Inverness Middle School
Home of the Chargers

Inverness Middle School Physical Packet

2020-2021

Dear Inverness Middle School Student Athlete:

Thank you for showing interest in our Inverness Middle School Athletic Program. Below is a check-off list of items that you will need before you can participate in tryouts.

All forms must be completed in PEN and submitted to Michael Porcelli, Athletic Director, at least 24 hours before the tryout date.

Please note that incomplete packets will not be accepted!

_________ Athletes must have at least a 2.0 grade point average

_________ Athletes must provide a copy of their birth certificate

_________ Athletes must provide proof of health insurance (a copy of the insurance card is required)

_________ COVID-19 Consent Form must be signed by the athlete and the parent(s)/guardians(s)

_________ The FHSAA Pre-participation Physical Evaluation (EL2) must be completed and signed by the athlete, the parent(s)/guardian(s), and the physician

_________ The FHSAA Consent and Release from Liability Certificate (EL3) must completed and signed by the athlete and the parent(s)/guardian(s)

IMPORTANT: Please note that all athletes are required to complete the following courses at nfhslearn.com:

- Concussion in Sports – What You Need To Know
- Heat Illness Prevention
- Sudden Cardiac Arrest

1950 US Hwy 41 North • Inverness, FL • 34450
Main Office:(352)726-1471 • Fax:(352)249-2133
ims.citrusschools.org
Part 1. Student Information (to be completed by student or parent)

Student's Name: ____________________________ Sex: ______ Age: ______ Date of Birth: ______ / ______ / ______

School: ____________________________ Grade in School: ______ Sport(s): ______

Home Address: ____________________________ Home Phone: (______) ______

Name of Parent/Guardian: ____________________________ E-mail: ____________________________

Person to Contact in Case of Emergency: ____________________________
Relationship to Student: ____________________________ Home Phone: (______) Work Phone: (______) Cell Phone: (______)

Personal/Family Physician: ____________________________ City/State: ____________________________ Office Phone: (______) ______

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

1. Have you had a medical illness or injury since your last check up or sports physical? ______ Yes ______ No

2. Do you have an ongoing chronic illness? ______ Yes ______ No

3. Have you ever been hospitalized overnight? ______ Yes ______ No

4. Have you ever had surgery? ______ Yes ______ No

5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? ______ Yes ______ No

6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ______ Yes ______ No

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ______ Yes ______ No

8. Have you ever had a rash or hives develop during or after exercise? ______ Yes ______ No

9. Have you ever passed out during or after exercise? ______ Yes ______ No

10. Have you ever been dizzy during or after exercise? ______ Yes ______ No

11. Have you ever had chest pain during or after exercise? ______ Yes ______ No

12. Do you get tired more quickly than your friends during exercise? ______ Yes ______ No

13. Have you ever had racing of your heart or skipped heartbeats? ______ Yes ______ No

14. Have you ever had high blood pressure or high cholesterol? ______ Yes ______ No

15. Have you ever been told you have a heart murmur? ______ Yes ______ No

16. Has any family member or relative died of heart problems or sudden death before age 50? ______ Yes ______ No

17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? ______ Yes ______ No

18. Has a physician ever denied or restricted your participation in sports for any heart problems? ______ Yes ______ No

19. Do you have any current skin problems (for example, itching, rashes, acne,warts, fungus, blisters or pressure sores)? ______ Yes ______ No

20. Have you ever had a head injury or concussion? ______ Yes ______ No

21. Have you ever been knocked out, become unconscious or lost your memory? ______ Yes ______ No

22. Have you ever had a seizure? ______ Yes ______ No

23. Do you have frequent or severe headaches? ______ Yes ______ No

24. Have you ever had numbness or tingling in your arms, hands, legs or feet? ______ Yes ______ No

25. Have you ever had a stinger, burn or pinched nerve? ______ Yes ______ No

26. Have you ever become ill from exercising in the heat? ______ Yes ______ No

27. Do you cough, wheeze or have trouble breathing during or after activity? ______ Yes ______ No

28. Do you have asthma? ______ Yes ______ No

29. Do you have seasonal allergies that require medical treatment? ______ Yes ______ No

30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? ______ Yes ______ No

31. Have you had any problems with your eyes or vision? ______ Yes ______ No

32. Do you wear glasses, contacts or protective eyewear? ______ Yes ______ No

33. Have you ever had a sprain, strain or swelling after injury? ______ Yes ______ No

34. Have you broken or fractured any bones or dislocated any joints? ______ Yes ______ No

35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? ______ Yes ______ No

If yes, check appropriate blank and explain below:

Head ______ Elbow ______ Hip ______

Neck ______ Forearm ______ Thigh ______

Back ______ Wrist ______ Knee ______

Chest ______ Hand ______ Shin/Calf ______

Shoulder ______ Finger ______ Ankle ______

Upper Arm ______ Foot ______

36. Do you want to weigh more or less than you do now? ______ Yes ______ No

37. Do you lose weight regularly to meet weight requirements for your sport? ______ Yes ______ No

38. Do you feel stressed out? ______ Yes ______ No

39. Have you ever been diagnosed with sickle cell anemia? ______ Yes ______ No

40. Have you ever been diagnosed with having the sickle cell trait? ______ Yes ______ No

41. Record the dates of your most recent immunizations (shots) for:

Tetanus: ______ Measles: ______

Hepatitis B: ______ Chickenpox: ______

FEMALES ONLY (optional)

42. When was your first menstrual period? ______

43. When was your most recent menstrual period? ______

44. How much time do you usually have from the start of one period to the start of another? ______

45. How many periods have you had in the last year? ______

46. What was the longest time between periods in the last year? ______

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 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 carotid stress test.

Signature of Student: ____________________________ Date: ______ / ______ / ______ Signature of Parent/Guardian: ____________________________ Date: ______ / ______ / ______
Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____________________________ Date of Birth: ______/____/____

Height: ________ Weight: ________ % Body Fat (optional): ________ Pulse: ________ Blood Pressure: _______/____/____

Temperature: ________ Hearing: right: P ______ F ______ left: P ______ F ________

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal ______ Unequal ______

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Disability: _____________________________ Diagnosis: _____________________________

____ Precautions: ____________________________

____ Not cleared for: _____________________________ Reason: _____________________________

____ Cleared after completing evaluation/rehabilitation for: _____________________________

____ Referred to _____________________________ For: _____________________________

Recommendations: ____________________________

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____________________________ Date: ______/____/____

Address: ____________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ____________________________
Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: __________________________ Diagnosis: __________________________

___ Precautions:

___ Not cleared for: ________________________ Reason: __________________________

___ Cleared after completing evaluation/rehabilitation for: __________________________

Recommendations:

Name of Physician (print): __________________________ Date: __/__/____

Address: __________________________

Signature of Physician:

Florida High School Athletic Association

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

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

This form is not transferable.

School: _____________________________  School District (if applicable): _____________________________

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this “Consent and Release Certificate” and know of no reason why I am not eligible to represent my school in interscholastic athletics. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individual 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 rights 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 limitations. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child/ward’s school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child/ward’s individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child/ward’s school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the rights to photograph and/or videotape my child/ward and further to use his/her name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitations. 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 injury has sustained or sustained conference.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREING THAT, EVEN IF MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD’S/WARD’S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child’s team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate boxes:

- My child/ward is covered under our family health insurance plan, which has limits of not less than $25,000.
- My child/ward is covered by his/her school’s activities medical base insurance plan.
- I have purchased supplemental football insurance through my child/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) _____________________________ Signatures of Parent/Guardian _____________________________ Date _____________________________

Name of Parent/Guardian (printed) _____________________________ Signatures of Parent/Guardian _____________________________ Date _____________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Student must sign)

Name of Student (printed) _____________________________ Signatures of Student _____________________________ Date _____________________________
Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.)

2. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)

3. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)

4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)

5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)

6. Must not transfer schools after the first day of practice of a sport, or otherwise the student cannot participate at the new school for the remainder of the school year. Exceptions may apply. See your school’s principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)

7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.2) Exceptions may apply. See your school’s principal/athletic director after first attending the new school.

8. Must not transfer to a school that the student’s coach has relocated to within a year, otherwise the student may be ineligible there for one year. (FHSAA Bylaw 9.3)

9. Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)

10. Must have signed permission to participate from the student’s parent(s)/guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)

11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)

12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)

13. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)

14. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)

15. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)

16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)

17. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school’s principal/athletic director. (FHSAA Policy 17)

18. This form is non-transferable; a separate form must be completed for each different school at which a student participates.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.
Florida High School Athletic Association

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

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

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

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

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

What can happen if my child keeps on playing with a concussion or returns too soon?

