



**PINELLAS COUNTY SCHOOLS
APPLICATION FOR ATHLETIC PARTICIPATION**

Name as it appears on birth certificate		School		School Year
Street Address		Home phone	Date of birth	
City/State/Zip code		Parent work phone	Parent cell phone	
Sex (circle one) M F	Student number	Social Security number		
Date entered ninth grade	Current grade	Date form is submitted	Age on this date	

Pinellas County School in membership with the Florida High School Athletic Association (FHSAA) promotes athletics as a vital part of education. In order to participate in athletic activities, students must meet eligibility requirements established by the FHSAA and Pinellas County Schools. Additionally, required documents must be completed and on file with the school administration before a student is permitted to participate in interscholastic athletic practice which includes any and all forms of physical conditioning, both aerobic and anaerobic regardless of whether such conditioning occurs in the preseason, off-season, summer season, or during the period of permissible organized practice.

FHSAA regulations can be found on line at www.fhsaa.org. Pinellas County School athletic regulations are part of the School Board Policy manual and can be found on line at www.pcsb.org. Click on the parent tab, then school policy, then complete policy manual, then table of contents, then 4.06 (9) (a), then click on the link.

Please carefully read the following information, attach proof of county required insurance, complete the forms, and provide signatures and notarization where required. Return this form to the Athletic Coordinator.

Eligibility Violations due to summer contact. Please read carefully:

Once a student has been assigned to their close to home/zoned school, if any level of activity occurs during the summer at this school, i.e. conditioning, weightlifting, and then the student attempts to change schools during the open enrollment period, that student will be ineligible for that school year. However, if a student is placed on a waiting list for any magnet program and decides to participate in summer workout activities with their close to home/zoned school and then before the first day of school (August 25, 2009) is accepted in the magnet program from the waiting list, they are eligible to participate in athletics at their magnet school immediately. If you consider changing your close to home/zoned school, it is highly recommended that you contact the appropriate administrator at your close to home/zoned school to learn more about these guidelines.

Parent Signature _____ Student Signature _____

FOR SCHOOL USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Participation form signed and notarized | <input type="checkbox"/> Birth certificate verified |
| <input type="checkbox"/> Physical complete and signed | <input type="checkbox"/> Relevant information page signed |
| <input type="checkbox"/> Proof of insurance provided | <input type="checkbox"/> Summer caution statement signed |
| <input type="checkbox"/> Addendum to Participation Form | <input type="checkbox"/> Policy on Recruiting |

ADDENDUM TO HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

This Addendum to the High School Activities Participation Form provides additional acknowledgements and releases required by the Florida High School Athletic Association ("FHSAA") and must be fully executed in conjunction with the High School Activities Participation Form (PCS form 4-1891-A).

Student Acknowledgement and Release (to be signed by student)

I know the risk involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risk. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risk 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 any school, the schools against which it competes, the school district, the school district (sic), 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 my athletic participation. I hereby authorize the use or disclosure of my individual identifiable health information should treatment for illness or injury become necessary. I hereby grant to the 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 use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotion, and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorization and rights granted herein are voluntary, and that I may revoke any and 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.

Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign)

I, we understand that participation may necessitate an early dismissal from classes. I/we know of, and acknowledge that my child/ward knows of the risk 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/we release and hold harmless my child's/ward's school, the schools against which it competes, 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/we further hereby authorize the use or disclosure of my child's/ward's individual identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure by my child's/ward's school, to the FHSAA upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotion and commercial material without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand the authorization and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature of Student

Signature of Parent

Print Student's Name

Print Parent's Name

Date

PINELLAS COUNTY SCHOOLS
HIGH SCHOOL ACTIVITIES PARTICIPATION FORM
 HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH THE DISTRICT AND SHOW PROOF OF IMMUNIZATION

***** NOTICE *****

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Student Information:

