



**TRYOUT PACKET  
2013**

**"Together We Believe; Together We Achieve"**

**2013 FHSAA 2A Extra Large  
State Champions**

**2013 Top Ten Finish at NHSCC**

**2013 Manatee County Champions**

***GET PREPARED FOR TRYOUTS AT  
OPEN GYM***

Open gym is open to any girl or guy interested in trying out to become a Manatee cheerleader. This is optional, but will provide an opportunity to learn skills needed to become a better cheerleader, impress the coaches, and improve on skills for the upcoming season. There will be two classes; one for more advanced skills and one for beginning skills. **The cost is \$5 per person per class and will cover jump technique, stunting technique and tumbling skills.**

Open Gyms will be held at Dynasty Elite Cheer Gym  
**Tuesday, March 26<sup>th</sup>; Thursday, March 28<sup>th</sup>; Tuesday,  
April 2<sup>nd</sup>; and Thursday, April 4<sup>th</sup>, 5-6:30pm.**

\*Please visit [www.dynastyelitecheer.com](http://www.dynastyelitecheer.com) to print and sign a waiver prior to arriving if you are new to the gym.

# MHS CHEERLEADING TRYOUTS CHECKLIST

Name: \_\_\_\_\_ Grade For Fall of 2013 \_\_\_\_\_

Check off each item as you complete it and **place it in this order**. Please make sure to **complete all forms online and submit**, then **print the entire package, sign where necessary and turn in all paperwork on Monday, April 8th**.

- Photo stapled to the front of your checklist
- Student and Parent signatures on Pre-tryout letter
- Application filled out completely
- Teacher recommendations from ALL teachers
- Cheer contract and goal sheet
- MHS Residency verification
- EL2 Physical. *Needs to be dated within the year and signed by a doctor. Please make a copy for your records*
- EL 3 Consent and release form
- Insurance form
- \$45 check needs to be included. *Check will be voided if your daughter does not make the squad. Please include a phone number and name of the cheerleader trying out)*
- Mandatory Random Drug testing consent *(this will only be turned in if your daughter makes the squad)*
- Copy of an official current GPA *(report card or print out from registrar)*

Name of the school you currently attend: \_\_\_\_\_

***If you have any questions regarding tryouts, please email Kelly Althof at [Althofk@manateeschools.net](mailto:Althofk@manateeschools.net)***

**All Paperwork Must Be Completed Prior to Tryouts on April 8th.**

MHS office use only:

Tryout Number: \_\_\_\_\_

Squad:  Varsity  JV

Cheerleading debts:  Paid  Not paid

**\*\*\*Please make sure to click submit on page 1, then print your package and sign before turning it in on April 8th.**

**PARENT/STUDENT PRE-TRYOUT LETTER**  
**PLEASE READ! VERY IMPORTANT INFORMATION**

Dear Cheerleader and Parent(s):

Manatee High will be holding a mandatory cheerleading tryout clinic, April 9,10,11, and 12. It will be held in the South Gymnasium behind Manatee High School. Tryout clinic times are as follows:

- Monday: 4:15 – 6:30 \*Registration and learn ALL material
- Tuesday: 4:30-6:30
- Wednesday: 4:30-7:00 \*stunting tryouts
- Thursday: OPEN (Dynasty will be open for any last minute tumbling practice)
- Friday: Tryouts start at 4:30 and run until all girls have participated.

The girls will tryout in groups of 4 or 5 in front of a set of judges. Final tryouts are OPEN TO THE PUBLIC FOR A COST OF \$3. \*Cheerleaders will be able to watch tryouts after they have performed.

Cheerleaders and Parents must be aware of the following requirements and expectations before trying out:

- Cheerleaders must have a GPA of 2.0 minimum
- Parents must verify residency in MHS district or have been assigned to MHS by the school board
- **All previous cheerleading debts must be paid**
- Minimal absences in school
- Each cheerleader is responsible for raising or supplying the cost of camps, clothes, shoes, warm-ups, bags, bows, any cheerleading accessories needed, a tumbling class fee and competition fees. The anticipated cost per cheerleader for 1 year is **approximately** \$1,000.00. **\*\*Note: fundraising could bring down to less than \$700.00.**
- Squad members will be required to participate in all fundraiser events and efforts. These will consist of selling football ads, working concession stands, mini-camps, and promoting our annual Tailgate Party.

