

Frequently Asked Questions: Home Education Student Eligibility for Interscholastic Extracurricular Activities with Florida High School Athletic Association (FHSAA)

1. Are home education students eligible for interscholastic extracurricular activities?

Yes. Home education students who meet the standards for participation in interscholastic extracurricular activities (s.1006.15 F.S.) and the requirements of the Home Education Program (s.1002.41 F.S.) are eligible.

2. Is a student taught at home through a Florida private school a home education student?

No. According to Florida Statute a parent must choose one way to comply with regular attendance under the compulsory attendance law.

F.S.1003.01 (13) "Regular school attendance" means the actual attendance of a student during the school day as defined by law and rules of the State Board of Education. Regular attendance within the intent of s. 1003.21 F.S. may be achieved by attendance in:

- (a) A public school supported by public funds;
- (b) A parochial, religious, or denominational school;
- (c) A private school supported in whole or in part by tuition charges or by endowments or gifts;
- (d) A home education program that meets the requirements of chapter 1002; OR
- (e) A private tutoring program that meets the requirements of chapter 1002.

Notice the OR between (d) and (e). It is not an AND. Although many organizations tell parents that they can "home school" their children three ways, Florida law provides only one way.

Therefore, a student is only eligible for extracurricular activities (s.1006.15 F.S.) by registering with the school district in a Home Education Program and meeting the requirements of s. 1002.41 F.S.

A student cannot be enrolled/registered as a full-time student, working toward high school completion or a diploma with a Florida private school, at the same time he/she is registered in a home education program.

3. Does Florida law distinguish between the various kinds of private schools?

No. A private school by any name is a Florida private school if it has a Florida Department of Education school number. Private or religious schools in Florida are not required to have a physical location nor have certified teachers. Although there are many names for private schools or religious schools, such as umbrella school, correspondence school, non-traditional private school or a "600" school, the Florida

Home education students do not receive school district diplomas. There are other avenues for diplomas, including those issued by the parent or the student can take the GED and receive a State of Florida diploma. Home education students may also earn an AA or AS diploma at a community college through dual enrollment, early admission or after completion of a home education program. A home education student may earn a diploma from an **out-of-state** correspondence school, such as the American School and University of Nebraska-Lincoln. A list of regionally accredited correspondence programs can be found on the Florida Department of Education website at: http://www.floridaschoolchoice.org/information/home_education/regionac.asp.

8. Can a student take the majority of his/her courses in a Florida private or public school while registered in a home education program?

No. The issue is where the student is registered for attendance purposes. If the child takes more than half of his/her courses, reports attendance or earns enough credits to receive a diploma at a single Florida private or public school, then the student becomes a student of that school and is not a home education student. A student registered with the school district's Home Education Office, however, may take most or all courses through Florida Virtual School, which does not report attendance or issue diplomas (also see 12B).

As noted in question #2, s. 1003.01(13) F.S. regular attendance requires a choice. A student cannot be enrolled in two options. Either the parent maintains the records in a home education program or the Florida private school maintains the records and the student is eligible to receive a diploma from the private school.

9. What are the consequences for a student being enrolled in a home education program and a private school at the same time?

Athletics are very competitive and the stakes are high. Winning a state championship is what drives many coaches and parents. A student who is registered in both a home education program and a Florida private school during the same school year could be reported to the FHSAA and found ineligible to participate in extracurricular activities.

If a school has an ineligible player on the team, regardless of the reason, the entire team could be disqualified for the state play-off series and required to forfeit all games in which the ineligible player participated. This happened in 2004 to a home education cooperative which had reached the state baseball play-off series. The team was disqualified and all the students on the team lost their chance to play for a state title.

Parents need to carefully consider the consequences for not only their child, but other students who have worked so hard to participate in extracurricular activities.

If the student is registered with the school district as a home education student and takes less than 50% of the courses through a district virtual school, then the student is eligible to participate as a home education student at the zoned public school or at a private school.

B) Florida Virtual School

If the student is registered with the school district as a home education student and takes part-time or full-time classes through the Florida Virtual School, the student is eligible to participate as a home education student. Participation would be at the public school to which the student would be normally assigned according to the district school board attendance area policies or the public school the student could choose to attend pursuant to district or interdistrict controlled open enrollment provision, or may develop an agreement to participate at a private school.

