



Inverness Middle School

Home of the Chargers

Inverness Middle School Physical Packet

2020-2021 revised 10.22.2020

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Principal

Todd E. Goolsby
Assistant Principal

Jennifer M. Story
Assistant Principal

Michael Porcelli
Dean of Students
Athletic Director

Tina Adams
ESE Specialist

Rowena Balint
Instructional Coach

Michelle Josey
Title I Interventionist

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 be completed and signed by the athlete and the parent(s)/guardian(s)
- _____ IMS Consent to Participate must be signed by the athlete, and the parent(s)/guardian(s)
- _____ Code of Conduct for Student, Parent(s)/Guardian(s) and Spectators to sign

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



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ims.citruschools.org



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

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

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

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

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s 1006.20, Florida Statutes, and 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

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This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: _____ / _____ (_____ , _____)

Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____

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

FINDINGS **NORMAL** **ABNORMAL FINDINGS** **INITIALS*****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: _____



Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine

**Consent and Release from Liability Certificate (Page 1 of 4)**

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 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s) guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

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

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

List sport(s) exceptions here

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

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

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

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

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

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

G. Please check the appropriate box(es):

_____ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

_____ My child/ward is covered by his/her school's activities medical base insurance plan.

_____ I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

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

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

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

Name of Student (printed) _____ Signature of Student _____ Date _____

**Consent and Release from Liability Certificate for Concussions (Page 2 of 4)**

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.

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 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.

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 health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

Parents and students 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 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.nflslearn.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 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 _____

**Consent and Release from Liability Certificate for****Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

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.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

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, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. 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

**Consent and Release from Liability Certificate (Page 4 of 4)**

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.

Attention Student and Parent(s)/Guardian(s)

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

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. 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)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. 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)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. 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)
11. 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)
12. 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)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. 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)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

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.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



SANDRA "SAM" HIMMEL – SUPERINTENDENT OF SCHOOLS

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

THOMAS KENNEDY
DISTRICT 1

VIRGINIA BRYANT
DISTRICT 2

DOUGLAS A. DODD
DISTRICT 3

SANDRA COUNTS
DISTRICT 4

LINDA B. POWERS
DISTRICT 5

Student Conduct:

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

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

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

X

Student Signature

Date

Parent and Spectator Conduct:

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

A Spectator should---

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

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

X _____

Parent Signature

_____ Date

Citrus County Schools Athletic Non-Negotiables

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

Student Signature

Parent Signature



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COVID-19 Consent Form

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:

Recent loss of taste or smell	Fever or chills
Cough	Shortness of breath or difficulty breathing
Fatigue	Muscle or body aches
Headache	Sore throat
Congestion or runny nose	Nausea or vomiting
Diarrhea	Dizziness or unexplained rash

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.

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TEL: (352) 726-1931

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Equal Opportunity Employer

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.
Document updated 8/17/2020

Consent to Participate

Dear Inverness Middle School Parent,

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

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

If you do not want your student to participate in a particular sport / activity, please check below. Only mark the sport / activity you do not give permission for your student to participate in.

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

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Thank You,

Inverness Middle School

Athletic Department