



ATHLETIC PHYSICAL PACKET 2023 – 2024

Thanks for showing interest in our athletic program. Below is a check off list of items that you will need **before** you can attend try-outs. First, please log onto **athleticclearance.fhsaahome.org** and complete the registration process (please see attached sheet for instructions). All other forms must be completed in **PEN** and **submitted to the Athletic Department at least 24 hours before the tryout date and will not be accepted after 12:00pm during the school day.**

- ____ All athletes are required to register online at **athleticclearance.fhsaahome.org** (please see attached sheet for instructions)
- ____ Must have and maintained at least a 2.00 unweighted gpa
- ____ Copy of birth certificate (incoming freshmen & new students only)
- ____ Proof of health insurance (a copy of the card is required)
- ____ FHSAA Pre-participation Physical Evaluation (EL2) **completed and signed by athlete, parent, and physician**
- ____ All athletes are **required to turn in a copy of the certificates of completion** for the following courses: Concussion for Students, Heat Illness Prevention & Sudden Cardiac Arrest, FHSAA Policy 36 Recruiting Course (please see back for instructions)

****If any questions, please feel free to contact Mrs. Bryant in our Athletic Office at 352-726-2241 ext. 4514 or via email bryantj@citruschools.org.***

PLEASE NOTE THAT INCOMPLETE PACKETS WILL NOT BE ACCEPTED

DO NOT UPLOAD DOCUMENTS
Please turn ORIGINALS to the Athletic Office.



Course Ordering

Step 1: Go to www.nfhslearn.com

Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “Register” for an account.

Step 3: Click “Courses” at the top of the page.

Step 4: Scroll down to the specific course from the list of courses.

Step 5: Click “View Course”.

Step 6: Click “Order Course.”

Step 7: Select “Myself” if the course will be completed by you.

Step 8: Click “Continue” and follow the on-screen prompts to finish the checkout process.
(Note: There is no fee for these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com

Step 2: “Sign In” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “Dashboard,” click “My Courses”.

Step 4: Click “Begin Course” on the course you wish to take.

*For help viewing the course, please contact the help desk at NFHS. There is a **HELP** tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the **NFHS Help Desk** at **(317) 565-2023**.*

Online Athletic Clearance Instructions

1. Visit **AthleticClearance.com**
2. **Select Florida**
3. **First Time Users:**
 - **Create an Account.** PARENTS/GUARDIANS will register with a valid email username and password.
4. **Return Users:**
 - Enter login information and click “Sign In”
5. **Sign In** using your email address that you registered with
6. Select “**Start Clearance Here**” to start the process.
7. Choose:
 - School Year in which the student plans to participate. *Example: Football in Sept 2023 would be the 2023-2024 School Year.*
 - School at which the student attends and will compete at
 - Sport(s) *(We recommend that if the student will be participating in multiple sports, that those sports are added all at once)*
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, and Signature Forms applicable. (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)
9. Once you reach the Confirmation Message you have completed the online registration process.
10. The student is not Cleared yet! This data will be electronically filed with your school’s athletic department for review. When the student has been cleared for participation, an email notification will be sent.

Online Athletic Clearance FAQ

What is my Username?

- Your username is the email address that you registered with.

How do I register for multiple Sports?

- If you know you are going to play multiple sports when registering, it is best to add all sports on the first step where you also select the school year and school. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

Physicals

- The physical form your school uses can be downloaded on Medical History page. Most schools will accept the physical online (done by uploading the completed form on the Files page) as well as turning in a hard copy to the athletic department.

Your Files

- This area is meant to store your files so they can be accessed later in the year or perhaps years following.

Why haven't I been cleared?

- Your school will review the information you have submitted before clearing you for participation. Once they review your clearance, they will change the status. You will receive an email when you have been cleared for participation.

My sport is not listed!

- Please contact your school's athletic department and ask for your sport to be activated.

I was "Denied" clearance, now what?

You should have received an email with the reason for denial. Please update your clearance accordingly then contact your school's athletic department and ask them to review your information again.

