



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Athletic Eligibility for High School Students
Palm Beach Gardens High
 SCHOOL ATHLETIC DEPARTMENT



In order for your son or daughter to be eligible to participate in athletics at his/her high 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!** Students and Parents need to sign papers in front of a notary. We **cannot** notarize any papers if they come to us already signed.

SECTION 1 - HIGH SCHOOL STUDENT INFORMATION

STUDENT'S FULL NAME: <i>(last, first, middle initial)</i>				STUDENT NUMBER		TODAY'S DATE	
SEX	AGE	CURRENT GRADE	SCHOOL YEAR	DATE OF BIRTH	PARENT/LEGAL GUARDIAN		
STUDENT'S STREET ADDRESS: <i>(street & apt. No., city, state, zip code)</i>						TELEPHONE NUMBER ()	
FIRST SCHOOL ATTENDED THIS YEAR				SCHOOL ATTENDED LAST YEAR			
STUDENT'S PERSONAL PHYSICIAN					TELEPHONE NUMBER ()		EXTENSION
NAME OF EMERGENCY CONTACT			RELATIONSHIP TO STUDENT		HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	
EMERGENCY CONTACT STREET ADDRESS <i>(street & apt. No., city, state, zip code)</i>							

List sports _____

ATHLETIC ELIGIBILITY REQUIREMENTS FOR HIGH SCHOOL STUDENTS

- 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 the 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** will be responsible for a portion of their athletic insurance.
- ALL FRESHMEN** must be academically promoted.
- A STUDENT SHALL HAVE A MAXIMUM OF FOUR(4)** consecutive years of opportunity for athletic eligibility after his/her first successful completion of the eighth grade.
- A STUDENT SHALL BE ELIGIBLE** until reaching the age nineteen (19) and nine months.
- A STUDENT ENTERING** the 9th through 12th grades must maintain a 2.0 cumulative grade point average in all courses taken that are required for graduation to be academically eligible to participate in interscholastic athletic competition. If student in the ninth or 10th grade falls below the 2.0 cumulative grade point average requirement, the student will be allowed to participate on a semester-by-semester basis if the student (a) earns a 2.0 grade point average on courses taken in the previous semester alone, (b) signs an academic performance contract with the school, and (c) attends summer school, if offered. Once, however, the student enters the 11th grade he or she must have and maintain from that point forward the 2.0 cumulative grade point average to be eligible.

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

If you have any questions, contact the Athletic Director

Athletic Director _____ Jay Rader _____ Telephone Number _____ 561-694-7314



Preparticipation Physical Evaluation (Page 1 of 2)

This completed form must be kept on file by the school.

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: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone Number: (____) _____ Work Phone Number: (____) _____
 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 nonprescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	___	___	32. Do you wear glasses, contacts, or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain, or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below.</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious, or lost your memory?	___	___	39. Record the dates of your most recent immunizations (shots) for:		
22. Have you ever had a seizure?	___	___	Tetanus: _____ Measles: _____		
23. Do you have frequent or severe headaches?	___	___	Hepatitis B: _____ Chickenpox: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	___	___	FEMALES ONLY (optional)		
25. Have you ever had a stinger, burner, or pinched nerve?	___	___	40. When was your first menstrual period? _____		
			41. When was your most recent menstrual period? _____		
			42. How much time do you usually have from the start of one period to the start of another? _____		
			43. How many periods have you had in the last year? _____		
			44. What was the longest time between periods in the last year? _____		

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 11.8, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 2)

This completed form must be kept on file by the school.

Part 3. Physical Examination (to be completed by physician).

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

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

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN

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

____ Cleared without limitation.
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____
 Address: _____

Signature of Physician: _____, MD, DO, DC, ARNP

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation.
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____
 Address: _____

Signature of Physician: _____, MD, DO, DC, ARNP

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

SECTION 5 - INTERSCHOLASTIC ELIGIBILITY RESIDENCE AFFIDAVIT

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

"other" is my (relation) _____

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

- I live in the assigned attendance area for this school.
- I am attending this school on an approved pupil reassignment.
(This requires an application to have been filed with and approved by the Department of Student Services.)
- I have been assigned to this school by the Department of Exceptional Student Education.
- I have been accepted into a magnet program.

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

STUDENT'S PROOF OF INSURANCE	
FATHER'S NAME	TELEPHONE NO.
FATHER'S PLACE OF EMPLOYMENT	
FATHER'S MEDICAL INSURANCE COMPANY	POLICY NO.
MOTHER'S NAME	TELEPHONE NO.
MOTHER'S PLACE OF EMPLOYMENT	
MOTHER'S MEDICAL INSURANCE COMPANY	POLICY NO.