Cheerleading is a TEAM sport. Therefore, practice is MANDATORY. If practices are missed girls may be dismissed from the squad. Cooperation and proper attitude are a must. Regular practice will be scheduled in advance so arrangements can be made around them. Summer workouts will also be scheduled and mandatory. Cheerleading is year round, and it is required to participate in football, and competition. If a cheerleader decides not to complete the season it will be looked upon as quitting and you will not be able to tryout the following year. We also have a tumbling class, which is held off campus once a week.

SUMMER CAMP IS A REQUIREMENT. CAMP DATES ARE:

- UCA STUNT CAMP: Saturday, May 18th@MHS
- UCA CHEER CAMP @ UCF: July 21-24

If both cheerleader and parent agree to the above information, please sign and return this letter with your checklist. All paperwork must be completed prior to tryouts to be eligible.

Cheerleader Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Thank you for your interest in trying out for Manatee Cheerleading.**

**Look forward to the following because this is what we look for and judge on.**

- 1 Cheer taught for tryouts
- A short dance taught for tryouts
- 2 Chants taught for tryouts
- Strong, sharp motions
- Facials, personality, and voice
- The ability to learn material quickly
- Your highest level of tumbling
- Timeliness
- Cheer, dance, tumbling, and **stunting** technique
- Jump technique (1 toe touch, 1 pike)

\*\*\*If paperwork is not turned in, you may not participate until it is ALL completed.

**What to wear**

- T-shirt or **athletic** tank tops
- Athletic shorts
- Socks and athletic shoes (cheer shoes for flyers)
- Hair pulled back and out of face
- NO JEWELRY
- Water
- **NO** Manatee Cheerleading Apparel

**Tryout Practices**

- Monday-Friday, April 8,9,10, & 12
- Monday – Thursday, April 15-18 (4:30-6:45)

REGULAR PRACTICES WILL START THE WEEK OF APRIL 22nd

JV and Varsity will practice Monday, Tuesday, and Thursday every week at Dynasty Gym and MHS. Times and places will be determined after tryouts.

# MHS CHEERLEADING APPLICATION

(Please be as complete as possible. This information will be used to communicate schedules and important information throughout the year)

## **Cheerleader:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cellular Provider: \_\_\_\_\_

## **Mom:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cellular Provider: \_\_\_\_\_

## **Dad:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cellular Provider: \_\_\_\_\_

(Cellular provider information is requested so we can set-up texting capabilities in our "Team Snap" team management software to simplify communications with you.)

Previous Cheer Experience/Background:

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Current Grade Point Average. Cum. GPA: \_\_\_\_\_

Attach a copy of your last report card. You may not have any 3's in citizenship to be a cheerleader!



## Manatee Cheerleader Contract

**As a Manatee High School Cheerleader I will abide by the following rules and expectations. If I fail to meet my expectations as a cheerleader, I understand and support the consequences set before me by any coach in the program.**

