

July 17, 2015

Dear Current GGHS Band Members and Incoming Freshman,

It is hard to believe that summer Band Camp is almost here. The GGHS Band has a rich tradition of great performances, and I am very excited to welcome you back as a veteran or a new member of the Golden Gate High School Titan Band. I am excited to see all of you at Band Camp as we approach 200 members!!!

Returning and new band parents: Marching drill spots have been assigned based on the response we received at the June 2nd meeting. Please make sure you attend Band Camp to maintain your spot. If you will not be there, please contact Mrs. Hamilton as soon as possible.

Band Fees for incoming freshmen and returning band members are \$200. Band parents may pay this fee at the June 2nd meeting.

Color Guard Fees for students are \$300 for new members. This includes the uniform fee (\$200) and band fee (\$100). Guard parents are required to pay the first \$100 of the uniform fee at the June 2nd meeting; however, they may pay in full if they wish.

The **Band Camp Schedule** is posted on our website at titanband.net and is found on the back of this form. If you have any questions please contact Mrs. Hamilton. **Several changes have been made to the original Band Camp schedule.** Please check the website and following pages to make sure you are aware of the additional camp days.

Forms – Each student must have the following forms turned into the band office **BEFORE** they may participate in any summer practice and/or band camp. These forms can be found on our website at: titanband.net

1. Photo-Video-Media Release Form
2. Student Travel Authorization
3. Band Participation Contract (Winds and Percussion only)
4. Guard Participation Contract (Guard only)
5. Annual Emergency Card
6. Consent and Release from Liability Certificate
7. Consent and Release from Liability Certificate regarding Concussions and Heat-Related Illness

We look forward to seeing everyone at our meetings in June and in July. If you have any questions please don't hesitate to contact me at any time.

Musically yours,

Sarah Hamilton
Band Director
Golden Gate High School
hamils@collierschools.com

GOLDEN GATE HIGH SCHOOL
TITAN BAND



Band Camp 2015

Tuesday, July 28th – Wednesday, July 29th (LEADERSHIP) 9:00am-3:00pm

Thursday, July 30th – Friday, July 31st (LEADERSHIP, FRESHMEN, GUARD) 9:00am-12:30pm

Thursday, July 30th – Friday, July 31st (JAZZ BAND) 2:00pm-5:30pm

Monday, August 3rd – Friday August 7th, 9:00am-4:00pm

Monday, August 10th and Thursday, August 13th, 5:00pm-8:00pm

Thursday, August 13th – 2015 Preview Show at 7:00pm (weather permitting)

The GGHS Band Camp will be held at Golden Gate High School. All students are reminded to bring the following:

- Appropriate clothes
 - Shirt – shoulders and mid-section covered
 - Shorts – at least fingertip length or with spandex under them
 - Tennis shoes (no flip flops or sandals)
 - Hat
- A lyre and flip folder for your instrument – These will be available for purchase at camp
- Water jug with water, water, and more water
- Survival Items: Suntan lotion, ligament, sunglasses, thermos jug
- Instrument Accessories: mouthpiece, reeds, neck strap, valve oil
- A bag lunch – Students are required to stay on campus at all times. Lunch will be at 12:00 daily for parents wishing to drop off food.
- A great attitude!

There is going to be a show for friends and family on Thursday, August 13th at 7:00pm in the football stadium (details to follow, the schedule depends on the availability of the football stadium and weather). Please come out and see the GGHS band in their first performance of the 2015-2016 year!

**Please check the school website at
www.titanband.net
for additional band camp information.**

GOLDEN GATE HIGH SCHOOL TITAN BAND



Band Fees 2015-2016

Band Fees	\$200
Summer Sponsorship Drive	\$50
Instrumental Rental	\$50
Black Marching Shoes	\$30

*GGHS Color Guard members have a different set of expenses.
This list is for GGHS wind and percussion members only.*

The band fee for all band members is \$200. A minimum of \$100 towards the fees are due at the time of uniform fitting. The remaining payments should adhere to the following schedule:

- August 3, 2015 - \$100 – Must be received before students are fitted for their uniform
- September 1, 2015 – \$100
- October 6, 2015 – Any remaining fees