SECTION 6 - CONSENT AND RELEASE OF LIABILITY CERTIFICATE

Part 1. Student Acknowledgement and Release (to be signed by student)

I have read the (condensed) Florida High School Activities Association (FHSAA) Eligibility Rules and understand that they are a synopsis of the FHSAA bylaws. I also understand that a complete copy of the FHSAA Bylaws is available to me to review at my school's administrative office. I know of no reason why I am not eligible to represent my school in athletic competition. If accepted as a representative, I agree to follow the rules of my school and the FHSAA and to abide by their decisions. I know that participation is a privilege. I 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 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 parents/guardians, I release and hold harmless my school, the schools against which it competes, the contest officials, the National 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 my athletic participation. Furthermore, I grant the released parties and their assigns 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 and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

PRINTED NAME OF STUDENT _____ SIGNATURE OF STUDENT _____ DATE _____

Part 2. Parent/Guardian Consent, Acknowledgement and Release of Liability (to be completed and signed by all parents/guardians; if divorced or separated, parent/guardian with legal custody must sign)

- A. 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, Cross Country, 11-Man Tackle Football, Golf, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Weight-lifting, Wrestling
Other sports added to this form by school: Girls Flag Football, Cheerleading
- B. I/we understand that participation may necessitate an early dismissal from classes.
- C. I/we consent to the disclosure, by my 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 child/ward.
- D. I/we know and acknowledge that my child/ward and I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, 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/we release and hold harmless my/our child's/ward's school, the schools against which it competes, the contest officials, the National 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 of my/our child/ward. I/we further authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. Furthermore, I/we grant the released parties and their assigns the right to photograph and/or videotape my/our child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Informed Consent Affidavit

- I do not desire to view the film entitled "Informed Consent."
- I would like to view the film entitled "Informed Consent." I will contact a member of the **Athletic Department of my child's school** to arrange for viewing of this film.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ SIGNATURE OF PARENT _____ DATE _____

SIGNATURE OF NOTARY _____ DATE _____



Attention Student and Parent(s) or Guardian(s)

Your school is a member of the Florida High School Activities Association (FHSAA) and follows established rules. The following statements are based on a synopsis of the FHSAA Rules and may not be complete. A complete copy of the current FHSAA Bylaws, Administrative Guidelines, Regulations, Policies and Procedures (Rules) may be found in your school's administrative office. If you have a question about your eligibility to represent your school you should consult and rely on the complete information found in the copy of the Rules rather than relying on this synopsis. In general, to be eligible to represent your school in interscholastic athletics:

1. You must be regularly enrolled and in regular attendance at your school. If you are a home education student, you must declare in writing your intention to participate in athletics at the school prior to the first day of practice. (FHSAA Bylaw 11.1)
2. You must enroll in school within 10 days of the beginning of the school year. If not, you must make up all work missed before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. If you are in the 11th grade or 12th grade, you must have a cumulative 2.0 grade point average on a 4.0 unweighted scale in all courses taken through the end of the previous semester. If you are in the ninth grade or 10th grade, you must have a cumulative 2.0 grade point average on a 4.0 unweighted scale in all courses taken through the end of the previous semester; OR you must have earned a 2.0 grade point average on a 4.0 unweighted scale in the courses taken in the previous semester alone, provided you sign an academic performance contract with your school and attend summer school as necessary. (FHSAA Bylaw 11.2)
4. You must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. You must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. If you transfer during the school year from one school to another, you must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport, you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team [i.e. AAU, American Legion, club settings, etc.] that is affiliated with or coached by a head coach or assistant coach [paid or volunteer] from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school and you will be ineligible there for one year. If you transfer to a school that your head coach or assistant coach [paid or volunteer] has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school as a result of undue influence exerted by or special inducement offered by anyone associated with the school in an attempt to encourage you to attend the school for the purpose of participating in its athletic programs, you will be ineligible at that school for the remainder of your high school career and at all other FHSAA member schools for one year. (FHSAA Bylaws 7.6 and 11.4)
7. You must not have entered the 10th grade more than two years ago if you are a senior. If you are a ninth, 10th or 11th grader, you must not have successfully completed the eighth grade more than three years ago. (FHSAA Bylaw 11.5)
8. You must be less than 19 years 9 months old to participate in high school; On the day you reach this age – regardless of when that day is – you become ineligible to participate. (FHSAA Bylaw 11.6)
9. You and your parent(s) or guardian(s) must sign the form provided by the school on which your parent(s) or guardian(s) give their consent for you to participate in interscholastic athletics; and on which both you and your parent(s) or guardian(s) agree to release the FHSAA, your school and other parties from liability if you are injured or die as a result of your participation. (FHSAA Bylaw 11.7)
10. You and your parent(s) or guardian(s) must complete a medical history questionnaire and undergo a physical evaluation by a licensed physician and be certified as being physically fit for participation in interscholastic athletic practice or competition on the form provided to you by your school. The physician's certification of your physical fitness must be dated no earlier than May 15th and no later than one day before your first practice. (FHSAA Bylaw 11.8)
11. You must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. You must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. You must display good sportsmanship and follow the rules of competition in every contest in which you participate. If not, you may be barred from participation for a period of time. (FHSAA Bylaw 11.11)
14. You must not provide false information to your school or the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.

