



# Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

### Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and 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, including the potential for a concussion, 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 hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and 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 FHSAA because of any accident or mishap involving my athletic participation. I 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 hereby 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, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

### Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s): \_\_\_\_\_

#### List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and 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 release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and 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 authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I 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 consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. 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, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

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

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

\_\_\_\_ I have purchased supplemental football insurance through my child's/ward's school.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)**

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)**

Name of Student (printed) \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
• Lack of awareness of surroundings
• Emotions out of proportion to circumstances (inappropriate crying or anger)
• Headache or persistent headache, nausea, vomiting
• Altered vision
• Sensitivity to light or noise
• Delayed verbal and motor responses
• Disorientation, slurred or incoherent speech
• Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
• Decreased coordination, reaction time
• Confusion and inability to focus attention
• Memory loss
• Sudden change in academic performance or drop in grades
• Irritability, depression, anxiety, sleep disturbances, easy fatigability
• In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the return to activity process requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seeingstarsfoundation.org

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed) Signature of Student-Athlete Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date



Florida High School Athletic Association  
**Consent and Release from Liability Certificate for  
 Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: \_\_\_\_\_ School District (if applicable): \_\_\_\_\_

**Sudden Cardiac Arrest Information**

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

**Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.**

**Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.**

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

**What to do if your student-athlete collapses:**

1. Call 911
2. Send for an AED
3. Begin compressions

**FHSAA Heat-Related Illnesses Information**

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

**Heat Stroke** is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

**Heat Exhaustion** is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

**Heat Cramps** usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

**Who's at Risk?**

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

**By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at [www.nfhslearn.org](http://www.nfhslearn.org). I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.**

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /



# Consent and Release from Liability Certificate (Page 4 of 4)

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## Attention Student and Parent(s)/Guardian(s)

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, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

- This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
- Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
- Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
- Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
- Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
- Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
- Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
- Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
- Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
- Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
- Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
- Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
- Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

**By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.**

_____	_____	____/____/____
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date

_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

**Saint Francis Catholic Academy**  
**Student Athlete Participation Application**

This application is effective from the date indicated on the form until the end of the current school year. This application must be on file in the office of the Athletic Director prior to participating in tryouts, conditioning, practices, or competition.

Student Athlete's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Social Security # \_\_\_\_\_

**STUDENT ATHLETE'S COMMITMENT:** This application to compete in interscholastic athletics for Saint Francis Catholic Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations.

X \_\_\_\_\_  
*Signature of Student Athlete* \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION OF PARENT OR GUARDIAN:** I hereby request that the above-named student athlete be allowed to engage in school-approved athletic activities as a representative of Saint Francis Catholic Academy. I hereby agree to release and discharge the Diocese of St. Augustine, Bishop Felipe de Jesus Estevez, Saint Francis Catholic Academy (St. Francis Catholic HS) its agents and employees exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during athletic activities or in transit to and from athletic activities.

X \_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE:** My child is covered by insurance with \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**MEDICAL RELEASE:** Sign this section only in the presence of a notary public.

The student athlete and parent guardian, whose signatures appear below, do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his/her physicians and surgeons. The intention hereof being to grant authority and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedure which may now or during the course of the student athlete's care be deemed advisable and necessary. This form will be used only in case of emergencies and after every reasonable effort is made to contact parent/guardian prior to admitting the student athlete for necessary treatment. Consent is also given for release of information for insurance purposes, and I submit authorization for responsible third party to pay directly to the treating hospital insurance benefits due me for services rendered.

**HIPPA CONSENT/AUTHORIZATION:** I hereby authorize the physicians, athletic trainers, sports medicine staff and other health-care personnel representing \_\_\_\_\_ to release information regarding my student athlete's protected health information and regarding any injury or illness during training for and participation in athletics at Saint Francis Catholic Academy. This information is only to be used for the betterment of the student athlete and can only be shared with a coach, athletic director, or school official in connection with participation in the interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical clinics and laboratories, chaplains and/or clergy members who are related to the student athlete's participation in Saint Francis Catholic Academy Athletics.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, understand that authorization/consent for the disclosure of the student athlete's protected health information is a condition for participation as an interscholastic athlete at Saint Francis Catholic Academy for the purpose of the undersigned student athlete to participate in interscholastic sports. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. **This authorization/consent expires on the last day of school 2018.**

**BOTH SIGNATURES REQUIRED IN THE PRESENCE OF NOTARY PUBLIC**

X \_\_\_\_\_  
*Signature of Student Athlete*

X \_\_\_\_\_  
*Signature of Parent/Guardian*

STATE OF FLORIDA,  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_

and \_\_\_\_\_ known to be the persons described and who executed the foregoing information and who acknowledged to and before me that said information is for the purposes described.

