

Name of Parent/Guardian (printed)

Name of Student (printed)

Florida High School Athletic Association

Revised 06/21

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

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

	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 applicab	ole):	
I have read the (my school in in know that athle sion, and even oparticipating in hereby release a liability for any athletic particip I hereby grant to academic stand, use my name, f limitation. The land that I may be a school of the schoo	(condensed) FHSAA Eligibility Raterscholastic athletic competition tic participation is a privilege. I death, is possible in such participa athletics, with full understanding and hold harmless my school, the injury or claim resulting from suration. I hereby authorize the use o FHSAA the right to review all ing, age, discipline, finances, resiace, likeness, voice and appearance leased parties, however, are under the competition of the condensation of the condensa	tand Release (to be signed by student at the bottom) tules printed on Page 4 of this "Consent and Release Certificate" and kn. If accepted as a representative, I agree to follow the rules of my scheknow of the risks involved in athletic participation, understand that se ation, and choose to accept such risks. I voluntarily accept any and all regorders of the risks involved. Should I be 18 years of age or older, or should I sechools against which it competes, the school district, the contest office athletic participation and agree to take no legal action against FHSA or disclosure of my individually identifiable health information should records relevant to my athletic eligibility including, but not limited to, idence and physical fitness. I hereby grant the released parties the right nee in connection with exhibitions, publicity, advertising, promotional fer no obligation to exercise said rights herein. I understand that the autitime by submitting said revocation in writing to my school. By doing tics.	ool and FHSAA and to abide by their decisions rious injury, including the potential for a concussesponsibility for my own safety and welfare while be emancipated from my parent(s)/guardian(s), cials and FHSAA of any and all responsibility and A because of any accident or mishap involving my I treatment for illness or injury become necessary my records relating to enrollment and attendance to photograph and/or videotape me and further to and commercial materials without reservation of horizations and rights granted herein are voluntary	
tom; where div	orced or separated, parent/gua	nt, Acknowledgement and Release (to be completed and rdian with legal custody must sign.) participate in any FHSAA recognized or sanctioned sport EXCEPT		
List spe	ort(s) exceptions here			
B. I understa C. I know of is possible in st the risks involvany and all respany accident or my child/ward treatment, while information shout athletic eligibili I grant the releaconnection with obligation to ex	and that participation may necessic, and acknowledge that my child/ach participation and choose to a red, I release and hold harmless reponsibility and liability for any in mishap involving the athletic part by a healthcare practitioner, as deemy child/ward is under the superbuld treatment for illness or injuryity including, but not limited to, reased parties the right to photogran exhibitions, publicity, advertising tercise said rights herein.	tate an early dismissal from classes. ward knows of, the risks involved in interscholastic athletic participatic cept any and all responsibility for his/her safety and welfare while party child's/ward's school, the schools against which it competes, the sujury or claim resulting from such athletic participation and agree to ta ticipation of my child/ward. As required by F.S. 1014.06(1), I specifical fined in F.S. 456.001, or someone under the direct supervision of a heavy revision of the school. I further hereby authorize the use or disclosure of the become necessary. I consent to the disclosure to the FHSAA, upon its ecords relating to enrollment and attendance, academic standing, age, deph and/or videotape my child/ward and further to use said child's/ward, promotional and commercial materials without reservation or limits cussions and/or head and neck injuries in interscholastic athletics. I alse	rticipating in athletics. With full understanding or chool district, the contest officials and FHSAA or kle no legal action against the FHSAA because or lly authorize healthcare services to be provided for lthcare practitioner, should the need arise for such f my child's/ward's individually identifiable health request, of all records relevant to my child/ward's liscipline, finances, residence and physical fitness d's name, face, likeness, voice and appearance in ation. The released parties, however, are under no	
READ THIS IN A POTE THE SCHO USES REA	e such an injury is sustained with S FORM COMPLETELY	out proper medical clearance. Y AND CAREFULLY, YOU ARE AGREEING TO LE S ACTIVITY, YOU ARE AGREEING THAT, EVEN I I IT COMPETES, THE SCHOOL DISTRICT, THE C ROVIDING THIS ACTIVITY, THERE IS A CHAN	ET YOUR MINOR CHILD ENGAGE	
FUSE TO S THE SCHO	IGN THIS FORM, AND OOL DISTRICT, THE C	HT AND YOUR RIGHT TO RECOVER FROM MY COMPETES, THE SCHOOL DISTRICT, THE CON L INJURY, INCLUDING DEATH, TO YOUR CHILDS THAT ARE A NATURAL PART OF THE ACTIVIT MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS CONTEST OFFICIALS AND FHSAA HAS THE RIVOT SIGN THIS FORM.	AGAINST WHICH IT COMPETES	
E. I agree th tion in FHSAA F. I understa writing to my so G. Please che My child/	tat in the event we/I pursue litig a state series contests, such action and that the authorizations and ri- chool. By doing so, however, I un- beck the appropriate box(es): ward is covered under our family	ation seeking injunctive relief or other legal action impacting my chon shall be filed in the Alachua County, Florida, Circuit Court. ghts granted herein are voluntary and that I may revoke any or all of the inderstand that my child/ward will no longer be eligible for participation whealth insurance plan, which has limits of not less than \$25,000.	hem at any time by submitting said revocation in in interscholastic athletics.	
My child/	y: ward is covered by his/her school	Policy Number: 1's activities medical base insurance plan.		
I have pur	chased supplemental football ins	urance through my child's/ward's school. Y AND KNOW IT CONTAINS A RELEASE (Only one par		
Name of Parent	:/Guardian (printed)	Signature of Parent/Guardian	/	