Checks should be made payable to: **GGHS Band Boosters**

Other items that new students may need to purchase (and returning members may need to replace) include:

- Black marching band shoes - \$30 (Due at uniform fitting)
- White marching band gloves - \$3
- White "Property of..." marching band shirt - \$5 (students receive one free)

In addition to the required fees, all members of the ensemble are required to participate in the summer sponsorship drive. This event is the bands largest fundraiser and allows us to keep fees to a minimum. Every member will be responsible for raising \$50 minimum in sponsorships over the summer. Students who fail to participate in this event will be charged \$50.

Students who do not own their instrument will be asked to pay a \$50 rental fee for the year. This fee is necessary to assist in the annual maintenance for these heavily used instruments. Please understand that this is only to help offset the actual cost (between \$70 and \$200+ per instrument). Students using more than one school-owned instrument will only pay this fee one time per school year.

Uniform Fitting Dates

Students must be current with their band fees before they will be fitted for a uniform.

August 3rd – 6:00pm-8:00pm – Seniors and Drum line

August 4th – 6:00pm-8:00pm – Juniors

August 5th – 6:00pm-8:00pm – Sophomores

August 6th – 6:00pm-8:00pm – Freshmen

GOLDEN GATE HIGH SCHOOL TITAN BAND



Guard Fees 2015-2016

The cost to be in guard is \$300. The fee breakdown is as follows:

- Guard Fee - \$100
- Uniform - \$140
- Shoes - \$30
- Rhinestone Earrings - \$10
- Make-up - \$20

The following deadlines are required to purchase uniforms and equipment before they are needed for our first performance. These fees can be paid for through our summer sponsorship fundraiser. Students using this option are still required to meet all deadlines.

- June 2, 2015 - \$100 – Uniform Deposit (this is non-refundable because we will be purchasing your uniform)
- August 3, 2015 - \$100 – Must be received before students are issued their uniform
- September 1, 2015 – \$100
- October 6, 2015 – All remaining fees

In addition to the required fees, all members of the ensemble are required to participate in the summer sponsorship drive. This event is the bands largest fundraiser and allows us to keep fees to a minimum. Every member will be responsible for raising \$50 minimum in sponsorships over the summer. Students who fail to participate in this event will be charged \$50.



PHOTO-VIDEO-MEDIA RELEASE FORM

2015- 2016 SCHOOL YEAR

Date: _____

Student: _____

(Please print name)

Parent/Guardian: _____

(Please print name)

I hereby consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, school or commercial, print or television media for the reporting of programs taking place at Golden Gate High School with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the student named above, may be depicted and or/identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, Golden Gate High School and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

Signature of Student

Signature of Parent/Guardian

Relationship



STUDENT TRAVEL AUTHORIZATION

2015- 2016 SCHOOL YEAR

I, the undersigned parent or legal guardian of _____, Name of Student
grant permission for my child or ward to travel to all Golden Gate High School Band Events sponsored by the Titan Band of Golden Gate High School. I understand the students are scheduled to depart from the school to all events listed on the GGHS Band calendar found at titanband.net/calendar/

I understand, acknowledge, and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

Date

Signature of Parent or Legal Guardian

Please print name on this line

Emergency Contact Number

GOLDEN GATE HIGH SCHOOL TITAN BAND



Band Participation Contract

I have read and agree to the requirements outlined in the 2015-2016 Golden Gate High School Band Handbook as found at www.titanband.net. Additionally, I fully understand the time commitments, financial commitments, and grading policies for enrollment in the organization. I will:

1. Maintain a consistent standard of behavior at all times.
2. Never publicly or privately degrade the image of the band in any way.
3. Promote goodwill and friendship throughout the entire band.
4. Maintain an attitude of total cooperation with the band leadership team and staff.
5. Be enrolled in a band/flag class during the school day.
6. Only be satisfied when it is perfect!

Violation of any of the handbook policies or procedures may result in the following:

- Demotion to a non-performing status within the band for an indefinite period of time.
- Failing grade in band.
- Notification to parents and school administration and a scheduled conference.
- Permanent removal of the individual from the band program.