- I WILL ATTEND EVERY PRACTICE SCHEDULED.
- I WILL CALL MY COACH **BEFORE** PRACTICE IF I HAVE AN EMERGENCY AND CAN'T MAKE PRACTICE.
- I WILL SIT OUT A GAME FOR MISSING ANY PRACTICE AND DO EXTRA CONDITIONING.
- I WILL KNOW ALL MATERIAL TAUGHT AT PRACTICE AND PERFORM MY BEST AT ALL TIMES. I WILL WORK HARD TO IMPROVE MY TEAM KNOWING WE MUST WORK TOGETHER TO MAKE A CHANGE.
- I WILL HELP **TAKE OUT AND PUT AWAY CHEER MATS EVERY PRACTICE AND HELP WITH ANY SIGNS OR POMS FOR GAMES AND EVENTS.**
- I WILL KEEP GRADES AND SCHOOL AS A TOP PRIORITY AND MAINTAIN A 2.0 GPA.
- I WILL BE IN FULL PRACTICE WEAR AND GAME WEAR AND NOT LEND OUT ANY MANATEE CHEERLEADING ATTIRE TO NON-CHEERLEADERS.
- I WILL BE TIMELY TO ALL CHEERLEADING EVENTS AND TO SCHOOL.
- I WILL BE RESPONSIBLE FOR ALL DUE DATES.
- CHEERING A GAME IS MY JOB; I WILL ACT ACCORDINGLY AND NOT TALK TO FANS OR LOOK UNPROFESSIONAL.
- I WILL RIDE THE BUS TO AND FROM ALL AWAY GAMES.
- I WILL ALWAYS BE SUPPORTIVE TO ANY ATHLETE ON CAMPUS.
- I WILL NOT WEAR ANY JEWELRY TO PROTECT OTHER GIRLS ON MY SQUAD.
- I WILL STUNT SAFE AT ALL TIMES AND FIGHT FOR ANY STUNT I ATTEMPT.
- I WILL DO ALL CONDITIONING SET BEFORE ME BY MY COACH; I WILL DO ALTERNATIVE CONDITIONING IF I AM UNABLE.
- I WILL ATTEND ALL TUMBLING PRACTICES AND ACHIEVE MY TUMBLE GOAL FOR THE SEASON.
- I WILL IMPROVE MY CHEERLEADING SKILLS AND SUCCESSFULLY MASTER ANY TRICKS NEEDED FOR COMPETITION.
- I WILL ATTEND ALL MY CLASSES.
- I WILL BE RESPECTFUL TO ANY ADULT ON OR OFF CAMPUS, MY COACHES, MY CAPTAINS, MY FELLOW CHEERLEADERS AND MYSELF.
- I WILL USE PROPER LANGUAGE.
- I WILL HOLD MYSELF TO HIGH MORAL STANDARDS.
- I WILL NOT GOSSIP OR HURT ANY OF MY FELLOW CHEERLEADERS. WE ARE ONE AND LOOK OUT FOR ONE ANOTHER.
- I WILL NOT BRING DRAMA INTO PRACTICE OR GAMES.
- I WILL BE A LEADER IN SCHOOL SPIRIT AND PARTICIPATE IN ALL DRESS UP DAYS OR EVENTS HELD BY THE SCHOOL. I WILL SUPPORT ALL SPORTS AND CLUBS, NOT JUST FOOTBALL AND BASKETBALL.
- I WILL REMEMBER TO SMILE.
- I WILL ATTEND AND PARTICIPATE IN ALL FUNDRAISING EVENTS KNOWING THAT THE PROCEEDS ARE GOING TOWARDS THE SUCCESS OF OUR PROGRAM.
- MHS CHEERLEADERS ARE MY FAMILY AND I WILL TREAT MY FELLOW SISTERS WITH RESPECT AND LOVE ON AND OFF THE MATS.
- I AM MAKING A COMMITMENT TO MY TEAM TO BE THERE PHYSICALLY AND EMOTIONALLY. I WILL NOT LET MY TEAM DOWN.

I, \_\_\_\_\_, AGREE TO THE EXPECTATIONS OF THE MANATEE CHEERLEADING PROGRAM.

\_\_\_\_\_  
CHEERLEADER SIGNATURE





**SCHOOL BOARD OF MANATEE COUNTY**

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT/ STUDENT PARTICIPATION, STATEMENT, AND PARENTAL APPROVAL FORM

DATE: \_\_\_\_\_ (This form is to be filed annually.)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Address: \_\_\_\_\_

This application to compete in athletics for \_\_\_\_\_ High School is made with the understanding that I am not in violation of any of the eligibility rules (FHSAA), and have been assigned by the School Board to attend or live within the school district of \_\_\_\_\_ High School. I understand that eligibility is established by attending a practice or enrolling in the school at the beginning of the school year. Any subsequent transfers within the school year will be subject to FHSAA eligibility rules. Participation in extracurricular athletics and activities is a privilege and can be suspended or revoked by the school administration when deemed necessary.