INFORMATION PERTAINING TO ATHLETIC INSURANCE

Policy Features of the Basic Athletic Accident Insurance

Coverage is provided by Monumental Life Insurance Company and is administrated by Bollinger Inc.

Who is covered: All registered and enrolled interscholastic athletes and cheerleaders, which includes all interscholastic sports and football.

Benefits are payable for covered expenses that are not recoverable from another health care plan. If the insured is not covered by another health care plan, the excess provision shall apply, and the benefits are payable as primary. If you are not covered by another health care plan, you are strongly encouraged to select a health care provider from the CCN directory. Your athletic director has a copy of this directory or you may access it via the internet at www.ccnusa.com.

Claim Forms: This form must be completed by the parent and the school. You need to submit the form to Bollinger Inc. within 30 days of the accident, even if you are still waiting for an Explanation of Benefits from primary carrier. Claim forms may be obtained from the athletic department of your High School.

Incurred Period: Covered claims must be incurred within 730 days from the date of the accident for the Basic Coverage.

Initial Treatment: Injury must be treated within 30 days after it occurs.

Exclusions:

1. Injuries which are not caused by an accident;
2. Injury sustained as a result of practice or play in senior high interscholastic tackle football, unless the premium for such coverage has been paid;
3. Re-injury or complications of a condition for which medical advice or treatment was recommended by a physician or received from a physician within a two-year period preceding the effective date of the coverage of the Insured;
4. Treatment performed by a family member or person retained by the School;
5. Injury due to: acts of war; suicide or intentionally self-inflicted injury, while sane or insane; violating or attempting to violate the law, the taking part in any illegal occupation; fighting or brawling except in self defense, or loss in consequence of being legally intoxicated as defined by the laws of the state in which the loss occurs; or under the influence of any drugs or narcotic unless administered by or on the advice of a physician;
6. Medical expenses for which the Insured is entitled to benefits under any (1) Worker's Compensation Act; or (2) mandatory no-fault automobile insurance contract;
7. Expenses for which there is no obligation to pay;
8. Treatment or loss resulting from hernia, regardless of cause, Osgood Schlatter's disease, or osteochondritis;
9. Injury sustained as a result of operating, riding in or upon, or alighting from a two, three or four-wheeled recreational motor vehicle or snowmobile;
10. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association;
11. Bacterial infections, sickness or disease or any kind such as strep throat or tonsillitis, heat exhaustion, sunburn, frostbite, fainting, allergic reactions. Except those which occur through an accidental cut or wound;
12. Vegetation poisoning such as poison ivy or poison sumac, or ptomaine poisoning;
13. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain;
14. Private air travel, to include ballooning or ultra-light aircraft; parachuting; hang-gliding; bobsledding; travel in or upon a snowmobile; ATV (all terrain vehicle); or any two or three-wheeled motor vehicle;
15. The repair or replacement of prescriptions of eye glasses, contact lens or hearing aids;
16. Experimental procedures;
17. Serving in the armed forces of any country or international authority.



Palm Beach Gardens Community High School Athletic Department

4245 Holly Drive
Palm Beach Gardens, FL 33410
Office - (561) 694-7314 Fax - (561) 694-7337

Dr. Jon R. Prince
Principal

Jay Rader
Athletic Director

Bill Weed
Assistant Athletic Director

INTERSCHOLASTIC ATHLETIC ACCIDENT INSURANCE

Effective August 2, 2004, all high school interscholastic athletes and cheerleaders are required to contribute \$50 toward the cost of interscholastic athletic accident insurance. This annual (school year) contribution will be used to help offset the School District's cost in providing quality accident insurance for our athletes. Benefits are excess and are payable for the covered expenses resulting from accidental athletic injuries not recoverable from another health care plan. If the insured is not covered by another health care plan, the excess provision does not apply, and the benefits are paid as primary.

According to the School Board Bulletin #SP-1615-FO/EBRM, this contribution of \$10 per student athlete/cheerleader will be collected PRIOR to any interscholastic athletic tryout and then if the athlete/cheerleader makes the team, another \$40 will be collected. This fee, once paid, will continue to cover the athlete in additional sports within the given school year period.

Please return this form with all the requested information and your payment attached. If paying by check, make check payable to PALM BEACH GARDENS HIGH SCHOOL.

STUDENT'S NAME (First, Last) _____

SPORT(S) _____

DATE OF BIRTH _____

PAYMENT AMT: \$10 (Try Out Fee) \$50 (Total Fee)
 \$40 (Balance Due)

PAYMENT METHOD: CHECK # _____
 MONEY ORDER # _____
 CASH _____

PARENT SIGNATURE _____ DATE _____