



2024 – 2025
6th – 12th Grade
Homeschooled Student Athletics Program Application

We are pleased you have chosen TCA's Athletic Program for your student. To assist you with gathering all of the necessary documents for review and consideration of acceptance, below you will find a checklist of items you will need to complete the application process:

A \$375 fee is required per sport to participate. Payment is due at the time paperwork is submitted. An interview date and time will be provided upon payment and submittal of paperwork.

The following documents need to be completed and submitted along with payment to our admissions office.

- Application
- Student Information Form
- Parental Release & Support Form
- Emergency Treatment Form
- Final report for prior school year and Current Report Card if after the start of the school year

- EL2 (Physical)
- EL3 (Liability)
- EL7 (Registration)
- EL7V (Verification)
- EL9 (Progress Report...required after the start of the school year)
- EL15 (PEP Step-Up for Students)
- GA4 (for students in 10th, 11th and 12th)

A homeschool student athlete handbook will be provided at the interview along with additional forms that will be discussed. At least one parent and athlete must be present for the interview. Please feel free to contact Admissions with any questions at (386) 789-4515 x156

PLEASE NOTE:

***Your student cannot participate in any conditioning, tryouts, or practices until successful completion of this process and written acceptance from our Admissions office.**

****\$200 of this fee is non-refundable if you withdraw the application once submitted and paid or if student is not accepted into the program.**



Trinity Christian Academy

875 Elkcam Boulevard | Deltona, FL 32725 | 386-789-4515

HOMESCHOOL STUDENT ATHLETE APPLICATION 2024-2025

STUDENT INFORMATION

Last Name: _____ First Name: _____
Middle Name: _____ Birth date: _____ Sex: _____ Grade Level in August: _____
Ethnicity: Caucasian African American Hispanic Asian Pacific Islander Native American
Student Address: _____
City: _____, State: _____ Zip: _____
Email: _____ Cell phone: _____

Has the student previously attended TCA: _____ If yes, what grade(s) and year(s)? _____

Siblings enrolling in/attending. If so please list names and grades (*John Smith-5th, Amy Smith 10th*)

_____/_____

Has the student ever been arrested or convicted of a crime? _____ If yes, please explain: _____

EDUCATION

Previous school

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

My student was homeschooled

Umbrella Online School Hybrid School FLVS

If Umbrella or Hybrid, please provide name and the address: _____

CHURCH LIFE

Our family regularly attends church: Yes No

Church where your family attends or is a member of: _____

Church Mailing Address: _____ Pastor: _____

Denomination: _____ Phone Number: _____

FAMILY INFORMATION

Check ALL that apply: Lives with both Parents Parents separated Parents divorced Shared Custody
 Father has custody Mother has custody Father is deceased Mother is deceased Other: _____

Mother **Father** **Legal Guardian**
Last Name: _____ First Name: _____
Mailing Address if different from student: _____
City: _____ State: ____ Zip: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____ Text Messages OK? Yes No
 Employed Place of Employment: _____ Position: _____
 Business Owner Business Name: _____
Business Address: _____

Mother **Father** **Legal Guardian**
Last Name: _____ First Name: _____
Mailing Address if different from student: _____
City: _____ State: ____ Zip: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____ Text Messages OK? Yes No
 Employed Place of Employment: _____ Position: _____
 Business Owner Business Name: _____
Business Address: _____



ATHLETIC INTERESTS/EXTRACURRICULAR

Football Golf Cheer Volleyball Soccer Basketball Baseball Softball Flag Football Track & Field
 Fishing Weight Lifting Bowling



HOW DID YOU HEAR ABOUT OUR SCHOOL?