Phone Number: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**PARENTS OR GUARDIAN'S PERMISSION AND CERTIFICATION**

I hereby give my consent for the above named student (1) to represent this school in athletic activities, except those crossed out on the Health Examination Form by the examining physician; and (2) to accompany any school team of which he is a member on any of its local or out-of-town trips. I understand, to be eligible to participate in any sport or cheerleading, I must purchase excess student accident insurance provided by the School Board (school time or 24 hour). I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company, providing primary coverage for the above-named student. I also agree not to hold the school or anyone acting in its behalf or the Florida High School Activities Association liable for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Further, I do hereby certify that the student named above currently lives full time and has lived full time continuously with the same guardian at the above address since \_\_\_\_\_ (date moved to this address). I certify that all information contained on this affidavit and any attachments hereto is true and correct. I UNDERSTAND THAT FALSIFICATION OF ANY OF THIS INFORMATION OR ATTACHMENTS WILL RESULT IN THE STUDENT NAMED HEREON BEING DECLARED INELIGIBLE TO PARTICIPATE FOR ANY SCHOOL WITHIN MANATEE COUNTY IN ANY AND ALL INTERSCHOLASTIC COMPETITION FOR THE REMAINDER OF THE CURRENT SCHOOL YEAR PLUS ONE (1) ADDITIONAL SCHOOL YEAR. I further understand that such falsification of information will be recorded in the cumulative folder of the student named hereon.

Participation in a school sponsored athletic activity or cheerleading program is entirely voluntary and I understand that at such athletic activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. All students participating in athletics and cheerleading activities must have school insurance.

I understand that transportation to and from all practices shall be solely the responsibility of the parent.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Preparticipation Physical Evaluation (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 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 devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, 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, to pollen, 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 or blisters)?	___	___	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. Record the dates of your most recent immunizations (shots) for:		
22. Have you ever had a seizure?	___	___	Tetanus: _____ Measles: _____		
23. Do you have frequent or severe headaches?	___	___	Hepatitis B: _____ Chickenpox: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___			
25. Have you ever had a stinger, burner or pinched nerve?	___	___			

**FEMALES ONLY (optional)**

40. When was your first menstrual period? \_\_\_\_\_  
 41. When was your most recent menstrual period? \_\_\_\_\_  
 42. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 43. How many periods have you had in the last year? \_\_\_\_\_  
 44. 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 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 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
\_\_\_ 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: \_\_\_\_\_

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
\_\_\_ 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.

## 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, 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 must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
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 fall practice or the first day of school, or otherwise the student cannot participate at the new school for the remainder of the school year. (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 9.3)
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student will 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. (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. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (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.



**MANDATORY STUDENT INSURANCE/ATHLETIC PARTICIPATION FEE  
INFORMATION FOR PARENTS 2010-2011**

Students who participate in interscholastic athletics, cheerleading and/or marching band, are required to purchase student accident insurance provided through the school district before they are allowed to participate. One of the major costs of athletic participation is insurance coverage. The School District of Manatee County has chosen Markel Insurance Company to provide these insurance products.

If you have a son/daughter that participates in interscholastic athletics, cheerleading and/or marching band, it will be necessary for you to contact the athletic director, cheerleading coach or marching band director at his/her school to get information on how to sign up for this coverage.

This accident insurance is a supplemental or excess plan and is not meant to pay 100% of the bills. The maximum benefit is \$25,000 for any one accident, which is in excess of the amount from other collectable insurance or health plans you may have.

**How to file a claim for an athletic injury:**

1. **The student MUST see a doctor within 90 days of the date of injury**
2. **Obtain a claim form from the school. The school will provide you with a summary report to be attached to the claim form. The claim cannot be processed without a claim form.**
3. **Fill in the rest of the information on the claim form and SIGN IT. Send the claim form and itemized bills to the claims address on the claim form. Send the form within 90 days of the injury. If you have other applicable insurance, you must also file with that company. When you receive Explanations of Benefits (EOB's) from them showing what has been paid, forward these to the school insurance company. KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS.**
4. **Filing a claim after an injury is YOUR responsibility. Under HIPPA privacy laws, the agent and/or the School Board cannot obtain claims information from an insurance company without your written permission.**

<p><b>Send 2010-2011 claims to:</b>  <b>MCA Administrators, Inc.</b>  <b>P.O. Box 6540</b>  <b>Harrisburg, PA 17112</b>  <b>Toll Free Number – 800-427-9308</b>  <b>Fax – 717-652-8328</b></p>	<p><b>CUSTOMER &amp; CLAIMS SERVICE:</b>  <b>MCA Administrators, Inc.</b>  <b>Phone – 877-249-7868</b></p>
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**PARENT/LEGAL GUARDIAN COMPLETE BELOW**

ATHLETIC FEE for \_\_\_\_\_, Student  
(Print Student's Name)

- \$55 Football Athletic Fee       \$20 Spring Football ONLY
- \$45 All Other Sports, including Cheerleaders, Athletic Fee
- \$25 Marching Band & Dance Team Athletic Fee

I have paid the athletic fee described above and have received information regarding coverages and benefits provided under the athletic student accident insurance policy including information on filing a claim.

