

2014-2015

CSCS



CHEERLEADING TRYOUTS



MAY 12 - 16, 2014

3:00PM - 5:00PM

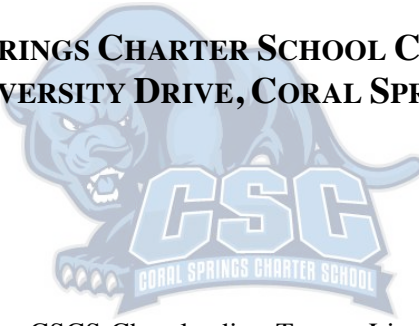
CSCS GYM

IF YOU ARE INTERESTED, EMAIL MS. BRUHN.

MBRUHN@CORALSPRINGSCHARTER.ORG

954-340-4112

**CORAL SPRINGS CHARTER SCHOOL CHEERLEADING
3205 N UNIVERSITY DRIVE, CORAL SPRINGS, FL 33065**



Dear Parents and Cheerleaders:

Thank you for your interest in joining the CSCS Cheerleading Team. Listed below is the information you will need for the 2014-2015 Cheerleading tryouts.

General Information - Tryout Clinics will be held May 12 – 15, 2014. At clinics, participants will learn jumps, a chant, stunting and a dance that will be judged for the final tryout in groups of three on May 16, 2014. Participants **MUST** be present each day and attend the entire day of school on the day of clinics and tryouts. Participants may leave the campus after their tryout is complete on Friday. Tryouts are **CLOSED** to spectators; no one will be permitted in the gym or surrounding areas. Results will be posted by 12:00pm the day after tryouts on CSC's Athletic Website.

*Each athlete trying out will be assigned a number. This number will be their means of identification throughout the tryout process and must be worn each day. Results will be posted by number.

TRYOUT CLINICS: May 12, 2014 – May 15, 2014 3:00pm – 5:00pm * CSCS Gym
Cheer/Gym Shorts, T-Shirt, Cheer/Athletic Sneakers in CSCS colors
(must adhere to school dress code-no tanks)
Hair **MUST** be in tight ponytail, pulled away from face w/ Ribbon/Bow.
ABSOLUTELY NO JEWELRY, OR ACRYLIC NAILS ALLOWED.

TRYOUTS: May 16, 2014 3:00pm – all girls have performed * CSCS Gym
ATTIRE: SAME AS ABOVE – show your Panther Pride – dress in school colors, no previous cheer clothes allowed.

REQUIRED FORMS:

- FHSAA PHYSICAL FORM
- FHSAA PARENT CONSENT FORM
- CHEERLEADER CONTACT INFORMATION SHEET
- TEACHER RECOMMENDATIONS
- CHEERLEADING CONTRACT

All forms are attached. **ALL FORMS ARE DUE BEFORE MAY 9, 2014.**

JUDGES: Candidates will be judged by outside Judges, as well as the Coaches.
Candidates will be judged on: skills, technique, and overall showmanship.

**Results will be posted by 12:00pm the day after tryouts
on CSC's Athletic Website on the Cheerleading Page**

Ms. Michele Bruhn
Cheer Program Director
mbruhn@coralspringscharter.org
Tel: 954-340-4112
Fax: 954-340-4163

FOOTBALL PROGRAM INFORMATION:

There is a mandatory clothes fitting in the locker room on May 27, 2014 at 3:00pm for all who make the team. We will be ordering uniforms and camp clothes at this time and you will be required to pay \$300.00 for your order. The camp fee will be due by June 05, 2014.

COST: \$50.00 team contribution (gym, choreo, music) DUE: AT TRYOUT (to be returned if not on team)
\$300.00 3 camp outfits, liner, briefs, shoes, cheer bag, bows DUE: AT FITTING 05/27/14 3:00PM LOCKER ROOM
\$350.00 Mandatory Cheer Camp DUE: BEFORE 06/05/14

CAMP: UCA Sleepover Camp (07/30-08/02)
NOVA UNIVERSITY – DAVIE, FL

SPONSORSHIPS: **\$250.00** - You receive \$150.00 credit to your balance due.
Sponsor receives 3' x 3' Business Card Banner hung at Coral Glades SportsPlex.
Form attached. MUST BE TURNED IN BEFORE BALANCE DUE DATES.

FUNDRAISING: **MANDATORY PARTICIPATION FOR ALL CHEERLEADERS**
Funds to be used for stunt clinics, football player & cheerleader gifts, banquet, etc.

GAME DAYS: **MUST BE AT SCHOOL ALL DAY IN ORDER TO CHEER AT GAME.**
Players Gifts – Need Ideas! Wear FULL uniform to school (FRIDAYS ONLY).

PRACTICES: Practices will be begin the week after Tryouts.

Varsity: Tuesday & Thursday; 3:15pm – 5:15pm (Wednesday will be added in Fall)
JV: Monday & Wednesday; 3:15pm – 5:15pm
MS: Monday & Wednesday; 3:15pm – 5:15pm

Summer practices will continue with the same schedule. During the summer, attendance at all practices are expected, to be considered mandatory. **Vacation times should be communicated to your coach in advance.**

EVENTS: City Parade (Basketball), MS Ice Cream Social (MS), Pep Rally (Varsity), MS Pep Rally (MS Football), Homecoming Game (Varsity/JV/MS), End of Year Banquet, etc.

