

Student name _____

WOODLANDS ATHLETICS

Athletic Eligibility Packet

THE FOLLOWING IS REQUIRED PRIOR TO TRY-OUTS.

The athletic eligibility for middle school and high school students must be completed.

Page 1-general info filled in.

Page 2-school athletic health examination Pre-participation to be Completed by parent/guardian.

Page 3-this is the health exam report to be completed by a physician.

*Physical is good for 1 calendar year. Student athletes require a physical annually for middle school and high school.
This is a Florida State Sanctioned rule.*

Page 4- proof of insurance and a notary stamp at bottom of page.
If your child does not have insurance it is required to participate at the middle school level and can be purchased. For more info call the athletic director at 357-0317.

Page 5-medical consent signed and completed with a notary stamp at the bottom of the page.

***PLEASE MAKE SURE PAPERS HAVE 2 NOTARY STAMPS, BOTTOM OF PAGE 4 AND PAGE 5.

If you have any questions, contact info:lori.motel@palmbeachschools.org

Thank You,

Lori Motel
Woodlands Athletic Director

Packet due date according to sport for 2018-2019

HIGHLY RECOMMEND HANDING IN PACKET BEFORE DUE DATE
RETURN PACKET TO COACH MOTEL NOT main office.

Girls Softball/Boys Baseball-on or before first day of try-outs which is 8/20/18
Girls Volleyball/Boys Soccer due 10/03/18 tryout date TBA
Girls Soccer/Girls &Boys Basketball due 12/18/2018 tryout date TBA
BOYS volleyball/Girls &Boys Track and Field due 3/06/2019 tryout date TBA

Try-out dates will be made during school announcements.

No student will be permitted to attend try-outs without a completed and current packet. NO EXCEPTIONS!!!!

Do not write below line.

Date received by AD _____ missing info _____





Athletic Eligibility for Middle School Students

Parents, In order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. Make sure you read each page carefully before signing! A parent or the student (if an adult or emancipated) needs to sign papers in front of a notary. We cannot notarize any papers if they come to us already signed.

Student's Full Name (first, middle initial, last)					Student ID #	Today's Date
Sex	Age	Current Grade	School Year	Date of Birth	Parent/Legal Guardian	
Student's Address (street, apt. #, city, state, zip code)					Telephone #	
First School Attended This Year				School Attended Last Year		
Name of Emergency Contact				Relationship to Student		
Emergency Contact Address (street, apt. #, city, state, zip code)					Emergency Home Telephone #	
Emergency Work Phone #		Student's Personal Physician			Physician Telephone #	
List Sports						
Name of Policy Holder (Insurance Policy that covers student)			Policy Holder Relationship to Student		Policy Holder Place of Employment	
Name of Medical Insurance Company (Insurance Policy that covers student)					Insurance Policy #	

TRANSFER STUDENTS AND NEW STUDENTS must have transcripts* on file before an athlete is eligible to participate.
ALL STUDENT OBLIGATIONS must be met before participation in athletics/activities is allowed.
ALL SECTIONS OF THIS FORM must be filled out, signed and **MUST BE ON FILE** in Athletic Director's Office ten days prior to the first contest.
ALL STUDENTS MUST HAVE a Birth Certificate* on file in the Athletic Office.
ALL STUDENTS MUST SHOW proof of insurance coverage.
 A STUDENT MAY participate for three consecutive years from the time he/she first successfully completes the fifth grade.
 A STUDENT WHO HAS ATTAINED THE AGE OF 15 prior to September 1st of the current school year shall be ineligible for middle school sports participation.
FAILURE IN MORE THAN ONE (1) SUBJECT during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" Incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

**If specific documentation requested is not available, contact the athletic director for further instruction.*

I do not desire to view the film entitled "Informed Consent."
 I would like to view the film entitled "Informed Consent." I will contact the School Athletic Department to arrange for viewing of this film.

School Woodlands Middle School	Athletic Director Lori Motel	Telephone # 357-0317
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Revised 03/10



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

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

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade in School: _____ Sport(s): _____

Home Address: _____ Home Phone: (____) _____

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

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	_____ Head	_____ Elbow	_____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____ Neck	_____ Forearm	_____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	_____ Back	_____ Wrist	_____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	_____ Chest	_____ Hand	_____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Shoulder	_____ Finger	_____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	_____ Upper Arm	_____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____

43. When was your most recent menstrual period? _____

44. How much time do you usually have from the start of one period to the start of another? _____

45. How many periods have you had in the last year? _____

46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECC) and/or cardio stress test.

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



Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 2 of 3)

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

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

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____(____/____,____/____)
Temperature: _____ Hearing: right P ____ F ____ left P ____ F ____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

____ Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT

I live with (check one) both parents Mother Only Father Only Guardian Other _____

Relationship to other _____ I have lived with the person(s) stated above since _____

If the options presented below do not adequately describe your residence situation, attach a note of explanation.

- I live in the assigned attendance area for this school. I have been accepted into a Choice Program.
- I am attending this school on an approved student reassignment (reassignment requires approval by Supplemental Educational Services)
- I have been assigned to this school by the Department of Exceptional Student Education.

I (the student) and we (the parent(s)/legal guardian(s)) have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA By Laws. I/we also understand that a complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility and liability for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the Nation Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize EMERGENCY MEDICAL TREATMENT for myself/our child/ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons. I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

(Other sports added to form by school) _____

I/we understand that participation may necessitate an early dismissal from classes. I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE
Where appropriate both parent(s)/legal guardian(s) should sign.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

STATE OF FLORIDA

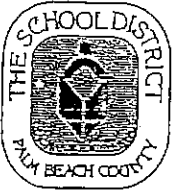
COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____ by _____
(parent/guardian or adult/emancipated student)

Personally Known _____ OR Produced Identification _____

Signature of Notary Public - State of Florida

Type of Identification Produced _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name _____ Birth Date _____

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged. (Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

Signature of Student _____
Date

Signature of Parent/Guardian _____
Date

Signature of Parent/Guardian _____
Date

Telephone or cell number to call in case of emergency

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____

by _____

(parent/guardian or adult/emancipated student)

Signature of Notary Public - State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____