**Make check payable to your school.**

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Payment Received by:*

\_\_\_\_\_  
*Signature of School Employee Collecting Payment*

\_\_\_\_\_  
*Date Received:*



# Consent Form

## Participation in the Mandatory Random Drug-Testing Program

This form must be completed and signed by each high school student-athlete and his/ her parent or legal guardian. This form is required for all students who participate in any FHSAA-sanctioned athletic competition, to include cheerleading. Eligibility for participation will not be granted until this form has been signed and returned to the student's school.

**Student-Athlete Name** \_\_\_\_\_ **Sex** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

### Statement of Mandatory Random Drug-Testing Consent

By signing this form, I affirm that I am aware of the School Board of Manatee County's Mandatory Random Drug-Testing Program, which requires the following for any student-athlete who is found to have used any tested drug or substance:

- A first positive test will require the student-athlete to enroll in the District's Substance Abuse Family Education (SAFE) program or a comparable private treatment/counseling program (as approved by the SAFE Coordinator at the family's expense).
- Failure to attend any SAFE class (not excused by Principal) or failure to test clean by the end of the SAFE program results in suspension from athletic competition for 30 calendar days; however, the student will be allowed to remain on the team and practice.
- Students who test positive will be entered into a probationary period for the remainder of that academic year and will be subject to regular monthly testing.
- Any further positive test results either through monthly probationary guidelines or future random testing will result in the sanctions identified in the penalties section of the policy governing this program.

I affirm that I was provided an opportunity to review the procedures for the testing program that accompanied this form and understand the test procedures, penalties for a positive finding and my child's (student-athlete's) rights to challenge a positive finding or appeal the penalties imposed as a result of a positive finding.

I agree to allow the certified testing technician provided through the Safe and Drug-Free Schools program to test my child if his/her corresponding number is randomly chosen in order to remain eligible for participation in any FHSAA-sanctioned sport.

I agree that my child will provide a urine sample to the testing technician upon request. I understand that if my child fails to do so, he/she will be immediately suspended from interscholastic competition for a period of 30 calendar days. However, there will be a 24-hour window in which my child may request to be tested after speaking with his/her parents and/ or coaches, with no penalty.

I understand that this consent form and the results of any drug tests are completely confidential and will be shared only with the testing technician, testing lab, athletic director, coach, principal, the student-athlete and their parents. No records will leave this school district; the records will be destroyed upon graduation.

I understand that test results will not be made a part of my child's permanent school record and cannot be used as evidence in any criminal proceeding.

Name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Signature of parent (1) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent (2) \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

**The completed and signed consent form must be submitted prior to participation in any competitive FHSAA event.**

The School District of Manatee County

# Mandatory Random Drug-Testing Procedures and Consequences

Student-Athlete submits consent form and is entered into the testing pool for random selection.

**Positive**

Student is selected by a random number-generating software program and reports to the school clinic for testing.

**Negative**

### Initial in-cup testing results positive:

- Student, parents, principal, and athletic director immediately notified
- Specimen sent to nationally certified lab for verification and to determine whether there are any mitigating factors that may have registered a false positive

### Initial in-cup testing results negative:

- The student will return to class.
- The student's number will be re-entered into the pool for possible future selection throughout the year.

## FIRST OFFENSE

- A first offense is when a student-athlete has tested positive (lab verified) for the first time and has not previously violated the district's substance abuse policy.
- The student is required to attend Manatee County's Substance Abuse Family Education (SAFE) program with a parent or guardian.
- Failure to attend any SAFE class (not excused by Principal) or failure to test clean by the end of the SAFE program results in suspension from athletic competition for 30 calendar days; however, the student will be allowed to remain on the team and practice. (If 30 days is not remaining in the season, the term will continue into the next season in which the athlete participates.)
- The student will be placed on probation and subject to monthly testing for the remainder of the academic year.

