

# Monarch Knights Athletic Department Paperwork Packet

In order to participate in Athletics at any Broward County High School you must have on file:

On file at school:

1. Copy of Birth Certificate (only need to do once in 4 years)
2. GA4 Form ***if you have transferred from another high school*** either in the county or outside of the county. (only need to do once)
3. Current yearly FHSAA Physical Examination form completed by a Physician (Physicals do NOT need to be notarized)
4. Current, yearly Valid Insurance Card. If you use school insurance, please provide proof of insurance  
\*\*Football has a specific school insurance requirement. Please read the information carefully so you get the right one
5. Sportsmanship Policy form
6. Authorization for release of Medical Records Information & Permission to Treat form from Broward Health
7. Complete Athletic Information Sheet
8. Parent/Guardian Permission form.

***IF you have transferred from another high school, either within Broward County or from another county, state, or country, you must complete the Florida High School Athletic Association (FHSAA) GA4 form which is the Affidavit of Compliance with FHSAA Policy on Athletic Recruiting. Please see the [Monarch C2CSchools site](#) in the Downloads section to access the form.***

***([www.c2cschools.com](http://www.c2cschools.com) and type in Monarch High under the Search area.)***

**No student-athletes will be allowed to CONDITION, PRACTICE, OR COMPETE until all the above requirements have been met.**

**No Exceptions!!!**

Paperwork must be a complete package when turning it into the Principal's secretary, Mrs. Ulrich. You will be given a yellow participation card when the packet is complete.

Please read the Monarch Knights Sportsmanship Policy. If you have any questions please ask your coach.

## **Monarch Knights Sportsmanship Policy**

**Monarch High School** is committed to a spirit of good sportsmanship as a means to achieve exemplary citizenship and to enhance the image of our school community among students, patrons, and guests of our district. To enhance and promote sportsmanship and citizenship goals, all students, sponsors and fans representing our school are expected to display exemplary levels of sportsmanship during all school sponsored events and activities.

### **I. OBJECTIVES OF STUDENTS PARTICIPATION IN THE ATHLETIC PROGRAMS**

Each student participates in the Monarch High School athletic program is expected:

#### **On the field/court to:**

1. Be gracious and courteous regardless of whether he/she wins or loses.
2. Abstain from the use of illegal tactics.
3. Abstain from the use of profanity.
4. Abstain from displaying fits of temper, clowning, or other inappropriate behavior.
5. Cooperate with officials, coaches and athletes.

#### **At school to:**

1. Maintain good scholarship.
2. Pay respectful attention to classroom activities
3. Show respect for other students
4. Avoid Horseplay and unnecessary boisterousness.
5. Maintain a good attendance record.

#### **In the school building and on school grounds to.**

1. Conduct him/her so as to provide role models for other students
2. Being respectful to him/her and the team he/she represents.
3. Use school equipment with respect and care.
4. While participating in an event at another school too.
5. Respect the property of others.
6. Respect Monarch High School with honor.

### **II. MINIMUM TRAINING RULES AND REGULATIONS AS ESTABLISHED BY THE ATHLETIC DEPARTMENT.**

1. Students are expected to be at team practices on time. A student should always consult his/her coach before missing practice. Missing practice or a game without good reason is unacceptable.
2. Students are expected to treat all equipment as if it were his/her own. He/she should not abuse it or see it wantonly harmed. Each student is financially responsible for all equipment he/she checks out and will not be allowed to participate in another sport until the obligation is cleared.
3. Athletes, like all other students, are expected to conduct themselves in a reasonable, responsible manner in keeping with the School Board of Broward County code of conduct.
4. Students are expected to remain on a team until all contests are completed (play-offs and such). Dropping out of a sport is a serious matter. No student will quit any sport without first consulting his/her coach and/or Athletic director explaining his/her intentions. Any athlete quitting or being dropped from a team is not permitted to participate in another sport or use athletic facilities until the conclusion of the sport from which he or she quit or was dropped.
5. Students are to be dressed in official school uniforms when representing MONARCH HIGH SCHOOL in a game or a meet. Deviations from or additions to the school uniform are not permitted.
6. Students are to keep the team locker room neat.

7. Students must have a current physical examination and return to their coach a completed Physical Examination from signed by the Doctor and ~~notarized~~ by the player's parent or guardian, before practicing or competing. NOTARIZATION IS NO LONGER REQUIRED.
8. Players and coaches ARE to travel as a team to and from all contests except in the case of an emergency (injury, illness) or if special arrangement is made between the Athletic Director's office and the parents in person or writing.
9. Student athletes are expected to attend and participate in all classes for which they are enrolled, including Physical Education on a schedule contest date.

**III. PENALTIES**

1. Unauthorized possession of school equipment: Any student in unauthorized possession of an item of **MONARCH HIGH SCHOOL** equipment or property will be immediately suspended from athletics and reported to his/her Assistant Principal for further action
2. Drugs and Alcohol: Any team member found or possessing alcohol or drugs will be suspended from competing in athletics immediately for the remainder of the season.
3. Any External Suspension from school may result in automatic suspension from the sport and/or removal from the team.

**IV. APPEALS**

If a member, suspended by a coach wishes to appeal he/she will notify the Athletic Director to set up a meeting with the Athletic Rules Committee. The Committee is made up of the Principal, Athletic Director, Coach, and if necessary the teacher. The Athlete and his/her parents will also be present.

**V. ADDITIONAL COACHES RULES**

A coach may if he/she so desires to add to the above additional training rules and regulations and additional penalties.

