



Parrish Community High School Cheerleading Tryouts

April 18th-20th - PCHS Gym 5 PM

Optional: Pre-Tryout Clinic April 9th 9 AM-12 PM \$25 (Registration form & details COMING SOON)

Contact Jenna Davies, Head Coach, at daviesj@manateeschools.net with questions

Please review the entire packet of information before tryouts. Informational tryout meeting for parents and potential cheerleaders will be held March 22nd 6 PM in PCHS Café Tryout meeting is not mandatory, but highly recommended

Dear Candidates and Parents,

Thank you for your interest As a team member, you can show your Bull pride through performances, school, and community events Cheering can be a truly rewarding experience, but it also embodies a large time commitment and is costly. If selected, there are many specific responsibilities and obligations that your child must assume to **qualify** and **remain** part of the squad

Parent Responsibilities:

Read the entire packet and be certain that you fully understand program expectations Complete all paperwork accurately

The following must be turned in before you can participate in tryouts or the optional pre-tryout clinic:

- PCHS Cheerleader Application
- **Sports** Physical Evaluation Form (must be dated within the past year—a new one is required every 365 days from last evaluation) **Form FHSAA EL2**
- Consent and Release from Liability **Form FHSAA EL3**
- **Mandatory Student Insurance with \$25 check for Spring 2022 Cheer (\$50 check for insurance due in Summer for 2022-2023 Cheer)**
- 2.0 Cumulative Unweighted GPA

Tryout Information:

- Tryout dates this year are **April 18th-20th** Candidates will have the opportunity to learn and practice the tryout material with their peers at clinics on April 18th and 19th 5:00 PM to 6:30 PM Candidates are required to attend at least 1 of these dates, however, are encouraged to attend both Mandatory Evaluations take place April 20th starting at 5 PM (end time depends on the number of eligible applicants) Applicants who submit complete and correct paperwork by the deadline will be permitted to participate in tryouts **LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- The number of cheerleaders selected depends on the amount of people trying out and the cheerleading level of those trying out This year, we are offering a modified JV team and a Varsity team Competition Team Tryouts in October will be highly selective **Previous rostering on a Varsity squad does not guarantee placement on Varsity this season.**
- Applicants wear a # on the front of their shirt (provided at tryouts) Applicants who make the team will be announced on the PCHS Cheer Facebook page by their identifying #

Clinic and Tryout Rules

-Black T-shirt, black shorts or pants, socks, and athletic or cheer shoes must be worn on all days

-Hair must be pulled back off of the face Please make sure bangs are back and secured

-ABSOLUTELY NO CHEWING GUM OR JEWELRY including studs and spacers Finger nails short, filed, clear/french No color.

-All cell phones should be TURNED OFF If you use your cell phone during clinics you will be asked to leave

This is a closed clinic and tryout. No one will be permitted to visit or watch you.

If you make the team, save the following important Summer Dates/Events:

- UCA Away Camp @ USF Tampa 6/29-7/01
- Bitty Bulls Cheer Camp Fundraiser (TBD)
- Practice 1X a week (TBD Tues or Thurs)
- Possible Optional Summer Conditioning (TBD)

JV Program:

This year we are offering a modified JV program JV Team will cheer in a different uni, next to Varsity, at all home football games in Fall JV will alternate Varsity girls & boys home basketball games (on an A/B schedule) in the Winter JV may or may not compete If so, JV would compete at Manatee County Fair Comp and 3rd Annual BATB (home) comp only TBD

Sideline Commitment Sneak Peek (Note: Competition team-specific commitments will be communicated in October)

4/21 FIRST PRACTICE/Fitting scheduled for 5 PM to 7 PM

Spring Pre-Season Practice 1X a week 5-6 30 PM

Season Practice 2X a week (typically Tuesdays & Thursdays 2:45-4 45 PM although JV may be different come Comp Season)

Additional Practices or longer practices may be called at Coach's discretion

Football Games in Fall 1X a week (travel required for some games)

Basketball 1-2X a week (JV & V will alternate games for Varsity Boys & Girls Basketball)