## SECOND OFFENSE

- A second offense is when a student tests positive a second time or when the initial positive result is coupled with any prior violation of the district's substance abuse policy.
- A second offender will be ineligible to participate in any sport for 30 calendar days from the date of the latest test. (If 30 days is not remaining in the season, the term will continue into the next season in which the athlete participates.)
- In order to return following the 30-day suspension, the student must meet with the District SAFE Coordinator as deemed necessary and test clean.

## THIRD OFFENSE

- A third offense is when a student tests positive a third time or has a second positive result coupled with a prior violation of the district's substance abuse policy.
- The student will be ineligible to participate in any sport for one calendar year from the date of the latest test and will not be able to remain on a team or practice.
- In order to return following the year-long suspension, the student must meet regularly with the District SAFE Coordinator for that duration and agree to counseling or other treatment by a licensed provider as deemed appropriate.

**Note:** If results of the alcohol breathalyzer or in-cup testing device, combined with behavioral/ other physical cues, indicate intoxication, the student will be subject to disciplinary action under the student code of conduct.



## **Frequently Asked Questions: The School District of Manatee County's Random Drug-Testing Program**

The following are frequently asked questions about the mandatory, random student drug-testing program to be conducted in Manatee's high schools. For further information, please visit the Safe and Drug-Free School's website at: [www.manatee.k12.fl.us/safe](http://www.manatee.k12.fl.us/safe).

**Q: Why test for recreational drugs?**

**A:** According to the 2006 Florida Youth Substance Abuse Survey, abuse of certain substances among Manatee County secondary students exceeds the state average. Not only will random drug testing identify students with serious substance use issues, but it will also arm our students with a legitimate and effective tool for resisting peer or other pressures to use.

**Q: Why test only student athletes and cheerleaders?**

**A:** The Supreme Court of the United States has upheld that only those students participating in extracurricular activities may be subjected to mandatory, random drug-testing, because participating in such activities is voluntary.

**Q: How long will the testing program be in place?**

**A:** The program will begin on November 1<sup>st</sup> 2008. The federal grant is guaranteed for the 2008-09 school year with an additional two years of funding available based on first year results.

**Q: Is compliance with the testing program necessary for eligibility in athletics and cheerleading?**

**A:** Yes. Any student wishing to participate in any interscholastic athletic competition, to include cheerleading, must return the signed consent form in order to be eligible.

**Q: How will the testing program work?**

**A:** Once the student-athletes submit the signed consent form, they will be entered into a pool of other eligible athletes from their school and assigned a confidential number. Traveling to each school once a week, a testing technician will utilize a computer software program for random selection of students' assigned numbers. Students who are randomly selected will report to the school clinic to provide a urine sample. Specific protocols are designed to insure test validity and student privacy.

**Q: What if a student does test positive?**

**A:** Student athletes who do test positive must attend the six-week Substance Abuse Family Education program (SAFE) offered by the district *or* a comparable treatment/counseling program (as approved by the SAFE Coordinator and at the cost of the family). Failure to attend any of the classes or failure to test clean by the end of the program will result in a 30 day suspension from athletic participation. Subsequent positive tests may result in 30 day or one year suspensions from athletic competition. (Please see attached flow chart for more information.)

**Q: What drugs are screened through the testing?**

**A:** Amphetamines, Benzodiazepines, THC, Cocaine, Opiates, and Alcohol (by use of breathalyzer). Methamphetamines may also be additionally tested for based on laboratory agreement.

**Q: How confidential are the results?**

**A:** All results will be held in the highest confidentiality possible and will be limited to the technician, student-athlete, principal, athletic director, coach, parent or guardian, and laboratory.

**Q: Can initial results be challenged?**

**A:** All initial results are sent to a lab for verification. When families are notified, they may request contact information from the lab so that they may discuss any medication, food, or other possible reasons for a possible false positive.

**Q: Are there any costs involved for the student-athlete or family?**

**A:** Fees for all initial testing and lab verification are covered through a grant. There is no charge for the six-week SAFE program.