C) Out-of-State Virtual Schools

If a student is taking classes through an out-of-state virtual school or distance learning program, then the student must register as a home education student with the superintendent in the school district in which the student resides to be in compliance with the attendance requirements. The student would then be eligible to participate under the same options as described above in 12 B.

Non-Traditional Student Deadline to Register Intent

Registration Requirements for Non-Traditional Students – Non-traditional students must register intent to participate at a school **before participation** in the sport in which they wish to participate. A student, who registered intent with a school during the previous school year and wishes to participate in the **SAME** sport(s) and has not changed affiliation in any other sport with a different school, does not need to re-register intent. To register intent, one or more of the following forms may be used (the exact forms depend on the type of non-traditional student):

- EL2 Form (must be completed each year)
- EL3 Form (must be completed each year)
- EL7 Form (home education students only)
- EL12 Form (students attending small, non-member private schools only)
- GA4 Form

A student **cannot** have intent registered at more than one school at the same time, i.e. same sport season. If a student chooses to register intent at another school during the same school year, the transfer rules in Bylaw 9.3.2 and state statute § 1006.15(9), F.S. will apply.

There is **no longer a specific deadline date** to register intent. Intent must be registered **before any participation** in the desired sport. However, to take full advantage the athletic experience, a student should register intent before the first day of allowable practice for the desired sport. Also note, as per Bylaw 9.1.1.1, local school or school district rules may be more stringent.



Medical Information

Student's Name: _____

Please be as detailed as possible. We also require medical information from your child's doctor if their condition is extreme and will require treatment at school.

Allergies _____

Medications Taken _____

Medical Diagnosis/Concerns _____

Has your child been diagnosed with any of the following:

- | | |
|--|--|
| <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> SPD (Sensory Processing Disorder) |
| <input type="checkbox"/> ODD (Oppositional Defiance Disorder) | <input type="checkbox"/> Social/Emotional Disorder |
| <input type="checkbox"/> OCD (Obsessive-Compulsive Disorder) | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> ASD (Autism Spectrum Disorder) | <input type="checkbox"/> OHI (other health impairment) |

First Aid (please list any items that cannot be used to treat minor scratches, cuts, scrapes, etc)

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Authorization To Consent To Medical Treatment in the State of Florida For a Minor Child

I, (we) _____ and _____, do hereby
Parent/Guardian's Name Parent/Guardian's Name

state (we are) the natural parent(s) or the legal guardian(s) of _____
Child's Name

We do hereby authorize PENIEL BAPTIST ACADEMY to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

Dated this _____ day of _____, 20____

Signature of Parent or Guardian

Driver's License # _____

Personally Known _____

State of Florida
County of Putnam

Witness my hand and official seal, this _____ day of _____, 20____.

Notary Public
State of Florida at Large



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 Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU <i>(continued)</i>		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)
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EL2
 Revised 4/23

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

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
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?						

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: ___/___/___

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PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
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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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment

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 • 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 #: _____



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.

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 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'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 _____



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): _____

Concussion Information

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 cannot 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.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
• Lack of awareness of surroundings
• Emotions out of proportion to circumstances (inappropriate crying or anger)
• Headache or persistent headache, nausea, vomiting
• Altered vision
• Sensitivity to light or noise
• Delayed verbal and motor responses
• Disorientation, slurred, or incoherent speech
• Dizziness, including light-headedness, vertigo (spinning), or loss of equilibrium (being off-balance or swimming sensation)
• Decreased coordination, reaction time
• Confusion and inability to focus attention
• Memory loss
• Sudden change in academic performance or drop in grades
• Irritability, depression, anxiety, sleep disturbances, easy fatigability
• In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the return to activity process requires the athlete to be completely symptom free, after which time they would complete a stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seeingstarsfoundation.org

Statement of Student-Athlete Responsibility:

Parents and student should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on an autopsy (known as Chronic Traumatic Encephalopathy (CTE). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long-term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

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

Signature lines for Parent/Guardian, Student, and Date.