Fundraisers

- All cheerleaders are required to participate in all planned fundraisers Failure to do so will result in dismissal from the team Fundraisers are designed to help with general operating expenses of the team

Expectations/Performances

- The standard cheerleading season typically runs from August through February ALL sideline cheerleaders will be expected to cheer for football games & boys/girls basketball game Competition season typically runs October-February
- Extracurricular activities including, but not limited to school clubs, all-star cheer, and other sports may **NOT** conflict with your commitment to cheer All cheerleaders receive 3 unexcused misses If a cheerleader exceeds this number OR misses mandatory dates/competitions, he/she may be dismissed from the team and ineligible to tryout again in the future Excused absences include doctor's appointments, serious illness, family emergency, etc. with note/documentation

Payment Information:

First Sideline Payment (\$660 for Varsity OR \$410 for JV) due at first practice on 4/21 (day after evaluations)

Remaining Sideline Balance due 5/24

Sponsorship Opportunity to help pay for partial cost of Sideline will be offered from 4/21-5/23 You cannot pre-pay competitive.

Ordering Note: Cheerleaders with last year's warm up jacket, leggings, or backpack in excellent condition DO NOT need to order these items again This year, cheerleaders will purchase their own Nike Pro or similar navy leggings (have me approve first) for Warm Up Leggings or use previous team pair instead of going through Varsity Cheerleaders who make Varsity Sideline again for 22-23 season and have the white uniform in good condition DO NOT need to order this item again Poms DO need to be repurchased Contact Coach Davies for an alternate quote if any of the above applies to you.

Note: The below program estimates DO NOT include required mandatory student insurance fees ranging from \$25-\$75.

Estimated Varsity Sideline Team Expenses (\$1085)

- | | | |
|--|-------------------------------|-----------------|
| • Sideline Uniform + Bow (yours to keep) \$275 | • Warm Up jacket \$70 | • Backpack \$75 |
| • Shoes \$85 | • UCA Away Camp \$375 | • Poms \$30 |
| | • Camp Clothes & Jersey \$125 | • Banquet \$50 |

Estimated JV Sideline Expenses (\$835)

- | | | |
|------------------------------------|-------------------------------|-----------------|
| • Uniform Rental/Cleaning Fee \$25 | • Warm Up Jacket \$70 | • Backpack \$75 |
| • Shoes \$85 | • UCA Away Camp \$375 | • Poms \$30 |
| | • Camp Clothes & Jersey \$125 | • Banquet \$50 |

Estimated Varsity Competitive Expenses in October (\$275-\$325)

- | | | |
|-------------------|--------------------|--------------------------------|
| • Comp Fees \$150 | • Comp Shoes \$125 | • Banquet (if not paid ^) \$50 |
|-------------------|--------------------|--------------------------------|

Other Expenses: NEW Comp Uniform (only IF we cannot get stock uniforms through fundraising): (\$275)

PCHS Cheerleader Application

Please print the following information clearly

Return Completed Packet to Coach Davies Room 5-116

Due Date: April 6th 3 PM for Pre-Tryout Clinic OR April 13th 3 PM for Tryouts

Personal Information:

Cheerleader Candidate First/Last Name _____

Age _____

Address: _____ Zip _____

Home Phone _____ Student Cell _____

Cumulative Unweighted GPA: _____ Current Grade Level as of April 2022 _____

Student Email _____ Parent Email _____

Parent/Legal Guardian. _____ Parent Cell/Emergency Contact Number _____

Squad Interest:

At this time, which squad(s) are you interested in for the 2022-2023? Select ALL that apply **Note:** Competitive Tryouts will take place in October per FHSAA JV & Varsity Teams will be offered

SIDELINE ONLY

SIDELINE & COMPETITIVE

Experience:

Do you have any cheerleading experience? YES NO If yes, where? _____ When? _____

Do you have stunting experience? YES NO What position were you in stunting? FLYER BASE BACKSPOT

Can you do a standing back handspring? YES NO

Please list any other standing/running tumbling skills you can do (above a BHS level such as standing tuck, RO BHS Layout, RO BHS Full, etc) _____

As the parent/legal guardian of the above-named student, I give permission for my child to tryout for the PCHS Cheerleading. My signature on this form indicates that I understand that there are rules and requirements of the cheer squad through a Constitution System that will be given out once one has made the team. I agree to support them. I hereby give my consent for my child to practice and participate in all cheerleading events. I feel my child is physically fit and able to participate.