**VI. MONARCH HIGH SCHOOL ELIGIBILITY RULES**

To be eligible to play a sport, a student must fulfill all of the eligibility requirements established by he FHSAA, BCAA, SBBC and Monarch High School.

1. A student must complete **ALL** paper work before grades are checked.
2. A student must carry an **UNWEIGHTED GPA** of 2.0 or higher.
3. A student must be in attendance on the day of a scheduled contest to be eligible to play in that contest.
  - a. Any student missing two or more classes (excused or unexcused) on the day of an event is ineligible to participate on that date.

**VII. ADDITIONAL INFORMATION**

If you have additional questions, please feel free to contact the Athletic Director's Office (754) -322-1400 or refer to the FHSAA website ([www.fhsaa.org](http://www.fhsaa.org)). The website offers the FHSAA Handbook with much useful information.

**VIII. ACKNOWLEDGEMENT OF CODE OF CONDUCT**

I have read, understand and agree to comply with the above rules of conduct and ethics as required as a member of any MONARCH HIGH SCHOOL ATHLETIC TEAM.

Student Athlete \_\_\_\_\_

\_\_\_\_\_  
Signature

Parent \_\_\_\_\_

\_\_\_\_\_  
Signature



# Consent and Release from Liability Certificate (Page 1 of 2)

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

School: \_\_\_\_\_ 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 the reverse side 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 of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/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's/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's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or 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/I 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. Please check the appropriate box(es):

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



## Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school.

### 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. 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. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. 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)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of practice of a sport, otherwise the student cannot participate at the new school for the remainder of that sport season. Exceptions may apply. See your school's principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.2) Exceptions may apply. See your school's principal/athletic director after first attending the new school.
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.3)
9. 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)
10. 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)
11. 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)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)
13. 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)
14. 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)
15. 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)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. 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)
18. 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.
19. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.

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.



# 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: (\_\_\_\_) \_\_\_\_\_ 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: _____   |             |               |

### 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? \_\_\_\_\_

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 FHSA 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. **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 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*
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**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: \_\_\_\_\_



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.**

### 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.*





# Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 1 of 2)

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.

## Concussion Information

### What is a concussion?

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.

### What are the signs and symptoms of 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

### What can happen if my child keeps on playing 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.

### What do I do if I suspect my 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.

### When can my child 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

**I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.**

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

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

\_\_\_\_\_  
Name of Parent/Guardian (printed)

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

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



Florida High School Athletic Association

# Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 2 of 2)

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.

## 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 page 1 and page 2 have been read and understood.

\_\_\_\_\_  
Name of Student-Athlete (printed)

\_\_\_\_\_  
Signature of Student-Athlete

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

\_\_\_\_\_  
Name of Parent/Guardian (printed)

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

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

# Monarch High School Athletic Information Sheet

Sport \_\_\_\_\_ Year \_\_\_\_\_

Student Number \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_  
Month Day Year

Date Completed 8<sup>th</sup> Grade \_\_\_\_\_ / \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Date Completed 9<sup>th</sup> Grade \_\_\_\_\_ / \_\_\_\_\_ Date Entered 10<sup>th</sup> Grade \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

School Entered 9<sup>th</sup> Grade \_\_\_\_\_

Date Entered Monarch \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

School Attended Last Year \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Date \_\_\_\_\_

---

**Do Not Write**  
**For Coaches Use Only**

GPA \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Physical \_\_\_\_\_  
Date Turned In Date Turned In

Letters Earned First Year Second Year Third Year Fourth Year

Honors Earned Captain MVP Coaches Choice

Others \_\_\_\_\_



**CONSENT FOR TREATMENT**

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively "providers") of Broward Health ("BH") to conduct routine medical, medical screening, diagnostic, or any other procedure deemed necessary in order for the above minor child ("child") to participate in school athletics. In the event that an injury occurs to child while participating in school athletics, I further authorize and give permission to providers to render to my child appropriate and necessary care at that time. This may include but not be limited to the rendering of first-aid or emergency treatment. If medical necessity exists beyond that which can be reasonably dealt with on school grounds I further authorize and give permission to providers to arrange for professional medical transport to a medical facility. I understand that every effort will be made to contact the parent or guardian in the case of a medical emergency.

I understand that BH is a teaching facility and that medical, nursing, and other health care personnel in training may participate in child's care and that these individuals are not necessarily employees or agents of BH. I also understand that BH contracts with physicians and physician groups to provide services to patients, and that they may be independent contractors and are not necessarily the agents or employees of BH. I understand that BH is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of BH. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by any BH agent.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Name of Parent(s)/Guardian

Pre-existing medical condition:

Medication:

*Broward Health is affiliated with the University of Florida and Nova Southeastern Colleges of Medicine  
And is an equal opportunity employer and affirmative action procurer of goods and services*



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I \_\_\_\_\_ (Parent/Guardian) hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively “providers”) of Broward Health (“BH”) to release the health information of \_\_\_\_\_ (Minor’s name) to the School Board of Broward County or its employees, school officials, coaches, teachers or agents, for the purpose of engaging in school athletics and determining child’s ability to participate in school athletics. The health information consists of history, physical, examinations, medical screenings, past or present health information, or information pertaining to injury or illness that may have a bearing on child’s ability to participate in school athletics. I understand BH will release only the minimum amount of information necessary to fulfill a request. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by federal confidentiality laws or BH.

I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign and BH will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. I understand that I may revoke this authorization at any time by notifying in writing the BH representative at child’s school. In the event I revoke this authorization, it will not have any effect on actions taken by BH prior to the revocation. This authorization expires one year from the date it is signed.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Relationship to Minor