****If any questions, please feel free to contact Mrs. Bryant in our Athletic Office at 352-726-2241 ext. 4514 or via email bryantj@citruschools.org.***

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PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

- ☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION

Height: _____ Weight: _____

BP: ____ / ____ (____ / ____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected: Yes No

MEDICAL - healthcare professional shall initial each assessment

	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph Nodes		
Heart <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment

	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

- ☐ Student ID _____
- ☐ EL2 ____/____/____
- ☐ EL3 _____
- ☐ Insurance Card _____
- ☐ Athletic Clearance _____
- ☐ Videos ____/____/____
- ☐ Date Entered 9th Grade ____/____/____
- ☐ Cleared ____/____/____
- ☐ Consent to Participate _____
- ☐ School Insurance _____
- ☐ Birth Certificate _____

EL2

Revised 4/23

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*
- ☐ Medically eligible for only certain sports as listed below: _____
- ☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

- ☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- ☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/23

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____ / ____ / ____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- ☐ Medically eligible for all sports without restriction as of the date signed below
- ☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*



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 page 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release *(to be completed and signed by 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. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of 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's/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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's 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 signature is required)*

Name of Student (printed) Signature of Student Date

Consent to Participate

Dear Citrus High School Parent,

This message is to let you know that your son/daughter has started the Athletic Clearance process to participate in Interscholastic Athletics Activities for Citrus High School. The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign, and return to the Athletic Office along with your completed physical forms.

I hereby give my consent for _____, hereafter named student, to compete in all athletics at Citrus High School. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until 365 days from the date signed below, unless sooner revoked in writing and delivered to the school.

****ONLY mark the sport / activity you DO NOT give permission for your student to participate in.***

<input type="checkbox"/> Agriscience	<input type="checkbox"/> Band	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball, Boys
<input type="checkbox"/> Basketball, Girls	<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Cross Country, Boys	<input type="checkbox"/> Cross Country, Girls
<input type="checkbox"/> Flag Football, Girls	<input type="checkbox"/> Football (11man)	<input type="checkbox"/> Golf, Boys	<input type="checkbox"/> Golf, Girls
<input type="checkbox"/> ROTC	<input type="checkbox"/> Soccer, Boys	<input type="checkbox"/> Soccer, Girls	<input type="checkbox"/> Softball
<input type="checkbox"/> Spring football	<input type="checkbox"/> Swimming, Boys	<input type="checkbox"/> Swimming, Girls	<input type="checkbox"/> Tennis, Boys
<input type="checkbox"/> Tennis, Girls	<input type="checkbox"/> Track & Field, Boys	<input type="checkbox"/> Track & Field, Girls	<input type="checkbox"/> Volleyball, Girls
<input type="checkbox"/> Weightlifting, Boys	<input type="checkbox"/> Weightlifting, Girls	<input type="checkbox"/> Wrestling	

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

**SANDRA "SAM" HIMMEL – SUPERINTENDENT OF SCHOOLS****VIRGINIA BRYANT**
DISTRICT 2*"Where Learning is the Expectation
And Caring is a Commitment"***DOUGLAS A. DODD**
DISTRICT 3**SANDRA COUNTS**
DISTRICT 4**JOSEPH C. FAHERTY**
DISTRICT 5**CITRUS COUNTY ATHLETICS
PARENT AND STUDENT CONTRACT****Student Conduct:**

As members of athletic teams, students are high-profile representatives of Citrus County Athletics both on and off the field of play. All student athletes are expected to act in an appropriate manner. The following behavior is inappropriate and will not be tolerated:

- Fighting and/or Profanity
- Possession of, use of, or being under the influence of alcohol, tobacco, or drugs.
- Unsportsmanlike Conduct
 - Any act of unsportsmanlike or inappropriate conduct will be dealt with swiftly.
 - If the act occurs during an athletic contest, the student will be removed from the contest.
 - A student who strikes, curses, or threatens an official, coach, or opponent during a game or at any other time because of resentment over occurrences or decisions, or who fails to maintain a standard conduct satisfactory to the FHSAA and/or the school administration, shall be ineligible to participate in interscholastic athletics for a period of up to six weeks.
 - A student who is ejected from a contest for a flagrant foul or unsportsmanlike conduct cannot participate in any contest for a minimum of one week, or if no contests are scheduled during that week, the next two contests.
- Rude or disrespectful behavior toward any person (i.e., teacher, parent, coach, official)
- Taunting opponents or officials.
- Any act of which moral turpitude or a criminal act is in question (Internet, Cyber Bulling, Theft, Harassment, etc.)
- Destruction of property

Students who exhibit any of the above behaviors may be suspended from athletic competition for a period of length as per FHSAA regulations. Additionally, the student may be permanently removed from the team, suspended from the team, or expelled from school and face disciplinary action per the Citrus County Schools Administrative due process.