TCA Employee Referred by TCA family I am TCA graduate _____ Referred by an alumni of TCA I attend
Trinity Church My student previously attended Sibling currently attends Banner outside school Internet search
 Facebook Instagram Bus stop bench Walk-in
If referred by someone, please provide name: _____

Student Signature

Date

Parent or Guardian Signature

Date

Trinity Christian Academy - Honor Code Pledge

*GRADES 6-12 - After reading each item, initial it and then sign the honor pledge at the bottom of the page.
This pledge is signed as part of the initial application and becomes part of your permanent student file.*

Recognizing Jesus as the author and finisher of my faith and the Word of God as the supreme standard for all wisdom and knowledge, I intend to develop myself accordingly, and to seek His kingdom and righteousness at all times (Hebrews 12: 1- 2; James 1: 5-6 ; 1 Peter 1:24). **Student Initials** _____

I will try to follow the will of God and to model my life after the life of Christ. I will study the Bible daily, and attend church faithfully. (Matthew 7:7-11; James 1:22; 1 Peter 1:13-16) **Student Initials** _____

I will apply myself to my studies so that I can develop my mind to its fullest potential. (Luke 2:52; Philippians 2:5; 1 Corinthians 1:5). **Student Initials** _____

I will practice good health habits and regularly participate in wholesome physical activities. (1 Corinthians 3:16-17; Romans 12:1). **Student Initials** _____

I pledge to abstain from sexual behavior until I am married. I will not use tobacco, alcohol, inhalants or illegal drugs of any kind. (1 Corinthians 6:9; 13, 18, 19; Galatians 5:16-26). **Student Initials** _____

I will look to the Holy Spirit as my helper. I acknowledge Him as the source of knowledge and ask Him to be my teacher. I pledge to develop the gifts and abilities He has given me. (James 5:14-16; Acts 1:8; Acts 3:1-4; 1 John 2:20; 1 Corinthians 12:18-31; Ephesians 4:11-12) **Student Initials** _____

I will strive to be a witness and positive influence for Christ. As He leads me, I will be available for Christian Service (Matthew 28:19-21; 10:8; John 15:17; 1 Corinthians 15:58; II Corinthians 5:18; 1 Corinthians 9:22). **Student Initials** _____

I will not lie, steal or tolerate those among us who do. I am not only expected to adhere to this policy, but also to promote and encourage my peers in following it. (Psalm 15:1-3; James 1:8; Deuteronomy 5:19, 20) **Student Initials** _____

I will submit myself to the leadership of the school and any rules or regulations that may be adopted or changed from time to time. I realize my attendance here at school is a privilege and not a right. I determine to give my best and to prayerfully support the school staff and its philosophy of providing a quality education without compromising the Word of God. (Colossians 3:22; Ephesians 6:5 - 8; Hebrews 13:17) **Student Initials** _____

I realize that this pledge will become part of my permanent file. Failure to follow this Honor Pledge will result in several consequences, some of which may include removal from the classroom, suspension, and/or expulsion. In making this Honor Pledge, I realize that it will take effort on my part to keep this pledge. I certify I have answered the above questions honestly and have not withheld information the school should know about me.

Student Signature

Date

Parent/Guardian Signature

Date

Administrator Signature

Date

Parental Release & Support Form

PHOTO RELEASE

I give my permission for my child's photograph to be taken while he/she is in the care of TCA personnel. Such images may be posted in classrooms, craft projects, presentations or promotional materials, social media, website, or distributed to staff. I understand that I may terminate this permission at any time in the future.

Mother's Initials: _____

Father's Initials: _____

I do not give my permission for my child's photograph to be taken.

PARENTAL SUPPORT

The staff desires a harmonious relationship with parents. If parents have a question about a school policy or an event that involves their child, they are to notify their coach or athletic director's office. An effort will be made to resolve any differences and maintain excellent communication between parents and ministry staff. Parental support is an essential part of this process. If, in the sole discretion of the administration, a parent has failed to support the Administrator or ministry staff or the standards articulated in the ministry's Statement of Faith, the administration reserves the right to deny the student continued admission in the school's athletic programs. It is critically important that parents trust and pledge to cooperate with administration in all areas. TCA administration pledges to communicate with parents and follow the guidance in the student handbook. As part of the admissions process, parents must agree to the following pledge:

"We as parents pledge to cooperate with administration at all times. While TCA's doors are always open to parents, we the parents understand that there may be times that we must agree to disagree, and that we will cooperate with decisions of the administration as long as our students are enrolled. We pledge to be honest and forthright in all dealings with TCA and to remit any balances due. We pledge to uphold the school and administration in prayer and together we will do all we can do to make the students' experience a positive, Christ-like experience."

