



## **POLICY 5.61**

**4-B** I recommend that the Board adopt the proposed revised Policy 5.61, entitled “Eligibility Requirements Including Physical Examination for High School and Middle School Interscholastic Athletics.”

[Contact: Dr. Constance Tuman-Rugg, PX 48549.]

### **Adoption**

### **CONSENT ITEM**

- The Board approved development of this revised Policy at the development reading on July 7, 2010.
- This Policy sets forth eligibility and physical examination requirements before a student can participate or engage in middle school or high school interscholastic athletics.
- This revision also updates statutory references and incorporates the appropriate District and FHSAA forms.

POLICY 5.61

ELIGIBILITY REQUIREMENTS INCLUDING PHYSICAL EXAMINATION FOR  
ATHLETIC COMPETITION HIGH SCHOOL AND MIDDLE SCHOOL  
INTERSCHOLASTIC ATHLETICS

Before a student can begin practice or competition in interscholastic sports at the middle/junior high school or senior high school level the student must present evidence from a licensed, practicing, medical authority of a physical examination and authorization as to which sport or sports the student may or may not compete.

Each subsequent year before practice or competition begins, the student must present evidence from a licensed, practicing authority that an interval medical history has been completed and a determination whether an additional physical is needed. The examiner will authorize in which sport or sports the student may or may not compete.

Purpose

1. This Policy sets forth eligibility and physical examination requirements before a student can participate or engage in middle school or high school interscholastic athletics.

Policy

2. Before a student can begin practice or competition in interscholastic sports at the middle, middle/senior or senior high school level, the student shall undergo, unless exempt by statute, an annual physical evaluation and shall be certified as being physically fit for participation in interscholastic athletic practice or competition before being allowed an opportunity for such participation. As required by Fla. Stat. Sec. 1006.20 (2)(c), this annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed medical assistant, or a certified advanced registered nurse practitioner and who is in good standing. The evaluation shall be valid for a period not to exceed a calendar year from the date of the practitioner's signature. The Florida High School Athletic Association (FHSAA) Form EL 2 must be completed. This [form](#) is incorporated herein by reference as part of this policy. Notice of and the conducting of the physical examination must be in compliance with 20 U.S.C. § 1232h.
3. Interscholastic athletic practice shall be considered to include any and all forms of physical conditioning, both aerobic and anaerobic, in which the student is permitted to participate regardless of whether such conditioning occurs in the preseason, off-season, or during the period of permissible organized practice.
4. The District shall comply with the eligibility Bylaws of the Palm Beach County

39 Middle School Activities Association ("PBCMSAA"), including the provisions  
40 relating to equitable participation, for middle school students.

41 5. The District shall comply with the eligibility [Bylaws of the Florida High School](#)  
42 [Athletic Association](#) ("FHSAA"), including the provisions relating to equitable  
43 participation, for high school students.

44 6. For interscholastic athletics eligibility, all forms required by the FHSAA or by the  
45 District, including but not limited to FHSAA Form EL 5 (the academic performance  
46 contract for certain 9<sup>th</sup> and 10<sup>th</sup> grade students), PBS D Forms 1588HS (for high  
47 school), 1588MS (for middle school) and 1589, must be completed and timely  
48 submitted to the school. FHSAA Form EL 5 and PBS D Forms 1588HS, 1588MS  
49 and 1589 are incorporated herein by reference as part of this policy. FHSAA forms  
50 can be located on its [web site](#). The PBS D forms can be found on the District's  
51 [forms web site](#) .

52 7. Each year, the student will complete and provide the school with the required  
53 documents relating to the physical examination to be eligible to practice for or  
54 compete in athletic competitions. These documents will be on file in the school for  
55 the duration of that participating student's eligibility at that school. ~~The student's~~  
56 ~~Athletic Health Forms Pre-participation and Interval will be on file in the principal's~~  
57 ~~office for the duration of that student's eligibility.~~

58 8. This policy shall be considered along with School Board Policy 5.60 and the  
59 requirements of the FHSAA or PBCMSAA, as applicable, to determine a student's  
60 eligibility to participate.

61 STATUTORY AUTHORITY: Fla. Stat. §§ 1001.41 (1) & (2); 1001.42(26); 1001.43(1);  
62 1006.15 230.22(2), FS-

63 LAWS IMPLEMENTED: Fla. Stat. §§ 1001.32(2); 1001.42(10); 1001.43(3), (7), & (8);  
64 1002.20 (17) & (18); 1006.15; 1006.20; 20 U.S.C. § 1232h; 20 U.S.C. § 1232g  
65 230.22(2), FS

66 HISTORY: New: August 21, 1985; \_\_\_/\_\_\_2010

Legal Signoff:

The Legal Department has reviewed proposed Policy 5.61 and finds it legally sufficient for adoption by the Board.