Student Signature_____
Date



SANDRA "SAM" HIMMEL – SUPERINTENDENT OF SCHOOLS

*"Where Learning is the Expectation
And Caring is a Commitment"*

THOMAS KENNEDY
DISTRICT 1

VIRGINIA BRYANT
DISTRICT 2

DOUGLAS A. DODD
DISTRICT 3

SANDRA COUNTS
DISTRICT 4

JOSEPH C. FAHERTY
DISTRICT 5

STUDENT-ATHLETE CODE OF CONDUCT

The actions of a student-athlete are a reflection of themselves, their parents, their teams, their school and their community. A student-athlete's involvement in school sports provides opportunities and experiences that are important to the development of a well-rounded student. However, student-athletes must understand that participation in school sports is not a right but a privilege, and a high standard of conduct still be demanded on and off the field. Student athletes shall adhere to Citrus County Schools Student Code of Conduct.

Student-Athletes shall:

- Treat everyone with respect.
- Treat teammates, coaches, school staff, opponents, event organizers and spectators with respect.
- Respect and accept with dignity the decisions of officials.
- Be generous in winning and gracious in losing.

Exercise self-control always.

- Remember that there is no place in sports for drugs, alcohol, or tobacco.
- Refrain from the use of foul or profane language.
- Refrain from the use of physical force outside the rules of the game.

Play Fair

- Always play within the rules and the spirit of the rules of the game.
- Learn the safe practices of the sport and demonstrate those practices in competition.

Practice Safety

- Notify the coach in the event they witness a team member in physical distress or experiencing the following symptoms: vomiting, loss of consciousness, inability to walk correctly, or being in a state of obvious disorientation and confusion.

My signature verifies that I have read and will comply with The Citrus County Student-Athlete Code of Conduct.

Student Signature

SPECTATOR'S CODE OF CONDUCT

Spectators are encouraged and welcomed to attend secondary school sporting activities.

Spectator's must:

Treat everyone with respect.

- Cheer in a positive manner
- Respect the decisions of officials.
- Not interfere with the play or competition
- Be courteous and respectful to other spectators, all competitors, coaches, event organizers and officials.

Exercise self-control always.

- Respect the rules and regulations of the facility.
- Refrain from the use of foul or profane language.
- Refrain from the use of physical force of any kind.

Failure to comply may result in a spectator being removed from the school facilities and banned from future events.

My signature verifies that I have read and will comply with The Citrus County Spectators Code of Conduct.

Parent Signature

Parent and Spectator Conduct:

Everyone associated with an athletic event plays an important role in seeing that the standards of sportsmanship are upheld. Fans are reminded that their sportsmanship and behavior reflect upon the reputation of Citrus County Schools.

A Spectator should:

- Demonstrate good sportsmanship.
- Respect, cooperate, and respond enthusiastically to cheerleaders.
- Censor fellow spectators who display negative behavior.
- Respect the property of the school and the authority of the school officials.
- Never heckle, jeer, or distract members of the opposing teams.
- Never criticize the athletes or coaches for the loss of a contest.
- Accept the decisions of the officials.

Parents and spectators who do not adhere to sportsmanship guidelines may be removed from an athletic contest(s) for a period of length determined by the School Administration.

X
Parent Signature

Date

Citrus County Schools Athletic Non-Negotiables

1. Any student athlete who is found to be in possession of or using any type of alcohol or illegal drugs on any school campus, will be suspended from any athletic Participation for the remainder of that school year. The student will also be disciplined at the school level according to the Citrus County Student Code of Conduct.
2. Any student athlete who displays inappropriate behavior or acts on or off campus, which represents the school or athletic team that is captured by a picture or displayed on social media avenues will be disciplined in the following ways:
 - A. First offense- athlete is suspended for two weeks.
 - B. Second offense- athlete is suspended from any athletic participation for the remainder of the school year.
3. Any student athlete who is found to be in possession of or using any type of tobacco products will be disciplined. That discipline will include but not be limited to suspension of games to dismissal from the team.
4. Any student athlete that receives a level 2 or higher ejection per FHSAA guidelines, will be managed at the school level according to the Citrus County Student Code of Conduct as if the infraction had occurred in school.

Student Signature

Parent Signature