_____

--- 1 ---
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).

### MEDICAL

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<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<td>Abdomen</td>
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<td>Leg/Ankle</td>
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<td>18.</td>
<td>Foot</td>
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* – station-based examination only

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<th>ABNORMAL FINDINGS</th>
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<td>Blood Pressure:</td>
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**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: ____________________________ For: ____________________________
- Referred to ____________________________

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: ________________________________________________________

Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 1 of 4)

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, 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’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. 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. I understand that the authorizations and rights granted herein are voluntary and have 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 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. I hereby give consent for my child/ward to participate in sports

H. 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: ____________________________
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 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 (AHCP).

In Florida, an appropriate health-care professional (AHCP) 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 AHCP.

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—What You Need to Know” at www.nfhslearn.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.

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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.

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and 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 sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

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

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

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, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) __________________________ Signature of Student-Athlete __________________________ Date __/___/_____

Name of Parent/Guardian (printed) __________________________ Signature of Parent/Guardian __________________________ Date __/___/_____

School: __________________________ School District (if applicable): __________________________
Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable;** a separate form must be completed for each different school at which a student participates.

2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation.

3. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)

4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)

5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)

6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)

7. Must have signed permission to participate from the student’s parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)

8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)

9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).

10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)

11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)

12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)

13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)

14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school’s principal/athletic director. (FHSAA Policy 17)

15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA’s established rules and eligibility have been read and understood.

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CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

Dear Parent/Guardian,

Lake County School’s is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test. If a concussion is suspected, the athlete will be required to re-take the test. The information gathered can also be shared with your family doctor. The test data will enable health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details. Remember, the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides the best available information for managing concussions.

I give permission and authorize (Name of School) East Ridge High School to test my child using ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). I understand that my child will receive a baseline test prior to participating in school sports programs, which may need to be repeated depending upon preliminary results of the initial test. The baseline test results will be kept by my school’s Athletic Trainer and will be used for comparison purposes only in the event of an injury. I release and hold harmless (Name of School) East Ridge High School to release the results of the ImPACT test(s) of my child to the National Training Center Sports Medicine Institute Foundation, which may consist of neuropsychologists, primary care physicians, neuro-surgeons, athletic trainers and other treating physicians. I understand that there is no charge for the baseline ImPACT testing.

I may revoke my consent at any time by submitting a revocation request in writing to my child’s school.

I understand that this consent for testing and authorization for release of my child’s information will expire at the end of each school year.

I have read the above information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program and understand that my child will return this completed form to his/her school athletic trainer for testing

Printed Name of Athlete

Sport(s)

Signature of Athlete

Date

Signature of Parent/Guardian

Date

www.impacctestonline.com
A Copy of an Original Certified Birth Certificate is **required** by the Florida High School Athletic Association for eligibility.

All incoming Freshmen, transfer students, and newly enrolled student athletes must attach a copy of their birth certificate to this eligibility packet.
PROOF OF HEALTH INSURANCE COVERAGE

School Insurance may be purchased if necessary – forms are available through athletic directors, athletic trainer, or online at www.schoolinsuranceofflorida.com.

Please attach copy of FRONT side of insurance card here:

Please attach copy of BACK side of insurance card here:
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 ____________________________

______________________________________________ ____________________________ child/ward is allergic to the following medications ____________________________

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

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 falsely 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 Statues (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 ____________________________

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Signature of Parent/Legal Guardian ____________________________ Print Name of Parent Legal Guardian ____________________________ Date ____________

Telephone (H) ____________________________ Telephone (W) ____________________________ Other ____________________________

Street Address ____________________________

City ____________________________ State ____________________________ Zip ____________________________
Please take a moment and check that all paperwork in this eligibility packet is filled out COMPLETELY with all student and parent/guardian signatures before submission to East Ridge Athletics. The list of required forms is on the bottom of the cover page.

Note: Most forms are double-sided and both Emergency Treatment Authorization cards need to be completed. A copy of a current health insurance card (front and back) is required. New student-athletes must also include a copy of their Birth Certificate with this sports eligibility packet. No exceptions.

Please turn in completed packets to any of the following ERHS officials:

- Athletic Director
- Athletic Trainer
- Athletic Secretary

Incomplete packets will NOT be accepted and will be returned to the student-athlete immediately. To avoid any delay in their participation eligibility please be sure the packet is 100% COMPLETE.

Thank you,