



MANATEE ATHLETICS

SPORTS ORIENTATION



ADMINISTRATION



- MRS. SHARON SCARBROUGH- PRINCIPAL
- MS. DENISE BRIGG- ASSISTANT PRINCIPAL
- MR. TRAVIS COCHRAN- ASSISTANT PRINCIPAL
- MR. SHANE HALL- ASSISTANT PRINCIPAL

ATHLETIC DIRECTOR

- MR. MATT BOWLING
- 941-714-7300 EXT 71923
- BOWLINGM@MANATEESCHOOLS.NET

MHS SPORTS PROGRAMS

- ALL SPORTS OPERATE UNDER THE GOVERNANCE OF THE FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION (FHSA)
- MANATEE HIGH OFFERS 26 COMPETITIVE ATHLETIC TEAMS
- VARSITY AND JUNIOR VARSITY LEVELS OFFERED
- MHS COMPETES IN THREE SPORT SEASONS:
 - FALL
 - WINTER
 - SPRING

FALL SPORTS

- Boys XC: Krista Latessa
- Girls XC: Krista Latessa
- Football: Jacquez Green
- Boys Golf: Charlie Gage
- Girls Golf: Daniella Gordic-Ronderos
- Swimming: Michelle Armer
- Volleyball: Tony Cothron

BOYS	GIRLS
CROSS COUNTRY	CROSS COUNTRY
FOOTBALL	GOLF
GOLF	SWIMMING
SWIMMING	VOLLEYBALL

WINTER SPORTS

- Boys Basketball: Mike Alderson
- Girls Basketball: Latece Luther
- Cheerleading: Giovanna Scialdone
- Boys Soccer: TBD
- Girls Soccer: Jeff Wandel
- Girls Weightlifting: Rich Lansky
- Boys Wrestling: Andrew Gugliemini
- Girls Wrestling: Andrew Gugliemini

BOYS	GIRLS
BASKETBALL	BASKETBALL
COMPETITIVE CHEER	COMPETITIVE CHEER
SOCCER	SOCCER
WRESTLING	WRESTLING
	WEIGHTLIFTING

SPRING SPORTS

- Baseball: Nolan Neiman
- Beach Volleyball: TBD
- Flag Football: John Johnson
- Boys Lacrosse: Neil Roche
- Girls Lacrosse: Jeff McGuigan
- Softball: Krista Latessa
- Boys Tennis: Alan Johnson
- Girls Tennis: Alan Johnson
- Boys Track and Field: Domonique Dunbar
- Girls Track and Field: Kavious Price
- Boys Weightlifting: Rich Lansky


BOYS	GIRLS
BASEBALL	BEACH VOLLEYBALL
LACROSSE	FLAG FOOTBALL
TENNIS	LACROSSE
TRACK AND FIELD	SOFTBALL
WEIGHTLIFTING	TENNIS
	TRACK AND FIELD

REQUIRED ATHLETIC FORMS

- EVERY ATHLETE MUST SUBMIT REQUIRED FHSA DOCUMENTATION PRIOR TO STARTING ANY SPORT.
- OFF-SEASON/SUMMER WORKOUTS REQUIRE SAME DOCUMENTATION
- INSURANCE MUST BE PAID PRIOR TO BEGINNING ANY SPORT
- PLEASE ACQUIRE DOCUMENTATION ONLY FROM THE MHS WEBSITE OR WWW.FHSAA.COM

FHSAA: EL2 (PHYSICAL)

- ALL ATHLETES MUST HAVE A PHYSICAL CONDUCTED BY A LICENSED MEDICAL PRACTITIONER
- PHYSICALS ARE CURRENT FOR 365 DAYS FROM EXAM

 **PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)**
This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.

EL2
Revised 4/23

MEDICAL HISTORY FORM
Student information (to be completed by student and parent) print legibly.

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions: _____
Have you ever had surgery? If yes, please list all surgical procedures and dates: _____
Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional) _____
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollen, food, insects): _____

Patient Health Questionnaire version 4 (PHQ-4)
Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

	Yes	No
1 Do you have any concerns that you would like to discuss with your provider?		
2 Has a provider ever denied or restricted your participation in sports for any reason?		
3 Do you have any ongoing medical issues or recent illnesses?		