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____



TCA Student Medical Alert & Emergency Care Plan

Student Name: _____	Grade: _____	Date of Birth: _____
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Medical Information

Please check and/or list any medical conditions your child has:

Asthma Diabetes (Type I Type II) Heart Condition Bleeding Disorder

Epilepsy Sickle Cell Other: _____

If you checked any of the above:

Are there any limitations on school activities? yes no If yes, explain: _____

Does the student take any medications on a regular basis that may be required at school or during school activities?

yes no *(If yes, a TCA MEDICATION AUTHORIZATION FORM must be completed.)*

Does the student require any emergency medication such as an Epi-Pen or a rescue inhaler?

yes no If yes, please explain: _____

Allergies

Does the student have any allergies? (ex: food, insects, medication, etc...) yes no

Allergies: _____ mild moderate severe
_____ mild moderate severe
_____ mild moderate severe
_____ mild moderate severe
_____ mild moderate severe

Does the student require an Epi-Pen? yes no

Signs/Symptoms of allergic reaction: _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE, COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM



TCA Student Medical Alert & Emergency Care Plan

Student Name: _____	Grade: _____	Date of Birth: _____
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Medical Condition Requiring Emergency Care Plan: _____

Possible Emergency Situations:	
If this occurs:	Do this:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<u>Emergency Information:</u>	
Mother's Cell: _____	Mother's Work: _____
Father's Cell: _____	Father's Work: _____
Emergency Contact Name: _____	Relationship to Student: _____
Emergency Contact Cell: _____	Emergency Contact Work: _____
Preferred Hospital: _____	

Authorization for Emergency Medical Care

I understand that it is my responsibility to notify the school medical professional immediately and update any necessary paperwork if any changes are made to medications and/or doctor's orders for the above stated child. In case of an emergency, I authorize any representative of Trinity Christian Academy to refer to this emergency care plan in regards to treatment of the above stated child. I also authorize any representative of the Trinity Christian Academy to act on the above stated child's behalf and seek emergency medical care as needed.

Parent/Guardian Signature: _____ Date: _____



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

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

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS			HEART HEALTH QUESTIONS ABOUT YOU						
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			(continued)						
		Yes	No			Yes	No		
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?				
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?				
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)				
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				
7	Has a doctor ever told you that you have any heart problems?								

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?						

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___ / ___ / ___



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
*This medical history form should be retained by the healthcare provider and/or parent.
 This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: _____ **Weight:** _____

BP: ___ / ___ (___ / ___) **Pulse:** _____ **Vision:** R 20/ _____ L 20/ _____ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (_____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) print legibly

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

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

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

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / ___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*



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

School: _____ School District (if applicable): _____

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

I have read the (condensed) FHSAA Eligibility Rules printed on page 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by 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. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child's/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

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

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD OR ANY PROPOERTY 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's 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 signature is required)

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



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

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You cannot see a concussion, and more than 90% of all concussions occur without loss of consciousness.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged.

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

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate healthcare professional (AHCP).

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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from an AHCP.

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

Statement of Student-Athlete Responsibility:

Parents and student should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on an autopsy (known as Chronic Traumatic Encephalopathy (CTE)).

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport, including any signs and symptoms of concussion.

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

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

Name of Student (printed) Signature of Student Date



Consent and Release from Liability Certificate (Page 3 of 5)

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

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
• Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
• Often, youth do not report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

Why request an ECG/EKG as part of the annual preparticipation physical examination?

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
• ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
• ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
• If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
• The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
• ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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

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

Name of Student (printed) Signature of Student Date



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

School: _____ School District (if applicable): _____

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf
Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nfhslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Signature lines for Parent/Guardian, Student, and Date.