\_\_\_\_\_  
*Notary Public*, State of Florida at Large  
My commission expires: \_\_\_\_\_

**SEAL**

Street Address (if different from above) \_\_\_\_\_ Emergency phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Emergency phone \_\_\_\_\_

Saint Francis Catholic Academy  
Student Athlete Participation Application

**Acknowledgement of WARNING by Student Athlete**

I, \_\_\_\_\_, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Saint Francis Catholic Academy that by participating in the sport(s) of \_\_\_\_\_, I may suffer serious injury, including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport(s). I hereby acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport(s).

X \_\_\_\_\_  
*Signature of Student Athlete*                      Date

X \_\_\_\_\_  
*Signature of Parent/Guardian*                      Date

**Acknowledgement of WARNING by Parent/Guardian**

I, the parent/guardian of \_\_\_\_\_, do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of Saint Francis Catholic Academy that my child named above may suffer serious injury including but not limited to sprains, fractures, and ligament/cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my child's limbs; brain damage; paralysis; or even death by participating in the sport(s) of \_\_\_\_\_.

Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury to my child named above, I hereby request that \_\_\_\_\_ be allowed to participate in the above sport(s).

X \_\_\_\_\_  
*Signature of Parent/Guardian*                      Date

X \_\_\_\_\_  
*Signature of Witness*                      Date

*"All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with the school athletic trainer, coach and appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."*

**Saint Francis Catholic Academy**  
**ATHLETIC PARTICIPATION AGREEMENT**  
**Parent and Student Signature REQUIRED**

**Athletic Participation** Frequently, participation on an athletic team at Saint Francis Catholic Academy is a commitment embarked upon through a tryout process. Coaches go to great lengths to insure sufficient time and opportunity for each student to demonstrate his or her skills to the coaching staff of a particular sport. Saint Francis Catholic Academy is confident that each coach maintains an unbiased opinion during the selection process. When a limited number of students are allowed on a roster, the tryout process is employed as the fairest way to field the most capable athletes.

Inherent in the process is the need to inform some students that they have not qualified for the team. Selection to a team is based solely on the tryout procedure. Previous performance or involvement with a program does not influence any decision of the coach. If not chosen, an athlete should be of the attitude that he or she will do whatever is necessary to improve his or her skill and try out the next season. Parents are expected to support the coach, abide by his or her decision and encourage their child to set a goal for the next season and assist them in attaining it.

Those who are selected to be members of any team are expected to give 100% and demonstrate true sportsmanship on and off the playing arena. They are valued representatives of Saint Francis Catholic Academy and should exhibit the Catholic values. Parents of team members must follow the same guidelines; accept and abide by the decisions of the contest officials; and respect at all times the opposing coaches, participants, cheerleaders, and fans. Disrespectful or derogatory yells, chants, songs or gestures will result in your removal from the campus. Realize that a ticket is a privilege to observe a contest. Be a fan, not a "fanatic". There should be a total effort by all parties to continue to make the Saint Francis Wolves athletic programs successful.

During the season, there may be situations that require a conference between a coach and a parent. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following should be done to promote resolution: 1) call the coach to set an appointment, 2) if the coach cannot be reached, call the Athletic Director to set up a meeting, 3) please do not confront a coach before or after a contest or practice. This can be an emotional time for both the parent and coach – meetings of this nature will not promote good dialogue or resolution. If the meeting with the coach does not provide a satisfactory resolution, the next step would be to set an appointment with the Athletic Director. Please refrain from immediate contact with the Principal concerning a problem. If a situation requires the Principal's attention, the Athletic Director will direct it to that office.

**School Absence** A student may not attend a practice or a game the day of an excused or unexcused absence. A student missing 2.5 classes (not including lunch) or more is considered absent for athletic participation.

**Academic Athletic Eligibility** FHSAA policy states that as long as a student maintains a 2.0 cumulative grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes the student will be academically eligible for participation. This GPA must include all courses taken since you entered high school. FHSAA Bylaw 11.2 If a student falls below the 2.0 cumulative grade point average requirements; the student will meet with the Athletic Director, Dean of Students and the Guidance Counselor to determine to discuss FHSAA options.