Parent/Legal Guardian Signature

Date

As a potential Cheerleader, I understand that I will be given the constitution and demerit system and agree to follow the rules and requirements.

Student Signature

Date



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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 _____ E-mail _____
Person to Contact in Case of Emergency _____
Relationship to Student _____ Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Personal/Family Physician _____ City/State _____ Office Phone (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Table with 2 columns of questions (1-46) and Yes/No columns. Includes a section for 'If yes, check appropriate blank and explain below' with body parts listed (Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Foot, Hip, Thigh, Knee, Shin/Calf, Ankle).

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 9 7, 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 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name _____ Date of Birth ____/____/____
Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ Blood Pressure ____/____ (____/____, ____/____)
Temperature _____ Hearing right P ____ F ____ left P ____ F ____
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/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

____ Cleared without limitation
____ Disability _____ Diagnosis _____
____ Precautions _____
____ Not cleared for _____ Reason _____
____ Cleared after completing evaluation/rehabilitation for _____
____ Referred to _____ For _____

Recommendations _____

Name of Physician/Physician Assistant/Nurse Practitioner (print) _____ Date ____/____/____

Address _____

Signature of Physician/Physician Assistant/Nurse Practitioner _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Student's Name _____

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
 Disability _____ Diagnosis _____

Precautions _____

Not cleared for _____ Reason _____

Cleared after completing evaluation/rehabilitation for _____

Recommendations _____

Name of Physician (print) _____ Date ____ / ____ / ____

Address _____

Signature of Physician _____

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



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. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, 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" 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 (SCA) 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 SCA include, but not limited to: sudden collapse, no pulse, no breathing.

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

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

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.com. 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)

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.

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 and/or sanctioned sport, the student

1. **This form is non-transferable**, a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending 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)
3. Must attend school within the first 10 days of the beginning of **each semester** to be eligible during **that semester** (FHSAA Bylaw 9 2)
4. 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 a 4.0 unweighted scale the previous semester (FHSAA Bylaw 9 4)
5. Must not have graduated from any high school or its equivalent (FHSAA Bylaw 9 4)
6. Must not have **enrolled in the ninth grade for the first time** more than eight semesters 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)
7. Must not turn 19 before **July 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)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) (FHSAA Bylaw 9 7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school (FHSAA Bylaw 9 8)
10. 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)
11. 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)
12. 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)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility (FHSAA Bylaw 9 1)
14. 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)
15. 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

MANDATORY STUDENT INSURANCE/ATHLETIC PARTICIPATION FEE

INFORMATION FOR HIGH SCHOOL PARENTS 2020-2021 2021-2022

Students, who participate in interscholastic athletics, including cheerleading/dance team and marching band, are required to purchase student athlete basic accident insurance provided through the school district before they are allowed to participate. One of the major costs of athletic participation are insurance coverages. The School District of Manatee County has chosen School Insurance of Florida to provide basic student accident insurance protection. If you have a son/daughter that participates in interscholastic athletics, cheerleading and/or marching band, it will be necessary for you to contact the athletic director, cheerleading coach or marching band director at his/her school to get information on how to sign up and pay the participation fee. The basic insurance is not designed to replace family insurance. You are encouraged to pay for and have health insurance coverage for your student in addition to this coverage. **Public School Districts are not responsible for accidental injuries that may happen while playing sports.**

This accident insurance is a **supplemental or excess plan and will not pay 100% of the bills**. The deductible for this plan is \$50.00 with a maximum benefit of \$25,000.00 for any one covered accident, which is in **excess of the amount from other collectible insurance or health plans you may have**. More complete policy terms, provisions, benefits and exclusions are available on line at www.schoolinsuranceofflorida.com or you may call 800-432-6915

How to file a claim for an athletic injury:

- 1 **The student MUST report the injury to the coach immediately and MUST see a doctor within 30 days of the date of injury.**
- 2 **Obtain a claim form from the school or go online at www.schoolinsuranceofflorida.com. The school will provide you with a summary report to be attached to the claim form. The claim cannot be processed without the claim form. You may contact the insurance company directly at 800-432-6915 for assistance.**
- 3 **Fill in the requested information on the claim form and SIGN IT. Do NOT leave the form at the doctor's office. Send the claim form and itemized bills to the claims address on the claim form. It is not necessary to wait until treatment is complete to send the claim; however, only the claim form must be received within 90 days of the injury. If you have other applicable insurance, you must also file with that company; when you receive the Explanation of Benefits (EOB's) from them showing what has been paid, forward these to the school insurance company. KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS. Do not hesitate to contact the insurance company for any questions-student insurance is their only business and they have staff to assist you. You have one year to submit the medical bills.**
- 4 **Filing a claim after an injury is YOUR responsibility. Under HIPAA or privacy laws, the agent and/or an employee of the School Board cannot file the claim for you nor can they obtain claims information from an insurance company without your written permission.**

Send claims and bills to:
 SCHOOL INSURANCE OF FLORIDA
 PO BOX 784268
 WINTER GARDEN, FL 34778-4268
 FAX 407-798-0296

Customer and Claims Service:
 SCHOOL INSURANCE OF FLORIDA
 Direct 407-798-0290
 TOLL FREE. 800-432-6915

PARENT/LEGAL GUARDIAN COMPLETE BELOW

ATHLETIC FEE for _____, Student
(Print Student's Name)

- \$75 **Football Athletic Fee*** (Payable by check or cash directly to your school)
- \$50 **All Other Sports Athletic Fee*** (Payable by check or cash directly to your school)
- \$25 **Spring Football / Spring Cheerleading*** (Payable by check or cash directly to your school)

*This fee is a Try Out/Participation fee and includes unlimited tryouts, participation in open facilities and strength training. If the student makes the team, it will cover the insurance also. **JROTC is a separate activity and enrollment is mandatory On-Line Only.** www.schoolinsuranceofflorida.com 24-Hour Coverage is available on line at the same website.

I have paid the Participation Fee described above and have received information regarding coverage and benefits provided under the athletic student accident insurance policy including information on filing a claim.

 (Signature of Parent or Legal Guardian) (Date)

Payment received by _____ Date Received. _____
 (Signature of School Employee Collecting Payment)

Cheerleader # _____

Judge # _____

Final Score

/100

Key: 0 N/A, 1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

Chant:

Motion Sharpness	0	1	2	3	4	5
Crowd-leading Skill	0	1	2	3	4	5
Overall Execution	0	1	2	3	4	5

Sub Total: /15

Cheer:

Motion Sharpness	0	1	2	3	4	5
Crowd-leading Skill	0	1	2	3	4	5
Jump (Toe-Touch)	0	1	2	3	4	5
Overall Execution	0	1	2	3	4	5

Sub Total: /20

Dance:

Motion Sharpness	0	1	2	3	4	5
Timing	0	1	2	3	4	5
Overall Execution	0	1	2	3	4	5

Sub Total: /15

Jumps:

Pike	0	1	2	3	4	5
Double Toe-touch	0	1	2	3	4	5

Sub Total: /10

Standing Tumbling:

Key: 1-BHS, 2-Multiple BHS, 3-Toe BHS, 4-Tuck or BHS Tuck, 5-Toe-Tuck or Full

Execution	0	1	2	3	4	5
Difficulty	0	1	2	3	4	5

Sub Total: /10

Running Tumbling:

Key: 1-RO BHS, 2-RO Multiple BHS, 3-RO Tuck or RO BHS Tuck, 4-RO Layout or RO BHS Layout
5-RO BHS Full

Execution	0	1	2	3	4	5
Difficulty	0	1	2	3	4	5

Sub Total: /10

Overall Tryout Impression:

Appearance	0	1	2	3	4	5
Confidence	0	1	2	3	4	5
Energy/	0	1	2	3	4	5
Spirit	0	1	2	3	4	5

Sub Total: /20