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

What do I do if I suspect my child has suffered a concussion?

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

When can my child return to play or practice?

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

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

Statement of Student Athlete Responsibility

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

Name of Student-Athlete (printed) ____________________________ Signature of Student-Athlete ______________ Date ______

Name of Parent/Guardian (printed) ____________________________ Signature of Parent/Guardian ______________ Date ______
FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body’s natural air conditioning, but when a person’s body temperature rises rapidly, sweating just isn’t enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

**Heat Stroke** is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

**Heat Exhaustion** is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

**Heat Cramps** usually affect people who sweat a lot during demanding activity. Sweating reduces the body’s salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

**Who’s at Risk?**
Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

<table>
<thead>
<tr>
<th>Name of Student-Athlete (printed)</th>
<th>Signature of Student-Athlete</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Parent/Guardian (printed)</td>
<td>Signature of Parent/Guardian</td>
<td>Date / /</td>
</tr>
</tbody>
</table>
Citrus County School

Protocol for Off-Season Athletic Participation

Pursuant to Florida High School Athletic Association (FHSAA) policy, student athletes are not required to participate in any off-season program. FHSAA policy states, “Participation shall be voluntary and shall not be required, either directly or indirectly, for membership on an interscholastic team.” This includes but is not limited to, the following outside agencies; AAU, USA, USOC, USGA, AJGA, FIFA, ASA, USSR, USS, NSCAA, ASCA, CSCAA, FTA, USTA, ITF, USVBA, or any team affiliated with a school.

By signing below, I attest that I understand my/my child’s participation in any off-season program is entirely voluntary and has no implication for my/my child’s participation on any Citrus County School interscholastic team.

Student Name (PRINT)  Parent Name (PRINT)

Student Signature  Parent Signature

Date  Date

1007 West Main Street • Inverness, Florida 34450-4625
TEL: (352) 726-1931 • TDD: (352) 726-6086
www.citruschools.org
Equal Opportunity Employer
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 shall be demanded on and off the field. Student-athletes shall adhere to Citrus County Schools Student Code of Conduct.

Student-Athletes shall:
- 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 at all times.
- 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
  - Play within the rules and the spirit of the rules of the game at all times.
  - 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 at all times.
- 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
Coronavirus Information

Coronaviruses are a large group of viruses that can cause illness in animals and humans. Some coronaviruses commonly circulate in the United States and usually cause upper respiratory symptoms such as cough or runny nose, although some can cause more severe illness. The 2019 novel (new) coronavirus (SARS-CoV-2) causes the illness coronavirus disease 2019 (COVID-19). COVID-19 was originally identified in Wuhan, China, and is now considered a pandemic as it is present throughout the world, including here in Florida. Coronaviruses like COVID-19 are most often spread through the air by coughing or sneezing, close personal contact (including touching and shaking hands), or touching your nose, mouth, or eyes before washing your hands. At this time, the risks of becoming infected from organized sports activities are unknown. There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid exposure to the virus (and avoid exposing other people). According to the CDC, the more people a child or coach interacts with, the closer the physical interaction, the more sharing of equipment there is by multiple players, and the longer that interaction, the higher the risk of COVID-19 spread.

Signs and Symptoms of COVID-19:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. It is important to note, it may be possible for someone to be a carrier of COVID-19; whereby, they do not have any symptoms but still may be contagious to others. Common symptoms of COVID-19 include the following:

<table>
<thead>
<tr>
<th>Recent loss of taste or smell</th>
<th>Fever or chills</th>
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<tbody>
<tr>
<td>Cough</td>
<td>Shortness of breath or difficulty breathing</td>
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<tr>
<td>Fatigue</td>
<td>Muscle or body aches</td>
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<tr>
<td>Headache</td>
<td>Sore throat</td>
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<tr>
<td>Congestion or runny nose</td>
<td>Nausea or vomiting</td>
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<tr>
<td>Diarrhea</td>
<td>Dizziness or unexplained rash</td>
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This list does not include all possible symptoms. The CDC is a useful reference and will continue to update this list of symptoms as more is learned about COVID-19.

How to prevent and prepare for COVID-19:

Practice social (physical) distancing:

If you are around other people, keep at least 6 feet between you when possible. Avoid hugs, handshakes, large gatherings and close quarters. These recommendations can be extremely challenging in an organized athletic environment and should be thoroughly considered when deciding to participate in school sports.

