

**Hillsborough County Public Schools
Application for Athletic Participation
Middle Schools**

FOR SCHOOL USE ONLY:		
Physical Evaluation Date:		
MONTH	DAY	YEAR

Name (as it appears on birth certificate)		School		Age
Street Address		Home Phone	Date of Birth	
City / State / Zip Code		Parent Work Phone	Parent Cell Phone	
Name of school attended last year		Sex (circle one) M F		Date entered current grade
Student Number	Social Security Number	Current Grade Level		

I hereby understand and agree as follows:

This agreement is made voluntarily on my part and is made with the understanding that I have not violated any of the rules of the School District of Hillsborough County. I will, to the best of my ability, stay academically eligible, keep training rules, and conduct myself so as to bring honor to my school, my team, and myself.

Date: _____ Signature: _____
Student-athlete

PERMISSION TO PARTICIPATE AND TRAVEL

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in athletics as a representative of _____ School and to accompany the team as a member on its many trips.

Date: _____ Signature: _____
Signature of Parent/Legal Guardian

EXAMINING PHYSICIAN'S CERTIFICATE—In compliance with Florida Statute 1006.20—the physician's certificate is valid for one year (365 days) from the date of the physical examination. **FHSAA form EL2 must be completed, signed and attached to this application for participation.**

*Florida Statute s 1006.20(2)(c) The organization shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation **each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team.** Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform pre-participation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.*

Participation Requirements

Check list for student-athletes and parents/guardians

The following items must be properly completed and turned in to the Assistant Principal before the student-athlete will be issued equipment or begin practice.

<input type="checkbox"/>	Completed physical examination (FHSAA form EL02)
<input type="checkbox"/>	Completed Application for Athletic Participation
<input type="checkbox"/>	Mandatory insurance coverage (www.hcpsathleticprotection)
<input type="checkbox"/>	Birth certificate -- initial eligibility
<input type="checkbox"/>	Complete medical release forms (2 per athlete)
<input type="checkbox"/>	FHSAA form EL3CH

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE,
ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and a parent or legal guardian must read carefully and sign.)

SPORTS (check applicable sport or sports)

Volleyball

Basketball

Track

Soccer

Flag
Football

Student and Parent/Legal Guardian

I am fully aware that practicing, playing, or trying out as a participant in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play, participate, or trying out in any of the above sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and serious injury or impairment to any other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing to play or participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and I agree to obey such instructions.

In consideration of the Hillsborough School District permitting me or my child to try out for the _____ middle school (indicate sport) _____

team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing, participating in that sport, **I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING AND AGREE TO HOLD THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN ALL ACTIVITIES RELATED TO THIS SPORT.**

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, AND COACHES, (all for the purposes herein referred to as "Releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all claims, demands, damages, actions, causes of actions, or suits in equity, of whatsoever kind or nature on account of injury to the person or property or resulting in the death of the undersigns, **WHETHER CAUSED BY THE NEGLIGENCE OF THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS OR OTHERWISE** which the undersigned is participating, competing and/or practicing for any and all activities related to the team. The terms hereof shall serve as a release and assumption of risks for my heirs, estate, executor, administrators, assignees, and for all members of my family.

We hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of the Hillsborough County School District, its employees, agents, representatives, coaches, and volunteers or other otherwise while participating, competing, trying out, and/or practicing for any and all of the activities related to the team.

We further expressly agree that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

We have read and voluntarily signed the release and waiver of liability and agreement, and further agree that no oral representation, statement, or inducement apart from the foregoing written agreement has been made.

Signature of Student: _____ Signature of Parent/Legal Guardian _____

The following to be completed only if sport is soccer:

I specifically acknowledge that **soccer** is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. I expressly acknowledge and agree that the activity is very dangerous and involves the risk of serious injury and/or death and/or property damage.

Signature of Student: _____ Signature of Parent/Legal Guardian _____

What You Should Know About Middle School Athletic Eligibility

Scholastic Requirements

To be academically eligible for middle school extramurals a student must have a 2.0 grade point average (GPA) based on an unweighted 4.0 scale from the previous 9 weeks grading period to try out and participate in a sport. He or she must complete a weekly progress report from each assigned teacher beginning one week before the first contest regarding his or her academics and conduct. More than one "F" in academics cumulative for the quarter or an "F" in conduct will disqualify the student from extramural participation for the coming week. Eligibility is gained or lost on the last day of the previous grading period.

Residence

The student must be a bona fide student at the school where he or she is participating and must be assigned to the school by Hillsborough County Public Schools. Additionally, home school students who are registered through Hillsborough County Public Schools and charter school students who are enrolled in a Hillsborough County registered charter school are eligible for athletic participation at their school of residence.

Sportsmanship

Any player displaying unsportsmanlike behavior or any misconduct will be removed from the game and may not return during that game or the next contest. If it is the last game of a sport season, this suspension will carry over to the next contest where the student is eligible for participation.

Age

Beginning 7/1/2013, any student that has reached the age of 15 before September 1st will be ineligible to participate in interscholastic athletics for that year.

Limit of Eligibility

A student may participate in middle school extramurals for three years. The first year as a sixth grader, the first year as a seventh grader, and the first year as an eighth grader. Eligibility begins with the promotion to the next grade.

MEDIA RELEASE

I give permission for my child to be interviewed, photographed or videotaped for use in school/district publications, school/district productions or for use by the general news media for print or broadcast purposes; and for his/her name to be published via school/district publications and websites, and in news publications and broadcasts.

Date: _____

Signature: _____
Signature of parent or legal guardian

INSURANCE

As parents or legal guardians of the athlete identified herein, I understand that all student-athletes shall be required to purchase athletic insurance provided through the school board insurance program in order to participate in the Hillsborough County extramural sports listed below.

Volleyball

Soccer

Track

Basketball

Football

_____ Signature: _____
Date Signature of Parent/Legal Guardian

UNIFORMS, EQUIPMENT, AND SUPPLIES

I understand that I, _____ (student-athlete), and my parents/legal guardians, _____ (parents/legal guardians) are responsible for any uniforms, equipment, and/or supplies issued to me while participating in the sport of _____. I agree to correct any damage item and replace any lost item.

_____ Signature: _____
Date Signature of Parent/Legal Guardian

I have reviewed this Application for Extramural Participation card completely.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

Signature of Head Coach

Date

Signature of Principal/Assistant Principal

Date

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of _____ do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. **No action will be taken until an attempt is made to contact me at the phone number(s) listed above.**

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of parent or guardian: _____ Date: _____

Please list any medical conditions or allergies: _____

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH
SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC, THIS _____ DAY OF _____ 20____.
My Commission expires: _____
Notary Public: _____

PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed above, **I do not desire** to sign the medical and surgical release form above.

Signature of parent or guardian: _____ Date: _____

(Do not sign both parts. This form does not need to be notarized if Part II is signed.)

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

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