HEART HEALTHY QUESTIONS ABOUT YOU

	Yes	No
4 Have you ever passed out or nearly passed out during or after exercise?		
5 Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6 Does your heart ever race, flutter in your chest, or skip beats (irregular heart) during exercise?		
7 Has a doctor ever told you that you have any heart problems?		

HEART HEALTHY QUESTIONS ABOUT YOUR FAMILY

	Yes	No
8 Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9 Do you get light-headed or feel shorter of breath than your friends during exercise?		
10 Have you ever had a seizure?		
11 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including smoking or cigarette or coal?)		
12 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular dysplasia (ARVD), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13 Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form is not considered valid unless all sections are complete.

 **PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)**
Submit THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL. This form is valid for 365 calendar days from the date signed below.

EL2
Revised 4/23

MEDICAL ELIGIBILITY FORM
Student information (to be completed by student and parent) print legibly.

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

☐ Medically eligible for all sports without restriction.
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary) _____

☐ Medically eligible for only certain sports as listed below: _____

☐ Not medically eligible for any sports.
Recommendations: (use additional sheet, if necessary) _____

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Medications: (use additional sheet, if necessary) _____
Lab: _____

Relevant medical history to be reviewed by athletic trainer/health physician: (explain below, use additional sheet, if necessary)
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other
Explain: _____

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____
We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardiac stress test.

This form is not considered valid unless all sections are complete.

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FHSAA: EL-3

- 5 PAGES TO THIS DOCUMENT
- DOCUMENT MUST SAY REVISED 4/23 IN UPPER RIGHT CORNER
- ALL PAGES MUST BE SIGNED AND DATED BY STUDENT ATHLETE
- ALL PAGES MUST BE SIGNED AND DATED BY PARENT/GUARDIAN

EL-3:

- Page 1: CONSENT AND RELEASE FROM LIABILITY CERTIFICATE
- Page 2: CONCUSSION
- Page 3: SUDDEN CARDIAC ARREST
- Page 4: HEAT ILLNESS
- Page 5: ACKNOWLEDGEMENT

ATHLETIC PARTICIPATION FEE

- ❑ VISIT MANATEE WEBSITE
- ❑ CLICK ATHLETICS TAB
- ❑ SCROLL TO BOTTOM
- ❑ CLICK ON PARTICIPATION FEE LINK



IMPORTANT INFORMATION FOR STUDENT ATHLETES

[School District of Manatee County Athletic Handbook](#) 

[Click here for the 2021 Physical Packet.](#) 

There is a participation fee required for all student-athletes.

[Click here to pay the participation fee online.](#)



PAYING PARTICIPATION FEE

- ☐ CHOOSE APPROPRIATE SELECTION
- ☐ CHOOSE FEE FROM DROP DOWN MENU
- ☐ FOOTBALL- \$75.00
- ☐ ALL OTHER ACTIVITIES- \$50.00
- ☐ SPRING ONLY- \$25.00

MHS Athletics Participation Fee



BAND



MHS ATHLETIC
PARTICIPATION FEE



SUGAR CANES

* Student Name

First Name

Last Name

* Choose Athletic Fee

Choose One



NON-TRADITIONAL STUDENTS

- IF YOU ARE ENROLLED AT A CHARTER SCHOOL, PLEASE SEE THE ATHLETIC DIRECTOR PRIOR TO BEGINNING A SPORT
- IF YOU ARE A HOME SCHOOL STUDENT, PLEASE CONTACT THE ATHLETIC DIRECTOR PRIOR TO BEGINNING A SPORT
- FLVS FLEX IS CONSIDERED A HOME SCHOOL PROGRAM
- ALL NON-TRADITIONAL STUDENTS MUST COMPLETE ADDITIONAL PAPERWORK FOR THE FHSAA
- ALL PAPERWORK CAN BE FOUND ON OUR WEBSITE