**Athletic Conduct Policy** Students who participate in interscholastic athletics represent Saint Francis Catholic Academy and are expected to conduct themselves in accordance with the Student Code of Conduct, as well as the rules and policies set forth by the Florida High School Athletic Association. Participation in interscholastic athletics is a privilege and should be regarded as such, therefore student-athletes are expected to exhibit the qualities of integrity, respect and sportsmanship at all times. The Code of Conduct applies to the student-athlete as a representative of Saint Francis Catholic Academy and includes: practice, travel, games, pre and post-game conduct. Students who violate any part of the Code of Conduct or the FHSAA policies while representing Saint Francis Catholic High Academy will be subject to disciplinary action through the Office of the Dean of Students and Administration Office, as well as penalties handed down by the FHSAA. Any misconduct by a student-athlete resulting in a fine by the FHSAA will be paid for by the offending student or billed to his/her account.

**Unsportsmanlike Conduct – FHSAA Policy** Any student ejected for unsportsmanlike conduct or flagrant foul shall be ineligible for the remainder of that contest and in any interscholastic athletic contest for the next seven (7) calendar days at the same level, or any level, of participation at which the student-athlete was ejected. If less than (2) contests are scheduled during this seven day period of time at the same level of disqualification (ejection), the student shall be ineligible for the next game or a minimum of the next two (2) contests in all other sports. If the disqualification (ejection) occurs in the last contest of the season, the student shall be ineligible for the same period of time as stated above in the next sport in which the student participates. A student-athlete who is disqualified (ejected) from a contest for any act of "gross unsportsmanlike conduct" or a second or subsequent act of general unsportsmanlike conduct or flagrant foul, will be ineligible to compete in any interscholastic athletic contest for a period of up to six weeks. Acts constituting gross unsportsmanlike conduct are defined in FHSAA Bylaw 11.11.2

**Dismissal/Withdrawal from a Team** If a student is dismissed or withdraws from a team; he or she may not participate or practice with another school team for the duration of the dismissed/withdrawal team's season unless he or she has the permission of the coaches.

CONTINUED ON REVERSE SIDE

**Saint Francis Catholic Academy**  
**ATHLETIC PARTICIPATION AGREEMENT**  
**Parent and Student Signature REQUIRED**

**Transportation to and from athletic events:** If selected for participation on a team, the parent/guardian and student acknowledge and understand that many of the required events take place away from Saint Francis Catholic Academy campus and that the student's presence will be required at such events. Saint Francis Catholic Academy provides transportation to and/or from some, but not all, of its sporting events. If transportation is not provided for any game or event, the parent/guardian and student understand and agree that it is their sole responsibility to provide transportation to and from the event and to arrive in a timely matter. If Saint Francis Catholic Academy does provide transportation to an event or game, the parent and student understand that the student will be required to use that transportation to the game. Return transportation to Saint Francis may also be provided and the parent/guardian agrees that it is in the sole discretion of Saint Francis Catholic Academy coaches and administrators to determine whether or not student will be required to return via the provided transportation. There may be time when Saint Francis Catholic Academy may offer non-mandatory return transportation to Saint Francis from a game. In those cases, the parent/guardian and student are required to notify the coach at least 24 hours in advance of the event of the means of transportation that will be used by the student to leave that event. Otherwise the student will be required to return to Saint Francis via the transportation provided. The parent/guardian hereby authorizes the student to sign out for early release when transportation is being provided by Saint Francis Catholic Academy. The parent/guardian and student do hereby release and hold harmless Saint Francis Catholic Academy, its employees and agents, their personal representatives and assigns from any loss or damage due to any injury to the person or property of the student, or death caused by negligence or otherwise, while the student is engaged in the event while being transported by Saint Francis Catholic Academy to or from the event. Furthermore, the parent/guardian understands that Saint Francis Catholic Academy does not play any role in the organization of car pools to or from athletic events. Should a parent/guardian or student choose to participate in such a car pool, they do so on their own initiative and according to their own wishes.

**Team Uniforms** All uniform items are to be returned at the completion of each season and in the same condition as they were received. Failure to return any item will result in the cost being charged to the student's account and a hold being placed on student records.

**\* I have read the Athletic Participation Agreement and understand the information concerning Athletic Participation and will abide by all guidelines.**

**Signature required:**

X \_\_\_\_\_  
Student signature

Date \_\_\_\_\_

X \_\_\_\_\_  
Parent signature

Date \_\_\_\_\_

Revised 03/2017