Why? The virus is spread mainly from person-to-person. When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth, which may contain the virus. If you are too close, you can breathe in the droplets containing the coronavirus if the person coughing has the disease. Participation in sports programs can cause an increase in forceful respirations that may travel greater than 6 feet and therefore, can increase the risk of spreading COVID-19 to a participant or team.

Wear a face covering in public: Cover your mouth and nose with a face covering when around others and out in public, and whenever practical during sports activity.

Why? You could spread COVID-19 to others even if you do not feel sick. The cloth face cover is meant to protect other people in case you are infected. Various styles of face coverings are available from cloth to surgical-style masks. The mask should fit comfortably and be worn properly over the nose and mouth.

Practice strict hand hygiene.

Why? The virus can survive on certain surfaces for several hours. Wash your hands often. You can use regular soap and water as long as you scrub for at least 20 seconds. You can also use hand sanitizer containing at least 60% alcohol.

Avoid touching eyes, nose and mouth. Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. Cover your mouth and nose with a tissue or the inside of your elbow when you cough or sneeze.
Clean and disinfect “high-touch” surfaces. Clean AND disinfect frequently touched surfaces at least daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, first clean with detergent or soap and water, and then disinfect. Most common EPA registered household disinfectants, diluted household bleach solutions, and alcohol solutions with at least 60% alcohol will work.

What do I do if I think I was exposed to an individual with COVID-19?

Watch for symptoms: People with COVID-19 have reported a wide range of symptoms — ranging from mild to severe. Symptoms may appear 2-14 days after exposure to the virus.
- Contact your personal health care provider or use the CDC’s self-checker (CDC.gov) to help make decisions and seek appropriate medical care regarding COVID19.
- Talk to your healthcare provider about any other symptoms that are severe or concerning to you.
- If you are concerned about your status, get tested for COVID-19 right away. Even if you don’t have symptoms, you may be able to be tested after an exposure.
- Furthermore, follow your school procedures for notification.

What do I do if I’m sick?:
Do not go to school or sports practice if you are sick. After speaking with your personal healthcare provider, notify your school and your coaches. Treatment is typically over the counter medications to help your symptoms. Currently, there are no specific antiviral treatments recommended for COVID-19.

If you are sick with a fever (100.4°F/38°C or higher) or cough, have trouble breathing, or suspect you have COVID-19, here’s how to help prevent the disease from spreading to people in your home and community:
- SELF-ISOLATE AT HOME
- STAY AWAY FROM OTHERS
- GET A COVID-19 PCR TEST

Participation in organized sports during the COVID-19 Pandemic: Participation in organized sports during the COVID-19 Pandemic can lead to an increased risk of exposure for all stakeholders. Schools are creating comprehensive plans to reduce these risks, however, none of these mitigation efforts can guarantee complete safety. Schools will ask all stakeholders for their support and compliance to keep athletic competition as safe as possible. The NFHS and other organizations have created stratifications to help classify sports by risk category. Some sports are classified as high risk because they have a higher rate of potential exposure versus low risk which has a lower exposure rate. To become more aware of what risk category specific sports are classified, visit: https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf

Statement of Student Athlete Responsibility
Parents and students should be aware of preliminary evidence that suggests student-athletes are at an increased risk of contracting COVID-19 when participating in sports, especially those sports where physical distancing is not always possible. Please review all risks before allowing your child/ward to participate in the school sports program. There are reports of kids who have become sick and have died due to this new contagious disease. There have been reports that long-term health concerns can affect individuals, including kids who have become infected with COVID-19. These long-term health issues may include, but not limited to: injury to the heart muscle, lung damage, blood clotting disorders, or death. A specific illness has impacted children with COVID-19 called Multisystem Inflammatory Syndrome of Children (MIS-C). Further research on this topic is needed before any conclusions can be drawn.

I accept responsibility for participating in school-based screenings for COVID-19 and for reporting all symptoms of illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of my ability. I have read and understand the above information on COVID-19. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)  Signature of Student-Athlete  Date

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

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

This document serves to aid FHSAA member schools in preparing for the return to athletics during the COVID-19 pandemic. It allows adaptation and respects individual member schools/districts and the decisions they are facing regarding the COVID-19 pandemic situation and response, the overall safety of students and staff, and the comprehensive guidelines published by trusted national resources.

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