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.

<table>
<thead>
<tr>
<th>Students' Full Name (first, middle initial, last)</th>
<th>Student ID #</th>
<th>Today's Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Age</td>
<td>Current Grade</td>
</tr>
<tr>
<td>Student's Address (street, apt. #, city, state, zip code)</td>
<td>Parent/Legal Guardian</td>
<td></td>
</tr>
<tr>
<td>First School Attended This Year</td>
<td>School Attended Last Year</td>
<td></td>
</tr>
<tr>
<td>Name of Emergency Contact</td>
<td>Relationship to Student</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact Address (street, apt. #, city, state, zip code)</td>
<td>Emergency Home Telephone #</td>
<td></td>
</tr>
<tr>
<td>Emergency Work Phone #</td>
<td>Student's Personal Physician</td>
<td></td>
</tr>
<tr>
<td>List Sports</td>
<td>Physician Telephone #</td>
<td></td>
</tr>
</tbody>
</table>

**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 STUDENTS DUE TO GRADES must be met before participation in athletic 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"Incompletes 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.

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School: Woodlands Middle School

Athletic Director: Lori Motel

Telephone #: 357-0317

PBSD 1988 MS (Rev. 2/25/2009) ORIGINAL - School Athletic Office.
Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

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

Student's Name: ___________________________  Sec: _______  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: ___________________________  Home Phone: _______

Relationship to Student: ___________________________  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.

1. Have you had a medical illness or injury since your last check up or sports physical? ________ Yes ________ No

2. Do you have any ongoing chronic illness? ________ Yes ________ No

3. Have you ever been hospitalized overnight? ________ Yes ________ No

4. Have you ever had surgery? ________ Yes ________ No

5. Are you currently taking any prescription or over-the-counter medications or pills or using an inhaler? ________ Yes ________ No

6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ________ Yes ________ No

7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? ________ Yes ________ No

8. Have you ever had a rash or hives develop during or after exercise? ________ Yes ________ No

9. Have you ever passed out during or after exercise? ________ Yes ________ No

10. Have you ever been dizzy during or after exercise? ________ Yes ________ No

11. Have you ever had chest pain during or after exercise? ________ Yes ________ No

12. Do you get tired more quickly than your friends do during exercise? ________ Yes ________ No

13. Have you ever had racing of your heart or skipped heartbeats? ________ Yes ________ No

14. Have you had high blood pressure or high cholesterol? ________ Yes ________ No

15. Have you ever been told you have a heart murmur? ________ Yes ________ No

16. Has any family member or relative died of heart problems or sudden death before age 50? ________ Yes ________ No

17. Have you had a severe viral infection (for example, mononucleosis or mononucleosis) within the past month? ________ Yes ________ No

18. Has a physician ever denied or restricted your participation in sports for any heart problems? ________ Yes ________ No

19. Do you have any current skin problems (for example, itching, rashes, acne, scars, warts, fungus, blisters or pressure sores)? ________ Yes ________ No

20. Have you ever had a head injury or concussion? ________ Yes ________ No

21. Have you ever been knocked out, become unconscious or lost your memory? ________ Yes ________ No

22. Have you ever had a seizure? ________ Yes ________ No

23. Do you have frequent or severe headaches? ________ Yes ________ No

24. Have you ever had numbness or tingling in your arms, hands, legs or feet? ________ Yes ________ No

25. Have you ever had a stinger, burn or pinched nerve? ________ Yes ________ No

26. Have you ever been ill from exercising in the heat? ________ Yes ________ No

27. Do you cough, wheeze or have trouble breathing during or after activity? ________ Yes ________ No

28. Do you have asthma? ________ Yes ________ No

29. Do you have seasonal allergies that require medical treatment? ________ Yes ________ No

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 orthotic, shoe, weight or bracing for your ears or hearing aid) ________ Yes ________ No

31. Have you had any problems with your eyes or vision? ________ Yes ________ No

32. Do you wear glasses, contacts or protective eyewear? ________ Yes ________ No

33. Have you ever had a sprain, strain or swelling after injury? ________ Yes ________ No

34. Have you broken or fractured any bones or dislocated any joints? ________ Yes ________ No

35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? ________ Yes ________ No

If yes, check appropriate blank and explain below:
- Head
- Neck
- Back
- Chest
- Shoulder
- Wrist
- Hand
- Shin/Ankle
- Thigh
- Foot
- Bicep
- Above Knee
- Above Elbow
- Above Wrist
- Above Ankle

36. Do you want to weigh more or less than you do now? ________ Yes ________ No

37. Do you lose weight regularly to meet weight requirements for your sport? ________ Yes ________ No

38. Do you feel stressed out? ________ Yes ________ No

39. Have you ever been diagnosed with sickle cell anemia? ________ Yes ________ No

40. Have you ever been diagnosed with having the sickle cell trait? ________ Yes ________ No

41. Record the dates of your most recent immunizations (shots) for:
- Tetanus: ________
- Mumps: ________
- Hepatitis B: ________
- Chickenpox: ________

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 rendered by a licensed Florida Physician and FHSAA Bylaw 9.3, we understand and acknowledge that we are hereby advised that a student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (EKG) and/or cardiac stress test.

Signature of Student: ___________________________  Date: __/__/____

Signature of Parent/Guardian: ___________________________  Date: __/__/____
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).

<table>
<thead>
<tr>
<th>Finding</th>
<th>Normal</th>
<th>Abnormal/Findings</th>
<th>Initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyelids, Ears, Nose, Throat</td>
<td></td>
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<tr>
<td>3. Lymph Nodes</td>
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<td>4. Heart</td>
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<td>5. Pulses</td>
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<td></td>
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<tr>
<td>6. Lungs</td>
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<tr>
<td>7. Abdomen</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. Genitalia (males only)</td>
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<td></td>
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</tr>
<tr>
<td>9. Skin</td>
<td></td>
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</tbody>
</table>

**Musculoskeletal**

<table>
<thead>
<tr>
<th>Finding</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>10. Neck</td>
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<td></td>
</tr>
<tr>
<td>11. Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Shoulder/Arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Elbow/Forearm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Wrist/Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Hip/Thigh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Leg/Ankle</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18. Foot</td>
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</tr>
</tbody>
</table>

*— stations-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: __________________________  For: __________________________
- Referred to __________________________  Date: / / 

**Recommendations:**

- __________________________

**Name of Physician/Physician Assistant/Nurse Practitioner (print):** __________________________  Date: / / 

**Address:** __________________________

**Signature of Physician/Physician Assistant/Nurse Practitioner:** __________________________
I live with [check one] ☐ both parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ 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. We 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. We know that participation is a privilege. 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 for my own safety and welfare while participating in athletics, with full understanding of the risks involved. 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. 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, sport, 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, and place of birth and most recent previous school attended. In newspapers, school publications, 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/ward's school, to the FHSAA, upon its request, of all detailed personal 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 ______, 20__ by ____________________________ (parent/guardian or adult/emancipated student)

Personally Known __________________________ OR Produced Identification __________________________

Signature of Notary Public - State of Florida

Type of Identification Produced __________________________

P&SD 1598 MS (Rev. 2/2/2009)  OFICIAL - School Athletic Office
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

PBSD 1593 (Rev. 3/31/2010) ORIGINAL - School