ADDITIONAL INFO:

DONATIONS: Hard Candy, Goody bags, Ribbon, Paw Print Tattoos, Color Paper, Time and \$\$\$\$
YOU DO RECEIVE VOLUNTEER HOURS FOR YOUR DONATIONS.

VOLUNTEERS: 2 Parents for each Home Game to collect Parking Fees (5:30pm – 8:30pm)
2 Parents for each Home Game to sell Spirit Items (5:30pm – 8:30pm)
YOU DO RECEIVE VOLUNTEER HOURS FOR THIS TIME.

COMPETITION: **Both JV & Varsity teams are eligible to compete this year.** We will combine and make one Competition Team. **Additional costs will be required and can be offset by fundraising. These costs will be communicated as soon as finalized.**

BASKETBALL: **Tryouts for Basketball Cheerleading will be held in the fall. These costs will be communicated as soon as finalized.**

CORAL SPRINGS CHARTER SCHOOL CHEER APPLICATION



Cheerleader's Name _____

Date of Birth ____/____/____ Age _____ Sex _____

Address _____

City State Zip _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Home Phone# _____ Cell# _____

Cheerleader's Email _____

Parent's Email _____

Tumbling skills: _____

List any qualifications (previous cheer teams or gymnastic experience):

List other teams, clubs, activities or programs you plan to be involved in during the 2014-2015 season:

Why do you want to be a Charter Cheerleader?

What does team commitment mean to you? _____

I am interested in cheering for: _____ Football _____ Basketball _____ Competition
(You MUST cheer for Football or Basketball in order to be eligible for Competition, per FHSAA.)

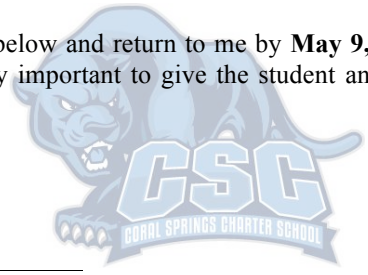
I am ready to try out for the CSCS Cheer program for 2014-2015 and accept the decision for placement or non-placement in the CSCS Cheer program. I understand that ALL CSCS Cheer practices, games, rallies, competitions and fundraisers must take precedence of any and all other activities.

Athlete's Signature & Date: _____

Parent's Signature & Date: _____

Please
attach
Current
SCHOOL PHOTO
here

TEACHER EVALUATION FOR CHEERLEADING TRYOUTS - Please complete the scale below and return to me by **May 9, 2014**. Teacher evaluations will count for a portion of each candidate's score. Therefore, it is very important to give the student an honest rating based on your knowledge of that individual.



Thank you for your time and cooperation. If you have any questions, please feel free to contact me.

Sincerely,

Michele Bruhn
Cheer Coach

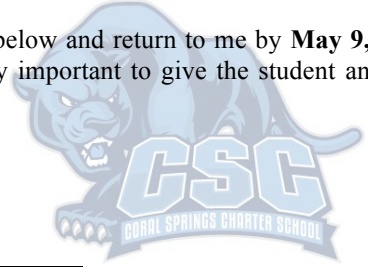
Applicant: _____

Teacher Signature: _____

On a scale of 1 to 5 (5 being the highest), please rate the applicant:

____ Ability to work with others ____ Attitude ____ Cooperation ____ Attendance/punctuality ____ Work Ethic

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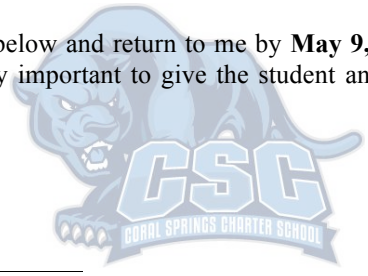
Applicant: _____

Teacher Signature: _____

On a scale of 1 to 5 (5 being the highest), please rate the applicant:

____ Ability to work with others ____ Attitude ____ Cooperation ____ Attendance/punctuality ____ Work Ethic

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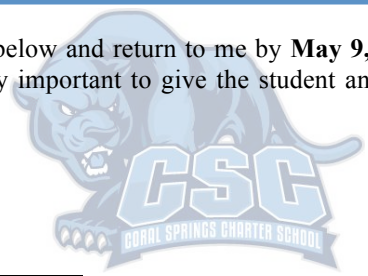
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Sincerely,

Michele Bruhn
Cheer Coach

Applicant: _____

Teacher Signature: _____

On a scale of 1 to 5 (5 being the highest), please rate the applicant:

____ Ability to work with others ____ Attitude ____ Cooperation ____ Attendance/punctuality ____ Work Ethic

CHEERLEADING CONTRACT

I _____ understand that in order to be part of the Coral Springs Charter School 2014-2015 Cheerleading Squad, I agree to follow and abide by the following rules as a student athlete:

1. **ACADEMIC STANDING.** If a student earns below a “C” on any given subject, on either an interim or a report card, the student will attend mandatory tutoring sessions to be set up by the athletic department. These may include teacher-student sessions and peer-tutoring sessions. If the student fails to attend any mandatory session, he/she will be suspended for one contest. If the student fails to attend 3 or more sessions during any quarter, he/she will be suspended from the team until the next report card/interim, whichever comes first.
2. **COMMITMENT.** Cheerleading (practice, games, community service, fundraising, competition) is your first priority after academics. Commitment to your team and teammates is imperative. We encourage involvement in other activities, however, not at the expense of the team. Always maintain a positive attitude and give 100%.
3. **ATTENDANCE.** Be on time to practices and game days. (Arrange your schedule to accommodate.) Give proper notice to the Coach (only) of an absence and/or being tardy. Proper notice is more than 30 minutes prior to events. The only excused tardy is: (1) **mandatory** make-up tests and teacher help sessions, (2) club meetings **in which the cheerleader is an officer**, and (3) late arrival from field trips. Cheerleaders must have a written note or email from that teacher to the Coach in order for the tardy to be excused.

3 excuses tardies = 1 excused absence	3 excused absences = 1 unexcused absence
3 unexcused tardies = 1 unexcused absence	3 unexcused absences = Dismissal
4. **ATTIRE.** Come dressed appropriately. This means NO jewelry of any kind at any time during cheerleading. Approved practice attire consists of current and/or past cheer camp wear, CSC school, club and/or sport shirts, soffes and proper cheerleading sneakers. **Sliders must be worn under soffes.** Hair must be worn up away from face secured tightly. Fingernails must be very short and must not have any acrylic tip. Wear the full uniform to school on Friday Game Days and pep rally days. Any cheerleading attire that is purchased or issued through the school may not be altered, defaced or loaned to others. **NO TANK TOPS. NO GUM.**
5. **COMMUNICATION.** Be respectful to coaches, captains and teammates. Do not argue with or question any of the coaches or captains. Maintain personal communication with coaches regarding absences and tardiness (tell the coach directly rather than sending a message through another member of the squad). Regularly check the web page (www.chartercheerleading.com) and personal e-mail for updates to the schedules and for announcements. Listen to the morning and afternoon announcements in school for emergency cancellations of practices AND reminders from coaches.
6. **BEHAVIOR.** Be a team player. Respect others on and off the field/court. Participate in all cheerleading special events, fundraising, banquets, parties, etc. Do not engage in gossip or spreading rumors. Do not blame others for your mistakes or oversights. Refrain from PDA while in uniform on and/or off campus.
7. **FUNDRAISING.** Fundraising is important to our team. Participation is mandatory for all cheerleaders. Monies raised need to be turned in as scheduled.
8. **SCHOOL FUNCTIONS.** When requested, all cheerleaders are expected to participate and attend school functions and/or special events that may be scheduled throughout the school year, (parties, city parade, pep rallies, banquets, etc.) Failure to participate may result in removal from the squad.
9. **TRANSPORTATION.** Cheerleaders must travel to and from away games on the school bus with the team. Coaches are not permitted to allow cheerleaders to leave away games with their parents or anyone else unless approval has been provided in advance. Cheerleaders must provide their own transportation to home games. **Arrange your own transportation** to and from events **in advance.**

I understand that I am responsible for my own actions and understand if I do not adhere to these rules that I may be benched or dismissed from the team, which will not be open to discussion and/or negotiation.

Cheerleader Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CSC Cheerleading Tryout Score Sheet

Tryout # _____

Trying out for: FB BB Comp

Judge # _____

Skill	Evaluations	Possible Points	Score	Comments
Stunting	Difficulty: 1 = Elevator 2 = Extension Cradle 3 = 1 leg position, Cradle 4 = 1 leg position, full down 5 = 360	5		
	Technique:	5		
	Execution: Work well within group	5		
Jumps	Toe Touch	5		
	Front Hurdler	5		
	Pike	5		
Standing Tumbling	Difficulty: 1= Back/Front Walk over 2= Back handspring 3= Toe Touch back handspring 4= Back Tuck/frontPunch 5= Toe Touch Back Tuck	5		
Running Tumbling	Difficulty: 1= front handspring 2= back handspring 3= back tuck 4= layout 5= any full-twisting skill	5		
Cheer	Voice: Volume & Inflection	5		
	Presentation: Enthusiasm & Confidence	5		
	Motions: Technique & Sharpness	10		
Dance	Presentation: Poise & Attitude	5		
	Motions: Technique & Sharpness	10		

Total Score: _____/75

Competition Ready: YES NO

Position: Flyer Backspot Main Secondary



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.

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)

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

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

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
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)

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: _____

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 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 non-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 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, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I 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 (Page 2 of 2)

This completed form must be kept on file by the school.

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. 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.



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). 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/concussioninyouthsports/> 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



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

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

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.

Name of Student-Athlete (printed)

Signature of Student-Athlete

_____/_____/_____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date