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Attorney

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Date



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.

**Part 1. Student Information (to be completed by student or parent)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_ (\_\_\_/\_\_\_, \_\_\_/\_\_\_)
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_ F \_\_\_ left: P \_\_\_ F \_\_\_
Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation
\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
\_\_\_ Precautions: \_\_\_\_\_
\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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.

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

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

Precautions: \_\_\_\_\_

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

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*



# Academic Performance Contract for Athletic Eligibility

This form may be used by member schools as an academic performance contract between themselves and students in the 9th and 10th grades whose cumulative grade point averages fall below the 2.0 necessary for eligibility to participate in interscholastic athletic competition.

--- DO NOT RETURN THIS FORM TO THE FHSAA ---

I, *{name of student}* \_\_\_\_\_, a student in the *{9th/10th}* \_\_\_\_\_ th grade *{name of school}* \_\_\_\_\_, and my parent(s)/guardian(s) acknowledge that my cumulative grade point average has fallen below the 2.0 on a 4.0 scale that is required for participation in interscholastic athletic competition, according to s. 1006.15(3)(a)1, Florida Statutes, and Bylaw 9.4.1 of the Florida High School Athletic Association, of which my school is a member.

I wish to participate in the following sports: \_\_\_\_\_

I and my parent(s)/guardian(s) understand that while in the 9th and 10th grades, I will be permitted to continue to participate in interscholastic athletic competition each semester provided:

- (a) I have not participated in any interscholastic athletic activity during the semester of ineligibility;**
- (b) I have earned a 2.0 grade point average in all courses taken during the semester of ineligibility;**
- (c) I have entered into this “Academic Performance Contract for Athletic Eligibility” with my school; and**
- (d) I will enroll in and attend summer school, or its equivalent, as necessary.**

I and my parent(s)/guardian(s) further understand that should my cumulative grade point average continue to be below the required 2.0 on a 4.0 scale when I enter the 11th grade, I will not be permitted to participate in interscholastic athletic competition until such time as my cumulative grade point average is raised to a 2.0 on a 4.0 scale or better and maintained at that level.

I and my parent(s)/guardian(s), therefore, will commit ourselves to see that I put forth the effort necessary to raise my cumulative grade point average to that level by the time I enter the 11th grade.

Entered into this *{date}* \_\_\_\_\_ day of *{month}* \_\_\_\_\_, *{year}* 20\_\_\_\_, by and between:

## FOR STUDENT

\_\_\_\_\_  
Name of Student

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

/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

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

/\_\_\_\_\_  
Date

## FOR SCHOOL

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

/\_\_\_\_\_  
Date





# Athletic Eligibility for High School Students

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her high school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign papers in front of a notary. We **cannot** notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)					Student ID #	Today's Date
Sex	Age	Current Grade	School Year	Date of Birth	Parent/Legal Guardian	
Student's Address (street, apt. #, city, state, zip code)					Telephone #	
First School Attended This Year				School Attended Last Year		
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Telephone #	
Emergency Work Phone #		Student's Personal Physician			Physician Telephone #	
List Sports						
<b>PROOF OF INSURANCE FOR STUDENT</b>						
Name of Policy Holder (Insurance Policy that covers student)			Policy Holder Relationship to Student		Policy Holder Place of Employment	
Name of Medical Insurance Company (Insurance Policy that covers student)					Insurance Policy #	
<b>ATHLETIC ELIGIBILITY REQUIREMENTS FOR HIGH SCHOOL STUDENTS</b>						

**TRANSFER STUDENTS AND NEW STUDENTS** must have transcripts on file before an athlete is eligible to participate.  
**ALL STUDENT OBLIGATIONS** must be met before participation in athletics/activities is allowed.  
**ALL SECTIONS OF THIS FORM** must be filled out, signed & **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.  
**ALL STUDENTS MUST HAVE** a Birth Certificate\* on file in the Athletic Office.  
**ALL STUDENTS** will be responsible for a portion of their athletic insurance.  
**ALL FRESHMEN** must be academically promoted.  
**A STUDENT SHALL BE ELIGIBLE** for no more than four (4) consecutive academic years from the date he/she first enrolls in the ninth (9th) grade.  
**A STUDENT SHALL BE ELIGIBLE** until reaching the age nineteen (19) and nine months.  
**A STUDENT ENTERING** the 9th through 12th grades must maintain a 2.0 cumulative grade point average in all courses taken that are required for graduation to be academically eligible to participate in interscholastic athletic competition. If student in the ninth or 10th grade falls below the 2.0 cumulative grade point average requirement, the student will be allowed to participate on a semester-by-semester basis if the student (a) earns a 2.0 grade point average on courses taken in the previous semester alone, (b) signs an academic performance contract with the school, and (c) attends summer school, if offered. Once, however, the student enters the 11th grade he or she must have and maintain from that point forward the 2.0 cumulative grade point average to be eligible. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