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

School: _____ School District (if applicable): _____

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 and/or sanctioned sport, the student:

1. Must complete an EL3 for each school at which the student participates; **this form is non-transferable.**
2. 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)
3. Must not provide **false information** to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. **Home Education students and students attending a non-member private school must complete additional paperwork prior to participating.** (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
7. Must not have **graduated** from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (FHSAA Policy 17)
15. Must refrain from **hazing/bullying** while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

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

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

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



Florida High School Athletic Association
Registration Form for Home Education Student

EL7

Revised 07/21
 (Page 1 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

SECTION A:

- Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
 Home address _____ Home phone number (____) _____
- Student resides in and is legally registered as a home education student in the _____ County School District
- Student wishes to participate in interscholastic athletics at {name of school} _____
 This is the public school the student is zoned to attend [___ Yes][___ No] This school a private school [___ Yes][___ No]
 If “No” for both of the above, was an EL14 Form provided to the school listed in #3? [___ Yes][___ No]
 Student wishes to participate in the following sport(s) at this school _____
 (list all)
- Student was enrolled in the ____th grade during the previous school year at {check and complete the one that applies}:
 ____ {name of school} _____ in {city} _____
 ____ A home education program in the _____ County School District
- Student first entered the 9th grade on, if applicable {mm/dd/yy} ____/____/____
 This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade **OR**
 the previous semester for (for grade 6 – 8) [___ Yes][___ No]

Transcript or Record of Grades Must be Attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the “alpha” system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by § 1003.437, F.S., must be used: grade “A” is 90 to 100 percent and has a GPA value of 4; grade “B” is 80 to 89 percent and has a GPA value of 3; grade “C” is 70 to 79 percent and has a GPA value of 2; grade “D” is 60 to 69 percent and has a GPA value of 1; and grade “F” is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

SECTION B:

The above student is enrolled in the following courses for the [___] first semester of the current school year (**for fall and winter sports**) **OR** for the [___] second semester of the current school year (**for spring sports**):

Subject (list each)	Location where each course is taken
1. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
2. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
3. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
4. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>
5. _____	[] solely by parent [] public or private school _____ <small>(identify school)</small>
[] FLVS or Dist. Virtual School [] dual enrollment _____	[] other _____ <small>(identify college/university) (identify)</small>



Florida High School Athletic Association Registration Form for Home Education Student

EL7

Revised 07/21
(Page 2 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

6. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
7. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
8. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, "umbrella school", other online school, etc.) other than home education as defined in § 1002.41, Florida Statutes? [___ Yes][___ No]

If yes, answer the following (*use reverse side if more than one school*):

(a) Name, address and phone number of the school providing the student with these services:

- (b) Are attendance records kept for this student? [___ Yes][___ No]
 (c) Are transcripts kept for this student? [___ Yes][___ No]
 (d) Will this student be awarded a diploma? [___ Yes][___ No]

Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that if this student attends one school and participates in the interscholastic athletic program sponsored by another school, the student may be ineligible and may cause the team of which he/she is a member to forfeit contests and honors won. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

<p>_____ Signature of Student / _____ Date</p> <p>_____ Printed Name of Student</p> <p>_____ Signature of Parent/Legal Guardian / _____ Date</p> <p>_____ Printed Name of Parent/Legal Guardian</p>	<p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to or affirmed before me on {date} _____. [Notary Seal:]</p> <p>_____ Signature of Notary</p> <p>_____ Printed Name of Notary</p> <p>NOTARY PUBLIC My commission expires: _____, 20____.</p> <p>Personally known to me _____</p> <p>OR Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.



Florida High School Athletic Association
**Verification of Student Registration with
 Public School District Home Education Office**

Section A of this form must be completed by student's parent/legal guardian. Section B must be completed by the School District Home Education Office Coordinator and the completed form must be presented to the school at which the student wishes to participate. **This form must be completed each year.** Address questions to eligibility@fhsaa.org.

Section A: To Be Completed By the Parent/Legal Guardian (please print)

TO: _____ County School District Home Education Office

FROM: _____
Name of Parent/Guardian E-mail Address

RE: Student {student's full name} _____
 Student's Date of Birth {mm/dd/yy} ____ / ____ / ____
 Home Address _____
Street Address City Zip Code

Daytime Telephone Number (____) _____

(Note: This document must be completed for the county in which the student resides. § 1002.41, F.S.)