ATHLETIC INJURIES

- ❑ ATHLETIC TRAINER: BRIAN WATERS
- ❑ ATHLETES NEED TO SEE TRAINER FIRST WHEN INJURED
- ❑ TRAINER WILL REFER TO DOCTOR IF NEEDED
- ❑ ALL ATHLETES MUST HAVE CLEARANCE FROM DOCTOR TO PARTICIPATE

ELIGIBILITY

- ALL ATHLETES MUST MAINTAIN AN UNWEIGHTED CUMULATIVE 2.0 GPA
- GPA ON THE FIRST DAY OF EACH SEMESTER DETERMINES ELIGIBILITY
- SPEAK WITH COUNSELOR IF DOING CREDIT RECOVERY. ALL CREDIT RECOVERY MUST BE COMPLETED **PRIOR** TO THE FIRST DAY OF SCHOOL.
- ATTENDANCE IN SCHOOL IS MANDATORY TO ATTEND AN ATHLETIC EVENT
 - MUST BE IN ATTENDANCE FOR AT LEAST HALF OF THE SCHOOL DAY
 - ATHLETIC EVENT IS PRACTICE AND GAMES
 - ONLY DOCUMENTED ABSENCES ARE ACCEPTED FOR CONSIDERATION

ATHLETE EXPECTATIONS

☐ MANATEE HIGH SCHOOL EXPECTS THAT ALL ATHLETES REPRESENT THE FOLLOWING IN HIGH REGARD AT ALL TIMES:

☐ FAMILY

☐ SCHOOL

☐ TEAM

☐ TEAMMATES

☐ ANY ACT THAT EMBARRASES THE TEAM, ATHLETIC DEPARTMENT, OR SCHOOL MAY RESULT IN A REMOVAL FROM ATHLETICS FOR UP TO 180 CALENDAR DAYS.

ATHLETIC SUSPENSIONS

- ❑ SCHOOL DISTRICT OF MANATEE COUNTY OPERATES A 180 DAY SUSPENSION FROM ATHLETICS
- ❑ DRUG ISSUES ON OR OFF CAMPUS MAY RESULT IN AN AUTOMATIC 180 DAY SUSPENSION
- ❑ ALL LEVEL 3 AND LEVEL 4 OFFENSES ON THE SCHOOL DISTRICT OF MANATEE COUNTY DISCIPLINE MATRIX MAY RESULT IN A 180 DAY SUSPENSION
- ❑ CRIMINAL CHARGES RESULT IN AUTOMATIC SUSPENSION UNTIL A RESULT IS REACHED
- ❑ ANY ATHLETE CONVICTED OF A FELONY WILL BE REMOVED FROM ATHLETICS FOR THE DURATION OF THE ATHLETE'S HIGH SCHOOL CAREER

COACHING CONCERNS

- ☐ ENCOURAGE YOUR ATHLETE TO SPEAK WITH COACH
- ☐ PLAYING TIME WILL NOT BE DISCUSSED
- ☐ COACHING STRATEGY/PHILOSOPHY WILL NOT BE DISCUSSED

CHAIN OF COMMAND WITH COACHES

- ☐ CONFERENCE WITH PLAYER AND COACH
- ☐ CONFERENCE WITH PLAYER, PARENT AND COACH
- ☐ CONFERENCE WITH PARENT, PLAYER, COACH, AND ATHLETIC DIRECTOR
- ☐ CONFERENCE WITH PARENT, PLAYER, COACH, AD, AND PRINCIPAL
- ☐ CONFERENCE WITH PARENT, PLAYER, COUNTY AD AND EXECUTIVE DIRECTOR FOR FINAL RULING

PARENT INVOLVEMENT



☐ **SUPPORT**

☐ GET INVOLVED

☐ **SUPPORT**

☐ ENCOURAGE

☐ **SUPPORT**

QUESTIONS

- IF YOU HAVE QUESTIONS, PLEASE REACH OUT TO COACH BOWLING
- PHONE- 941-714-7300 EXT 71923
- EMAIL- BOWLINGM@MANATEESCHOOLS.NET