NAME AS IT APPEARS ON BIRTH CERTIFICATE _____ GENDER _____ GRADE _____ DATE OF BIRTH _____ / _____ / _____

Social Security: _____

Birth Certificate: Yes No

Are you an Administrative Transfer (Check One): Yes No

Residence of Parents or Legal Guardian

Street Address _____ City _____ since _____ / _____ / _____
Month Day Year

Residence (if Different from Parent(s) or Legal Guardian

Street Address _____ City _____

Lived at this address since:

Name(s) and Relationship of Person(s) you live with if other than parent(s) or legal guardian _____ / _____ / _____
Name Month Day Year

Insurance Students participating in extracurricular activities, as defined by Pinellas County School Board Policy 4.10, must purchase the Mandatory School Accident Coverage for activities available by the School District. Football insurance is in force for football and all other activities. Mandatory School Accident Insurance provides coverage for all school related activities. Insurance may be purchased on-line.

Football Insurance _____ **Mandatory School Accident Insurance** _____
Date Purchased Date Purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of school sponsored athletics, activities and travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing primary coverage for the above named student.

* Please see attached FHSAA Pre-participation Physical Evaluation Form for pertinent medical conditions *

Student Participation Permission

***** PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY, EVEN DEATH *****

I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities, except as stricken below. I understand the potential risks and that severe injury, including paralysis, or even death may occur. This permission includes team travel for local or out-of-town trips. Cross out any sport you do NOT want the student to participate in.

- | | | | | | | | |
|------------|---------------|---------------|--------|-----------------|--------|------------|-----------|
| Baseball | Cross Country | Football | Soccer | Swimming/Diving | Track | Volleyball | Wrestling |
| Basketball | Cheerleading | Flag Football | Golf | Softball | Tennis | | |

Student's Signature _____ School attended last year: _____

Signature of Parent/Guardian _____ Home/Work Phone _____ Date _____ Relationship to the Student _____

Signature of Parent/Guardian _____ Home/Work Phone _____ Date _____ Relationship to the Student _____

If only one Parent/Guardian signature above, explain reason: _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____
 I (SWEAR) (AFFIRM) that the above information is true and correct to the best of my knowledge.

X _____
(Signature of parent making affidavit)

Sworn to and subscribed before me this _____ day of _____ A.D. _____

(Signature of Notary Public, State of Florida)

(Print, type, or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification *

* Type of identification produced: _____

My commission expires: _____

Notary Public Commission Number: _____

The FHSAA web site, www.fhsaa.org, and your school's Athletic Director can best explain student eligibility requirements. If you have any questions about eligibility, please make an appointment with your schools' Athletic Director **before completing this form or trying out**. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

List schools attended by above named student during:

9th grade: _____
 10th grade: _____
 11th grade: _____
 12th grade: _____

If you have any questions regarding eligibility, meet with your school's Athletic Director **BEFORE** trying out.

Please read both pages and retain a copy of this form before signing and returning to your school or coach

HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

Please read both pages and retain a copy of this form before signing and returning to your school or coach

***** NOTICE *****

Participation in competitive athletics, including cheerleading may result in severe injury, including paralysis, or even death. Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Parent(s) and/or Guardian(s) of Prospective Interscholastic Athletics:

- Before trying out for an interscholastic sport, a student must be certified as eligible, in accordance with the Florida High School Athletic Association (FHSAA) rules and the policies of the School Board of Pinellas County.
- Parent(s) or Guardian(s) must complete the following sections on the reverse side: Certification of Residency, Permission to Participate/Permission for Emergency Medical Treatment, and Certification of Insurance. Your student will not be allowed to practice until this form is completed and is on file at the school. After all eligibility requirements have been met, the FHSAA requires a minimum five (5) day waiting period before a student may participate in an athletic contest.
- The Pinellas County School Board requires students participating in extracurricular activities to purchase the Mandatory School Accident Insurance (School Board Policy 4.10) regardless of your existing insurance coverage.
- The football insurance plan provided by the County must be purchased in order for a student to participate in varsity or junior varsity football.
- The first time a student participates in athletics at a school, he/she must submit an original certified copy of his/her birth certificate. The birth certificate will NOT be retained by school personnel. (Photo static or duplicated copies of documents are NOT acceptable in lieu of a birth certificate.)