Section B: To Be Completed By the School District Home Education Office Staff

Name of County _____

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} _____, 20____

This student's annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

[____ Yes][____ No] Date: _____, 20____

This student is a new Home Education student, the date of his/her annual evaluation will be: _____, 20____

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (____) _____

Signature of District Home Education Coordinator Date

Printed Name of District Home Education Coordinator

e-mail Address of District Home Education Coordinator

FOR DISTRICT OFFICE USE ONLY

High School Record

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student's full name: _____ Birth Date {mm/dd/yy}: ____/____/____

Address: _____

Street Address Apt. # City Zip Code

Phone: (_____) _____

Grade/Year	Subject	Grade Earned	Point Value	
9th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
10th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
11th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Signed: _____ Date {mm/dd/yy}: ____/____/____

(Parent/Guardian signature)



Florida High School Athletic Association

Home Education Student Academic Progress Report

This form is necessary if the student is a 9th – 12th grade who was approved by the FHSAA office and participated in interscholastic athletics as a home education student during the first semester of this school year and wishes to continue to participate during the second semester or any 6th – 8th grade student. Complete and file this form with the principal, FHSAA representative or athletic director of the school the student is going to represent no later than the sixth (6th) school day of the semester, pursuant to Bylaw 9.4.4.

--- DO NOT SEND THIS FORM TO THE FHSAA OFFICE ---

My child {full name}, _____, is registered with the District School Board as being properly enrolled in a Home Education Program pursuant to s. 1002.41, Florida Statutes, and has met the academic eligibility requirements (achieved a cumulative grade point average (GPA) of at least 2.0 on a 4.0 unweighted scale for all subjects taken for credit toward high school graduation for grades 9 – 12 or the previous semester for grades 6 – 8) of the Florida High School Athletic Association in order to participate in interscholastic athletic competition at {name of school} _____.

Sport/sports in which the student wishes to participate: _____

Listed below is his/her academic record for the first semester of the current school year. The grade point average shown is based on a 4.0 unweighted academic scale (A = 4, B = 3, C =2, D =1).

SUBJECT	SCHOOL WHERE COURSE WAS TAKEN (school, online, home, etc.)	GRADE	QUALITY POINTS	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CUMULATIVE GPA FOR FIRST SEMESTER OF CURRENT SCHOOL YEAR _____

CUMULATIVE GPA _____

I certify that the above information is accurate.

Name of Parent/Guardian

_____/_____
Signature of Parent/Guardian / Date

This form must be completed and filed with the principal, FHSAA representative or athletic director of the school the student is to represent no later than the sixth (6th) school day of the semester, pursuant to Bylaw 9.4.4.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

- For:** Any student who changes attendance to a member school at any time, regardless of whether the change occurs during the school year (i.e. a transfer) or during the summer period between school years, including youth exchange, international and immigrant students, or is a “Non-Traditional” student participating for your school. *This form is not required for students entering from a terminal grade (i.e. 5th grade to 6th, 8th grade to 9th grade).*
- Action:** Must be read and signed by the student and his/her parent(s)/legal guardian(s) appointed by a court of competent jurisdiction. **This form only needs to be done once for each change of schools or change in participation as a “Non-Traditional” student at a member school.**
- Due date:** Must be received by the school **prior to participation** in the first sport in which the student wishes to participate.
- Required by:** FHSAA Policies.
- Purpose:** To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents legal guardians, and member schools, as well as participation with a member school as a “Non-Traditional” student.
- Verification:** Page 3 will be checked for completeness. **Submission of this form DOES NOT grant eligibility.**

TO: STUDENT-ATHLETE

The school that you have chosen to attend, or participate for as a “Non-Traditional” student, is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend or participate there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.” Florida law also regulates the participation in interscholastic athletics by “Non-Traditional” students.

