

M.S. DOUGLAS HIGH SCHOOL
STUDENT ATHLETICS

Athletic Forms Checklist

NAME _____

(last)

(first)

STUDENT ID # _____

- ___ Code Of Conduct
- ___ Physical Exam Form
- ___ Consent And Release
- ___ Copy Of Insurance Card (Front & Back)
- ___ Broward Health Consent For Treatment

These forms **MUST** be filled out
and signed before the athletes
FIRST DAY of practice.

Please contact your HEAD
COACH with any questions!
Athletic Office 754-322-2190



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Ann Andersen-Kowalski
Principal
David H. Grad
Director of Student Athletics
Marjory Stoneman Douglas High School

Chair
Vice Chair

Board Members

SCHOOL BOARD
BENJAMIN J. WILLIAMS
BEVERLY A. GALLAGHER
CAROLE L. ANDREWS
ROBIN BARTLEMAN
DARLA L. CARTER
MAUREEN S. DINNEN
STEPHANIE ARMA KRAFT, ESQ
DR. ROBERT D. PARKS
MARTY RUBINSTEIN

DR. FRANK TILL
Superintendent of Schools

NAME: _____
Last / First

MARJORY STONEMAN DOUGLAS HIGH SCHOOL ATHLETIC DEPARTMENT STUDENT/ATHLETE POLICIES AND CODE OF CONDUCT

General Athletic Polices:

ACADEMIC ELIGIBILITY: Academic eligibility will be determined by your overall grade point average every 18 weeks. You must have a **minimum 2.0 unweighted cumulative G.P.A.** Once you are determined **ineligible**, you must sit out for the **full 18 week period.**

TRANSPORTATION: When a bus is provided for the team, **all athletes** must ride the bus to and from the event, unless **prior** approval is made with **both** the coach **and** the **Athletic Director.**

CHANGING OF SPORTS: No athlete will be permitted to go from one sport to another until the first season is over (including post season play and JV being moved to Varsity). The exception to this rule would be if both coaches **agree** to the move.

ABSENCES: If an athlete is absent from school, signs in late or signs out before the end of the school day, he/she will not be allowed to participate in that day's event **or practice** unless he/she obtains **administrative approval.**

EQUIPMENT, UNIFORMS AND OBLIGATIONS: Each athlete is responsible to return or pay replacement costs of any equipment and uniforms issued to them that they do **not return within 7 days after the final game of the season.** Also, the athlete will not be able to participate on any athletic team until **all** obligations are cleared with the bookkeeper.

ATHLETIC CODE OF CONDUCT: Stoneman Douglas High School Athletes will not embarrass our school by acting inappropriately. Consequences for the following offenses may result in the **removal of the eligibility list for a game, a season, or a year**, depending on the nature of the violation. The following apply to all athletic teams and their athletes:

- A. Not following the athletic policies.
- B. Removal from class and cutting class.
- C. Disrespect shown to any staff member in the Broward County School System.
- D. Student-athlete found in an area off-limits during practice.
- E. Profanity directed at a student.
- F. Theft or fighting.
- G. Any other act deemed inappropriate

REMOVAL FROM A TEAM: The following offenses **will result in the removal** of the athlete from the eligibility list for the season and possibly for the year depending on the nature of the violation.

- A. Profanity directed at a school staff member.
- B. Willful damage/destruction of public property.
- C. Possession/Use of a weapon

OVER→

- D. Sexual Harassment/Misconduct.
- E. Possession/Use/Display or sale of Tobacco/Alcohol/Drugs or Drug Paraphernalia.
- F. Arson/Prank phone call.
- G. False Fire Alarm/Bomb Threat.
- H. Extortion/gambling.
- I. Indecent Exposure.
- J. Assault and/or battery of a staff member.
- K. Any other serious infraction.

EJECTIONS: Any athlete ejected from a game for unsportsmanlike conduct will be suspended from participation a minimum of one week and at least two games or matches. The athlete must pay any fines assessed to the school because of his/her behavior and will not be eligible to return to competition until the fines are paid and will be detained from Graduation until all financial obligations are cleared.

FORMS AND RELEASES: Before a student may participate in any sport, **including conditioning** and practices, he/she must have the following forms completed and on file with the athletic department:

- A. **Broward County Athletic Physical** form completed and notarized.
- B. **The Interscholastic Insurance and Parent Permission** form completed and notarized with a copy of your insurance card attached.
- C. **The Student Athlete Polices and Athletic Code of Conduct** form signed by the athlete and their parent. (This form)

INSURANCE: A student who does not have proper insurance may not participate in any sport at Stoneman Douglas High School.

HAZING RULE: It is Stoneman Douglas High School’s Policy that no athlete shall be hazed or initiated. Any player or coach involved in this practice will be terminated from the athletic program. Please report any incidents to the Director of Student Athletics.

PARTICIPATION: Once a student athlete has made an athletic team, **it is the coaches’ discretion as to who will play for his/her team.**

ACKNOWLEDGEMENT

PLEASE PRINT

I, _____ have read, understand, and agree to the policies required by me to a member of any Marjory Stoneman Douglas High School athletic team.