The following are excerpts of the athletic eligibility rules required by the Florida High School Athletic Association and the School Board of Pinellas County. If further clarification of these rules is required, contact the Assistant Principal for Activities at your school. This form is no longer available in three (3) part carbonless sheets; therefore, it must be duplicated when completed. The school must keep the original and the parent and coach must have a copy.

PINELLAS COUNTY SCHOOL BOARD POLICY IN BRIEF

- Home Educated students must be assigned through the district office.
- Students administratively transferred to another regular school for disciplinary reasons shall be ineligible for athletic participation for a period of 365 days from the date of the transfer.
- Students returning to any regular school from a successful reassignment/expulsion shall be eligible upon return to the regular school provided the student meets all FHSAA eligibility requirements.
- Students ejected from an athletic contest for unsportsmanlike conduct are subject to a fine to be paid by the student/parent/guardian to his/her school. The fine may range from fifty (\$50) to two hundred fifty (\$250), determined by the FHSAA, for gross unsportsmanlike conduct. An athlete who is ejected or disqualified for unsportsmanlike conduct will not participate in or represent the school in any future athletic contests until all fines assessed have been paid to the school.

FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. REGULATIONS IN BRIEF

- Academic Eligibility:
 - An incoming 9th grade student must have been regularly promoted to be eligible during the first semester.
 - Eligibility is based on an unweighted cumulative GPA in all courses taken since first entering the 9th grade.
 - Eligibility status is determined at the end of each semester (18 weeks) to determine if a student is eligible or ineligible. This means a student who maintains a cumulative 2.0 grade point average is eligible for an entire semester (18 weeks). If a student does not maintain a cumulative 2.0 grade point average, he/she is ineligible for an entire semester (18 weeks). This applies to 11th and 12th grade students. **PLEASE CONTACT YOUR SCHOOLS' ASSISTANT PRINCIPAL FOR ACTIVITIES OR YOUR SCHOOLS' ATHLETIC COORDINATOR IF YOU HAVE QUESTIONS.**
- A transfer from one school to another must be accompanied by a change of residence with the person with whom he/she was living continuously for a full calendar year.
- A student will be eligible until he/she reaches the age of 19 years, 9 months.
- Students have four consecutive years of high school eligibility from the date they first enter the 9th grade.
- Physical Evaluation: Each year before being allowed to participate every athlete shall undergo a physical evaluation by a licensed osteopathic physician, a licensed chiropractic physician or a certified advanced registered nurse practitioner and be certified physically fit for participation in interscholastic athletic practice or competition. A physical evaluation is valid for one year (365 calendar days) from its date. For example, if a physical is on May 1 it is valid through the following April 30.