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): _____

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf
Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nfhslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Student (printed) Signature of Student Date



Florida High School Athletic Association
Registration Form for Home Education Student

EL7

Revised 07/21
 (Page 1 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate prior to participation in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

SECTION A:

- Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
 Home address _____ Home phone number (____) _____
- Student resides in and is legally registered as a home education student in the _____ County School District
- Student wishes to participate in interscholastic athletics at {name of school} _____
 This is the public school the student is zoned to attend [___ Yes][___ No] This school a private school [___ Yes][___ No]
 If "No" for both of the above, was an EL14 Form provided to the school listed in #3? [___ Yes][___ No]
 Student wishes to participate in the following sport(s) at this school _____
 (list all)
- Student was enrolled in the ____th grade during the previous school year at {check and complete the one that applies} :
 ____ {name of school} _____ in {city} _____
 ____ A home education program in the _____ County School District
- Student first entered the 9th grade on, if applicable {mm/dd/yy} ____/____/____
 This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade OR
 the previous semester for (for grade 6 – 8) [___ Yes][___ No]

Transcript or Record of Grades Must be Attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the "alpha" system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by § 1003.437, F.S., must be used: grade "A" is 90 to 100 percent and has a GPA value of 4; grade "B" is 80 to 89 percent and has a GPA value of 3; grade "C" is 70 to 79 percent and has a GPA value of 2; grade "D" is 60 to 69 percent and has a GPA value of 1; and grade "F" is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

SECTION B:

The above student is enrolled in the following courses for the [___] first semester of the current school year **(for fall and winter sports)** OR for the [___] second semester of the current school year **(for spring sports)**:

Subject (list each)

Location where each course is taken

- _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
- _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
- _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
- _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
- _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)



Florida High School Athletic Association
Registration Form for Home Education Student

EL7

Revised 07/21
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The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate prior to participation in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

6. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
7. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
8. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, "umbrella school", other online school, etc.) other than home education as defined in § 1002.41, Florida Statutes? [___ Yes][___ No]

If yes, answer the following (*use reverse side if more than one school*):

(a) Name, address and phone number of the school providing the student with these services:

(b) Are attendance records kept for this student? [___ Yes][___ No]

(c) Are transcripts kept for this student? [___ Yes][___ No]

(d) Will this student be awarded a diploma? [___ Yes][___ No]

Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that if this student attends one school and participates in the interscholastic athletic program sponsored by another school, the student may be ineligible and may cause the team of which he/she is a member to forfeit contests and honors won. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

<p>_____ Signature of Student / _____ <small>Date</small></p> <p>_____ Printed Name of Student</p> <p>_____ Signature of Parent/Legal Guardian / _____ <small>Date</small></p> <p>_____ Printed Name of Parent/Legal Guardian</p>	<p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to or affirmed before me on {date} _____ [Notary Seal:]</p> <p>_____ Signature of Notary</p> <p>_____ Printed Name of Notary</p> <p>NOTARY PUBLIC My commission expires: _____, 20____.</p> <p>Personally known to me _____</p> <p>OR Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.



Florida High School Athletic Association

Home Education Student Academic Progress Report

This form is necessary if the student is a 9th – 12th grade who was approved by the FHSAA office and participated in interscholastic athletics as a home education student during the first semester of this school year and wishes to continue to participate during the second semester or any 6th – 8th grade student. Complete and file this form with the principal, FHSAA representative or athletic director of the school the student is going to represent no later than the sixth (6th) school day of the semester, pursuant to Bylaw 9.4.4.

--- DO NOT SEND THIS FORM TO THE FHSAA OFFICE ---

My child {full name}, _____, is registered with the District School Board as being properly enrolled in a Home Education Program pursuant to s. 1002.41, Florida Statutes, and has met the academic eligibility requirements (achieved a cumulative grade point average (GPA) of at least 2.0 on a 4.0 unweighted scale for all subjects taken for credit toward high school graduation for grades 9 – 12 or the previous semester for grades 6 – 8) of the Florida High School Athletic Association in order to participate in interscholastic athletic competition at {name of school} _____.

Sport/sports in which the student wishes to participate: _____

Listed below is his/her academic record for the first semester of the current school year. The grade point average shown is based on a 4.0 unweighted academic scale (A = 4, B = 3, C = 2, D = 1).

SUBJECT	SCHOOL WHERE COURSE WAS TAKEN (school, online, home, etc.)	GRADE	QUALITY POINTS	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUMULATIVE GPA FOR FIRST SEMESTER OF CURRENT SCHOOL YEAR _____

CUMULATIVE GPA _____

I certify that the above information is accurate.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

This form must be completed and filed with the principal, FHSAA representative or athletic director of the school the student is to represent no later than the sixth (6th) school day of the semester, pursuant to Bylaw 9.4.4.