*\* If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
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**INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT**

I live with (check one)  both parents  Mother Only  Father Only  Guardian Other \_\_\_\_\_

Relationship to other \_\_\_\_\_ I have lived with the person(s) stated above since \_\_\_\_\_

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school.  I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist)
- I have been assigned to this school by the Department of Exceptional Student Education.

**CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING**

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School District and the contest officials, the National Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. **In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons.** I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Bowling, Cheerleading, Cross Country, 11-Man Tackle Football, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weight-lifting, Wrestling.

(Other sports added to form by school)

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

**ADDENDUM TO CONSENT AND RELEASE**

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA 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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, 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 A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE**

Where appropriate both parent(s)/legal guardian(s) should sign.

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Type of Identification Produced \_\_\_\_\_



# Athletic Eligibility for Middle School Students

Parents, In order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign papers in front of a notary. We **cannot** notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)					Student ID #	Today's Date
Sex	Age	Current Grade	School Year	Date of Birth	Parent/Legal Guardian	
Student's Address (street, apt. #, city, state, zip code)					Telephone #	
First School Attended This Year				School Attended Last Year		
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Telephone #	
Emergency Work Phone #		Student's Personal Physician			Physician Telephone #	
List Sports						
<b>PROOF OF INSURANCE FOR STUDENT</b>						
Name of Policy Holder (Insurance Policy that covers student)			Policy Holder Relationship to Student		Policy Holder Place of Employment	
Name of Medical Insurance Company (Insurance Policy that covers student)					Insurance Policy #	
<b>ATHLETIC ELIGIBILITY REQUIREMENTS FOR MIDDLE SCHOOL STUDENTS</b>						

**TRANSFER STUDENTS AND NEW STUDENTS** must have transcripts\* on file before an athlete is eligible to participate.  
**ALL STUDENT OBLIGATIONS** must be met before participation in athletics/activities is allowed.  
**ALL SECTIONS OF THIS FORM** must be filled out, signed and **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.  
**ALL STUDENTS MUST HAVE** a Birth Certificate\* on file in the Athletic Office.  
**ALL STUDENTS MUST SHOW** proof of insurance coverage or purchase student accident insurance which will provide minimal medical reimbursement. The School District is NOT responsible for accidental interscholastic athletic injuries.  
**A STUDENT MAY** participate for three consecutive years from the time he/she first successfully completes the fifth grade.  
**A STUDENT WHO HAS ATTAINED THE AGE OF 15** prior to September 1st of the current school year shall be ineligible for middle school sports participation.  
**FAILURE IN MORE THAN ONE (1) SUBJECT** during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine eligibility. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

*\* If specific documentation requested is not available, contact the athletic director for further instruction.*

School	Athletic Director	Telephone #
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**INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT**

I live with (check one)  both parents  Mother Only  Father Only  Guardian  Other \_\_\_\_\_

Relationship to other \_\_\_\_\_ I have lived with the person(s) stated above since \_\_\_\_\_

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school.  I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by the Reassignment Specialist)
- I have been assigned to this school by the Department of Exceptional Student Education.

**CONSENT AND RELEASE OF LIABILITY CERTIFICATE - READ CAREFULLY BEFORE SIGNING**

I (the student) and we (the parent[s]/legal guardian[s]) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the National Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize **EMERGENCY MEDICAL TREATMENT** for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. **In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons.** I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

(Other sports added to form by school)

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I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

**ADDENDUM TO CONSENT AND RELEASE**

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child's/ward's participation in an activity.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA 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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, 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 A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE**

Where appropriate both parent(s)/legal guardian(s) should sign.

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Type of Identification Produced \_\_\_\_\_



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# Student Medical Consent for Athletics

Print Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

\_\_\_\_\_  
*Signature of Student* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Telephone or cell number to call in case of emergency*

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## NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
*(parent/guardian or adult/emancipated student)*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Type of Identification Produced \_\_\_\_\_