What follows is an explanation of athletic recruiting rules, as well as regulations related to participation by “Non-Traditional” students, and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend or participate for the school for athletic purposes and that you are aware of the regulations regarding participation as a “Non-Traditional” student by signing the attached “Affidavit of Compliance”. The signed affidavit must be submitted to the member school prior to participation.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, have your school’s athletic director contact the FHSAA Office by phone at 352.372.9551 ext. 340 or by e-mail at compliance@fhsaa.org. Violations of these rules and regulations can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, a representative of the school’s athletic interests or a third party to pressure, urge or entice a student who does not currently attend or participate for that school to change his/her attendance or participation there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to or participate for that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program at that school;
- The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- Immediate relatives of a coach or other members of the athletic department staff at that school;
- A volunteer with that school’s athletic program;
- A member of an athletic booster organization of that school;
- A person, business or organization that makes financial or in-kind contributions to the athletic department or that is otherwise involved in promoting the school’s interscholastic athletic program.

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend or participate for a particular school, or a member of the student’s family, in attempt to pressure, urge or entice the student to change attendance to a different school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, e-mails, text messages, social media or through a third party. Did someone talk you into changing to this school to play athletics? Did someone urge you to change to this school to play athletics? If so, you may have been athletically recruited.



Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family but is not offered or generally made available to all students who apply to or attend or participate for the school. Did someone promise, offer or give you anything more than what any other student who attends or participate for this school is generally promised, offered or given that caused you to decide to change to this school? If so, it probably is an impermissible benefit.

What is a “third party”?

A “third party” is an independent person, business or organization who may or may not be a representative of the school’s athletic interests.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating or coaching in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school’s membership privileges are restricted or denied;
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is found to have accepted an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.

What are the regulations regarding the participation of “Non-Traditional” students?

A Non-Traditional student is eligible to participate provided:

- The student meets the same residency requirements as other students in the school at which he/ she participates; and
- The student meets the same standards of acceptance, behavior and performance as required of other students in extracurricular activities; and
- The student registers with the school his/her intent to participate in interscholastic athletic competition as a representative of the school, utilizing the official Association process as approved by the Executive Director, **prior to participation** in the sport(s) in which he/she wishes to participate, as posted on the FHSAA website; and
- The student complies with all FHSAA regulations, including eligibility requirements regarding age and limits of eligibility, and local school regulations during the time of participation; and
- The student provides proof of basic medical insurance coverage and both independently secured catastrophic insurance coverage and liability insurance coverage which names the FHSAA as an insured party in the event the school’s insurance provider does not extend coverage to such students; and
- The student provides his/her own transportation to and from the school; and
- The student provides to school authorities all required forms (including, but not limited to, the EL2, EL3 and, where applicable, the EL7, EL7V, EL12, EL12V and EL14) and provisions.

What are the penalties for violations of regulations regarding “Non-Traditional” student by a member school?

Allowing students to participate without properly registering a non-traditional student will subject the school to a monetary penalty.



Florida High School Athletic Association

Affidavit of Compliance with the Policies on Athletic Recruiting & Non-Traditional Student Participation

The student/parent must complete, obtain all applicable signatures and submit this form to the school **prior to participation**. Submission of this form **DOES NOT** grant eligibility. The student must be **ELIGIBLE** in all other respects.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student *{full legal name}* _____ (“THIS STUDENT”), who was born on *{date}* _____, 19/20 _____, and who is currently in the *{number}* _____ th grade, now attends or wishes to participate for *{school now attending/participating for}* _____ (“THIS SCHOOL”), commencing on *{date}* _____, 20 _____.

THIS STUDENT has previously attended/participated for *{list all previous secondary schools beginning with the most recent and working back in time}* _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms “representatives of the school’s athletic interests”, “improper contact” and “impermissible benefit”, or I have read and understand the regulations regarding participation as a “Non-Traditional” student.

3. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to change attendance to or participation for THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member, representative of the athletic interests of THIS SCHOOL, any person or organization acting on their behalf or a third party is giving, has given, has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family for the purpose of participation in interscholastic athletics.

5. If THIS STUDENT is a “Non-Traditional” student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL7, EL7V, EL12, EL12V and EL14 forms **prior to participation in the first sport in which the student wishes to participate**.