By signing this contract, you are indicating to the band director and school administration that you have read and understand thoroughly the policies and procedures contained in the GGHS Band Handbook.

Parent Signature

Date

Student Signature

Date

GOLDEN GATE HIGH SCHOOL TITAN BAND



Guard Participation Contract

As a member of the Golden Gate High School Color Guard you will be expected to know and follow the rules and guidelines set down before you. Please study these guidelines. It is important for you and your parents to know what is expected of you. It is an honor and a privilege, not a right, to be a part of the GGHS Color Guard. When we establish expectations for our team, we ask three rules:

- Will it make you a better performer?
- Will it make you a better student?
- Will it make you a better person?

If the answer is yes, then it is an expectation. Members of the GGHS Color Guard will be held to higher standards on and off the field. The following standards need to be adhered to. Failure to meet these expectations will result in removal from the team.

1. Body language and gestures must be appropriate at all times. Students will refrain from inappropriate gestures and displays of public affection while representing the band.
2. Guard members are expected to use appropriate language at all times. Use of swear words and inappropriate discussions are unacceptable.
3. Insubordination will not be tolerated. Guard members are expected to follow the direction of the directors, band staff, and any student leadership.
4. Guard members are expected to adhere to performance dress codes including: full makeup with red lipstick at all times, suitable hair styles, no jewelry except team jewelry, hole-free tights, no nose/eyebrow piercings, no showing bra straps, etc.
5. Guard members are expected to clean up all trash, props, and equipment at all performances and practices.
6. Guard members are expected to be at all practices, games, and performances on time. Tardiness is not permitted, and failure to be on time will result in disciplinary action.

7. Guard members are required to be at all practices, games, performances, and competitions.
 - a. There are a limited number of valid excuses for absences and tardiness. These include: death, serious illness with a doctor's note, religious observance, etc.
 - b. Invalid excuses include: job, doctor's appointment, homework, membership in other groups, cannot get a ride, sick without a doctor's note, birthday party, Quinceañera, family in town, stomach cramps, etc.
 - c. It is understood that if a guard member misses a practice the week of a performance, the member will be benched at the discretion of the sponsor or band director.
 - d. It is understood that the attendance policy includes the "3 Strike Rule." If a guard member misses more than three performances and practices combined, the guard member will be removed from the team.
8. Guard members are expected to maintain a certain level of physical fitness. Proper nutrition and conditioning needs to be adhered to in order to optimize the team's performance. Jogging, stretching, and conditioning are required elements when participating with the GGHS guard. If you have a limitation that limits your performance, you may be benched.
9. Guard members are expected to participate in all fundraising events.
10. Guard members are expected to treat directors, coaches, sponsors, leadership, and other team members with respect, positive feedback, and trustworthiness at all times.

By signing below, I understand that I will take responsibility for my own actions. I promise to follow the school and marching band guidelines, and I promise to represent the Golden Gate High School Guard to the highest standards.

Parent Signature

Date

Student Signature

Date



Annual Student Emergency Information Card for School Year 2015-2016

THIS CARD MUST BE COMPLETED BY PARENTS/GUARDIAN AND SIGNED EACH SCHOOL YEAR
 Please notify the school immediately if any of the following information changes during the year.

School: GGHS (BAND)	Teacher:	Student ID:	Grade:
Parent/Guardian – Please complete all areas below (print), even if the same as last year, and return.			
Student's Legal Name (Last, First, Middle)			
Also known as (alias) (Last, First, Middle)			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M/D/Y): ___/___/___	Is your child covered by: <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> No Insurance	
Does the student live with parent? <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father If no, name/relationship of guardian: _____			
Court-ordered custody document provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy for our records.			
Court-ordered restraining order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy for our records.			
Student's Home Address:		Apt#	Student's Mailing Address if a P.O. Box:
City	State	Zip	City
			State
			Zip
Is this a new address from last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must contact the office.			
Student Transportation: <input type="checkbox"/> Walker <input type="checkbox"/> Bus <input type="checkbox"/> Car Rider; with whom?			
Contact and Emergency Information (Attach additional pages if necessary)			
Parent/Guardian Name (include address if different from student)		Home Phone	Work Phone
Mother/guardian Name Address (if different)			
Email			
Father/guardian Name Address (if different)			
Email			
Other (Name/Relationship) Address (if different)			
Email			
If parent/guardian cannot be reached please notify the person(s) below in case of an emergency.			
Emergency Contact (Name/Relationship)			
Emergency Contact (Name/Relationship)			
Please Provide names of other children attending Collier County Public Schools		Current School Attending	