Date

Date

Signature of Student

Signature of Parent/Guardian



Revised 06/2

Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

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

	This completes form made or nept on me by the beneath this form is valid for soc current and the most recent of graduate.				
School:	School District (if applicable):				
Concussion I	<u>nformation</u>				

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

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:

immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

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, Amyotropic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.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.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date //
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	//
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	//



Name of Parent/Guardian (printed)

Name of Parent/Guardian (printed)

Florida High School Athletic Association Consent and Release from Liability Certificate for

Revised 06/21

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)
This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School:	School District (if app	plicable):
Sudden Cardiac Arrest Information	<u>1</u>	
Sudden cardiac arrest (SCA) is a leading cause of sportsmends added training. Sudden cardiac arrest is a conditionand other vital organs. SCA can cause death if it's not tree.	on in which the heart suddenly and unexpectedly stops	
Symptoms of SCA include, but not limited to: sudden	collapse, no pulse, no breathing.	
Warning signs associated with SCA include: fainting	during exercise or activity, shortness of breath, racin	ng heart rate, dizziness, chest pains, extreme fatigue.
It is strongly recommended that all coaches, whether pain nal defibrillator (AED). Training is encouraged through 2021, a school employee or volunteer with current training including practices, workouts and conditioning sessions.	agencies that provide hands-on training and offer certifi	icates that include an expiration date. Beginning June 1,
The AED must be in a clearly marked and publicized loc the school year.	ation for each athletic contest, practice, workout or con-	ditioning session, including those conducted outside of
What to do if your student-athlete collapses: 1. Call 911 2. Send for an AED 3. Begin compressions		
FHSAA Heat-Related Illnesses Info	rmation	
People suffer heat-related illness when their bodies canrebody temperature rises rapidly, sweating just isn't enoug or other vital organs, and can cause disability and even d	h. Heat-related illnesses can be serious and life threaten	the body's natural air conditioning, but when a person' ning. Very high body temperatures may damage the brain
Heat Stroke is the most serious heat-related illness. It hannent disability and death.	ppens when the body's temperature rises quickly and the	he body cannot cool down. Heat Stroke can cause perma
Heat Exhaustion is a milder type of heat-related illness.	It usually develops after a number of days in high temp	perature weather and not drinking enough fluids.
Heat Cramps usually affect people who sweat a lot durithe abdomen, arms, or legs. Heat cramps may also be a s		alt and moisture and can cause painful cramps, usually in
Who's at Risk? Those at highest risk include the elderly, the very young, succumb to heat if they participate in demanding physical fever, dehydration, poor circulation, sunburn, and prescri	activities during hot weather. Other conditions that can	seases. However, even young and healthy individuals cal increase your risk for heat-related illness include obesity
By signing this agreement, I acknowledge the annual courses at www.nfhslearn.com. I acknowledge that the been advised of the dangers of participation for myselement.	e information on Sudden Cardiac Arrest and Heat-l	
Name of Student-Athlete (printed)	Signature of Student-Athlete	
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Signature of Parent/Guardian

Signature of Parent/Guardian

Revised 06/21



Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 4 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.

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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
- 3. Must attend school within the first 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 eight semesters 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 not turn 19 before **July 1st** to participate at the high school level; must not turn 16 prior to **September 1st** to participate at the junior high level; and must not turn 15 prior to **September 1st** to participate at the middle school level, otherwise the student becomes permanently ineligibile. (FHSAA Bylaw 9.6)
- 8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
- 9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
- 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.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date //
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	//
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	//