Preparticipation Physical Evaluation (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 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.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
2. Do you have an ongoing chronic illness?
3. Have you ever been hospitalized overnight?
4. Have you ever had surgery?
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
7. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?
8. Have you ever had a rash or hives develop during or after exercise?
9. Have you ever passed out during or after exercise?
10. Have you ever been dizzy during or after exercise?
11. Have you ever had chest pain during or after exercise?
12. Do you get tired more quickly than your friends do during exercise?
13. Have you ever had racing of your heart or skipped heartbeats?
14. Have you had high blood pressure or high cholesterol?
15. Have you ever been told you have a heart murmur?
16. Has any family member or relative died of heart problems or sudden death before age 50?
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
18. Has a physician ever denied or restricted your participation in sports for any heart problems?
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?
20. Have you ever had a head injury or concussion?
21. Have you ever been knocked out, become unconscious or lost your memory?
22. Have you ever had a seizure?
23. Do you have frequent or severe headaches?
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?
25. Have you ever had a stinger, burner or pinched nerve?
26. Have you ever become ill from exercising in the heat?
27. Do you cough, wheeze or have trouble breathing during or after activity?
28. Do you have asthma?
29. Do you have seasonal allergies that require medical treatment?
30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth or hearing aid)?
31. Have you had any problems with your eyes or vision?
32. Do you wear glasses, contacts or protective eyewear?
33. Have you ever had a sprain, strain or swelling after injury?
34. Have you broken or fractured any bones or dislocated any joints?
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?
If yes, check appropriate blank and explain below:
Head Elbow Hip
Neck Forearm Thigh
Back Wrist Knee
Chest Hand Shin/Calf
Shoulder Finger Ankle
Upper Arm Foot
36. Do you want to weigh more or less than you do now?
37. Do you lose weight regularly to meet weight requirements for your sport?
38. Do you feel stressed out?
39. Record the dates of your most recent immunizations (shots) for:
Tetanus: _____ Measles: _____
Hepatitis B: _____ Chickenpox: _____
FEMALES ONLY (optional)
40. When was your first menstrual period? _____
41. When was your most recent menstrual period? _____
42. How much time do you usually have from the start of one period to the start of another? _____
43. How many periods have you had in the last year? _____
44. 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 FHSAA Bylaw 11.8, 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 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 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: ____/____ (____/____, ____/____)
 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
 ____ 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: _____

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
 ____ 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.

RELEVANT INFORMATION REGARDING EXTRACURRICULAR ATHLETICS

Students who move during the school year may remain at the current school until the end of that school year. Contact school administrator for details.

Participation in athletics is voluntary and carries certain inherent risks and possibilities of serious injury and even death. I understand the possible risks and understand medical expenses resulting from injuries during school sponsored extracurricular athletics are the responsibility of the parents/guardians of the student.

Football players cannot alter, in any way, protective gear. Any alterations must be made with the permission of the head coach and must be within the approved specifications of the equipment manufacturer.

A certified Athletic Trainer will be assigned to each school and will attend all football games and can treat students from any school. Pinellas County does not contract for standby ambulance service at any athletic event.

Each student is required to purchase medical insurance through a company contracted with the county. This is not intended as primary insurance. This insurance must be purchased on-line at www.StudentResources.net. This requirement CANNOT be waived, and the insurance must be purchased before any level of participation can occur. Proof of insurance must be attached to this form.

A student who transfers from one school to another during the school year must follow the transfer process. FHSAA policy 11.4 Transfers.

Eligibility requirements are designated by the FHSAA. It is the student's responsibility to confirm his/her eligibility prior to trying out for a team or investing money in insurance.

Participation in extracurricular athletics is a privilege and can be suspended or revoked by the school's administration when deemed necessary.

A student who accepts a position as a member of an athletic team shall be considered a member of that team until the team has completed the final competition in which it is eligible to participate, including all playoff games. Any student who leaves the team for any reason prior to the end of the season shall be ineligible to participate in any other sport until the season of the team she/he left has been completed.

An athlete must be in good standing with the team and the school at the completion of the sport season to be eligible for a letter or any other award. The athlete must meet county and the FHSAA requirements in order to receive a letter or award. A student who leaves the team early or does not participate through the end of the season will not be considered in good standing.

Athletes and teams that qualify to advance in the state series playoffs must participate on the next level of competition qualified for or be assessed a fine from the FHSAA. An athlete that fails to participate in a state series playoff after qualifying will be considered "not in good standing" and therefore not qualified to letter or receive awards.

Student signature

Parent/guardian signature

Date

Additional Permission Request:

Do you grant permission for the school and/or Pinellas County Schools to use the name and photo of the above named student on a school and/or county operated webpage? This portion of the form will NOT affect the student's eligibility to represent his/her school in athletics.

Yes, I give permission

No, I do not give permission