Annual Student Emergency Information Card for School Year 2015-2016

THIS CARD MUST BE COMPLETED BY PARENTS/GUARDIAN AND SIGNED EACH SCHOOL YEAR
 Please notify the school immediately if any of the following information changes during the year.

Student Health and Medical Information	
Name of Child's Physician:	Phone Number
Name of Child's Dentist	Phone Number
Does your child have any health conditions that school staff should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please briefly describe the condition and assistance needed at school:	
*** You must contact the school nurse if the student has a health condition. ***	
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list _____	
Does the allergy require lifesaving medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list _____	
Describe symptoms and treatment(s): _____	
Does your child have any heart conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe _____	
Does your child require medications at school on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify _____	
<i>(A completed and signed Medical Authorization form must be submitted to the school before medication may be administered.)</i>	

Section I. Notification of Health Services to be Provided: The District School Board of Collier County (CCPS) provides for first aid and emergency response to illness and injury and provides health services to students in partnership with: Collier County Health Department (CCHD), NCH Healthcare System, Inc. (NCH), the Ronald McDonald Care Mobile, and Florida Vision Quest. The partners are required by law to maintain privacy of your child's protected health information. The Collier County Health Department will provide state-mandated health appraisals including vision, hearing, growth and development and scoliosis screenings. Florida's Vision Quest, Inc. will provide vision screening for all students at all Title 1 schools. If vision screening shows a need for follow-up vision examination and if your child is eligible or otherwise financially qualified, authorized third parties may provide a follow-up vision examination and glasses, if needed free of charge. The results of these screenings will be shared with designated Collier County School employees, contracted health care providers, and partners. If I do not want my child to receive these services, I will notify the school in writing of the specific services that are being declined by September 6, 2013. For more information regarding health screening, visit the district website at: <http://www.collierschools.com/parents/health.asp>

Section II. Parent/Guardian Consent: By my signature below I accept responsibility to notify my child's school of any changes of my home or business address and phone numbers in case of an emergency. I understand that EMS (911) will be called if there is an emergency requiring evaluation and/or transport of my child for medical treatment and I will assume responsibility for EMS services. In case of an accident or illness for which immediate emergency treatment is not needed, by my child is unable to remain at school, I request the school contact the parent(s)/guardian(s) named above. If unable to reach a parent or guardian I request that one of the emergency contact person(s) listed on this card be contacted to pick up and/or care for y child until I can be reached. Furthermore, if my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for those services provided.

Section III. Parental Certification and Responsibilities: I certify that all the above emergency, health and medical information is true, and to the best of my knowledge. I also understand and agree that if I have identified that my child has a health or medical condition that may require some kind of assistance or management while he/she is in school. It is my responsibility to contact the school principal and/or school nurse; make them aware of the health or medical condition(s); and discuss a possible plan of care at school. By signing this document, I understand and agree that information contained on this card may be shared with appropriate school staff, District partners, after-school programs, and health care professionals according to the Health Insurance Portability and Accountability Act (HIPAA) on a need-to-know basis for the health and safety of my child.

Print Name of Parent/Guardian	Signature	Relationship	Date
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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.

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

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, 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 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, and 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 all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

- A. I hereby give consent for my child/ward to participate in the 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 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 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
_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date

Consent and Release from Liability Certificate (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.

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, girl's 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)

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), or a licensed physicians assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

When can my child return to play or practice?

Following physician evaluation, the return to activity process requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP. For current and up-to-date information on concussions, visit <http://www.cdc.gov/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.

Heat Related Illness 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