I, _____ as a **parent/guardian** of the above named athlete have read, understand, and accept these policies and will cooperate in helping my child live up to them.

SIGNATURE

_____ Date: ____/____/____
Student-athlete

_____ Date: ____/____/____
Parent/guardian

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: _____

Notarization: State of Florida, County of _____, Sworn to and subscribed before me this ____ day of _____, 200__

Signature: _____ (SEAL or STAMP)



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/practitioner).

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 _____

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include MEDICAL (Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Genitalia, Skin) and MUSCULOSKELETAL (Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, Foot).

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/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.
____ Not cleared for: _____ Reason: _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

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

Signature of Physician/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN/PRACTITIONER 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/Practitioner (print or type): _____ Date: _____
Address: _____

Signature of Physician/ Nurse Practitioner: _____

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.

This Annual Physical Examination must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, or a certified advanced registered nurse practitioner.

Consent and Release from Liability Certificate (Page 1 of 2)

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

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

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and 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 athletic participation is a privilege. I 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 parent(s)/guardian(s), I release and hold harmless my school, the schools against which it competes, the contest officials 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 the FHSAA because of any accident or mishap involving my athletic participation. I further 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 understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school. Furthermore, I 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 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.**

Date: _____ Signature of Student: _____

Name of Student (printed): _____

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I have **not marked out**:

Boys Sports:	Baseball	Basketball	Bowling	Cross Country	11-Man Tackle Football
	Golf	Soccer	Swimming & Diving	Tennis	Track & Field
	Volleyball	Water Polo	Weightlifting	Wrestling	

Other sports added to this form by school: _____

Girls Sports:	Basketball	Bowling	Cross Country	Flag Football	Golf
	Soccer	Fast-Pitch Softball	Swimming & Diving	Tennis	Track & Field
	Volleyball	Water Polo	Weightlifting		

Other sports added to this form by school: _____

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. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.** I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible with 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 child's/ward's school, the schools against which it competes, the contest officials 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 the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise or such treatment while my child/ward is under the supervision of the school. Furthermore, 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 and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Please check the appropriate box(es):

My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

My/our child/ward is covered by his/her school's activities medical base insurance plan.

I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____

Date: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____

Notarization: State of Florida, Broward County, Sworn to and subscribed before me this _____ day of _____, 200____ Signature: _____ (seal)



Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. 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. 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 coach 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 or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach 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.** (FHSAA Bylaw 11.4)
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must have a physician's certificate stating that you are physically fit for interscholastic athletic competition. The certificate must be dated any time between **May 15, 2004** and one day before your first practice. (FHSAA Bylaw 11.8)
11. 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. 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. Must display good sportsmanship and follow the rules of competition before, during and after every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to 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.



CONSENT FOR TREATMENT

Minor's Name: _____

Date of Birth: _____

I hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively "providers") of Broward Health ("BH") to conduct routine medical, medical screening, diagnostic, or any other procedure deemed necessary in order for the above minor child ("child") to participate in school athletics. In the event that an injury occurs to child while participating in school athletics, I further authorize and give permission to providers to render to my child appropriate and necessary care at that time. This may include but not be limited to the rendering of first-aid or emergency treatment. If medical necessity exists beyond that which can be reasonably dealt with on school grounds I further authorize and give permission to providers to arrange for professional medical transport to a medical facility. I understand that every effort will be made to contact the parent or guardian in the case of a medical emergency.

I understand that BH is a teaching facility and that medical, nursing, and other health care personnel in training may participate in child's care and that these individuals are not necessarily employees or agents of BH. I also understand that BH contracts with physicians and physician groups to provide services to patients, and that they may be independent contractors and are not necessarily the agents or employees of BH. I understand that BH is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of BH. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by any BH agent.

Signature of Parent(s)/Guardian

Date Signed

Relationship to Minor

Name of Parent(s)/Guardian

Pre-existing medical condition:

Medication:

*Broward Health is affiliated with the University of Florida and Nova Southeastern Colleges of Medicine
And is an equal opportunity employer and affirmative action procurer of goods and services*



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I _____ (Parent/Guardian) hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively “providers”) of Broward Health (“BH”) to release the health information of _____ (Minor’s name) to the School Board of Broward County or its employees, school officials, coaches, teachers or agents, for the purpose of engaging in school athletics and determining child’s ability to participate in school athletics. The health information consists of history, physical, examinations, medical screenings, past or present health information, or information pertaining to injury or illness that may have a bearing on child’s ability to participate in school athletics. I understand BH will release only the minimum amount of information necessary to fulfill a request. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by federal confidentiality laws or BH.

I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign and BH will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. I understand that I may revoke this authorization at any time by notifying in writing the BH representative at child’s school. In the event I revoke this authorization, it will not have any effect on actions taken by BH prior to the revocation. This authorization expires one year from the date it is signed.

Signature of Parent(s)/Guardian

Date Signed

Relationship to Minor