6. If THIS STUDENT is a youth exchange (J-1 and F-1 Visas), international or immigrant student, THIS STUDENT has submitted to THIS SCHOOL the EL2 and EL3 forms and, where applicable, the EL4 Form.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true and correct and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

_____/_____
Signature of Student / Date

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Student

Printed Name of Parent/Legal Guardian

_____/_____
Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian



Florida High School Athletic Association Registration Form for PEP Student

EL15

Revised 08/23
(Page 1 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and needs to be submitted one time per school year.

SECTION A:

- Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
Home address _____ Home phone number (____) _____
- Student wishes to participate in interscholastic athletics at {name of school} _____
This is the public school the student is zoned to attend [___ Yes][___ No] This school a private school [___ Yes][___ No]
If “No” for both of the above, was an EL14 Form provided to the school listed in #2? [___ Yes][___ No]
Student wishes to participate in the following sport(s) at this school _____
(list all)
- Student was enrolled in the ____th grade during the previous school year
- Student first entered the 9th grade on, if applicable {mm/dd/yy} ____/____/____
- This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade **OR**
the previous semester for (for grade 6 – 8) [___ Yes][___ No]

Transcript or Record of Grades Must be Attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the “alpha” system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by § 1003.437, F.S., must be used: grade “A” is 90 to 100 percent and has a GPA value of 4; grade “B” is 80 to 89 percent and has a GPA value of 3; grade “C” is 70 to 79 percent and has a GPA value of 2; grade “D” is 60 to 69 percent and has a GPA value of 1; and grade “F” is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

- Requirements for a PEP student:
 - Must be registered with the Florida Department of Education (FLDOE) approved scholarship-funding organization (SFO).
 - Must not be enrolled full-time in a public school, charter school, school for the deaf and blind, college preparatory academy, developmental research school, or juvenile justice school.
 - Must annually submit a Student Learning Plan (SLP) to the SFO.
 - Must take an FLDOE approved national norm-reference test and submit results to the SFO.
 - Must complete a sworn statement through the SFO.

Proof of Enrollment in Personalized Education Program (PEP) Must be Attached. The student or parent/guardian must provide the school with official documentation verifying enrollment in the Personalized Education Program (PEP).

SECTION B:

The above student is enrolled in the following courses for the [___] first semester of the current school year (**for fall and winter sports**) **OR** for the [___] second semester of the current school year (**for spring sports**):

Subject (list each)	Location where each course is taken
1. _____ [] solely by parent [] public or private school _____ [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____ (identify school) (identify college/university) (identify)	
2. _____ [] solely by parent [] public or private school _____ [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____ (identify school) (identify college/university) (identify)	
3. _____ [] solely by parent [] public or private school _____ [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____ (identify school) (identify college/university) (identify)	



Florida High School Athletic Association Registration Form for PEP Student

EL15

Revised 08/23
(Page 2 of 2)

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **prior to participation** in the sport(s) in which the student wishes to participate and needs to be submitted one time per school year.

4. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
5. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
6. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
7. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)
8. _____ [] solely by parent [] public or private school _____
(identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ [] other _____
(identify college/university) (identify)

Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

_____ / _____ Signature of Student Date	STATE OF FLORIDA, COUNTY OF _____ Sworn to or affirmed before me on {date} _____. [Notary Seal:]
_____ Printed Name of Student	_____ Signature of Notary
_____ / _____ Signature of Parent/Legal Guardian Date	_____ Printed Name of Notary
_____ Printed Name of Parent/Legal Guardian	NOTARY PUBLIC My commission expires: _____, 20____.
	Personally known to me _____ OR Produced Identification _____ Type of Identification Produced _____

Signatures of student and parent/legal guardian must be notarized.

High School Record

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student's full name: _____ Birth Date {mm/dd/yy}: ____/____/____

Address: _____

Street Address Apt. # City Zip Code

Phone: (_____) _____

Grade/Year	Subject	Grade Earned	Point Value	
9th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
10th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value	
11th / _____	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	Cum. GPA: _____

Where were subjects taken: _____

Signed: _____ Date {mm/dd/yy}: ____/____/____

(Parent/Guardian signature)