



Braden River High School Cheerleading Tryouts

March 29th -31st BRHS Cafeteria

For more information, please contact Rachel Infanti (Head Coach) infantir@manateeschools.net

Please review the entire packet of information before tryouts. Keep the first 3 pages of this packet for your records and submit the last page (application). Informational tryout meeting for parents and potential cheerleaders will be held **March 11th 6:30 PM** in the BRHS Media Center.

Dear Candidates and Parents,

Thank you for your interest in the 2021-2022 BRHS cheerleading team. As a member of the team, you can show your Pirate pride through performances, competitions, and community events. Cheering can be a truly rewarding experience, but it is also a large time commitment and is costly. These are competitive teams that require earnest effort and sincere dedication. Be aware of these facts as you prepare to take on the role of representing Braden River. If selected to be a BRHS cheerleader, there are specific responsibilities and obligations that your child must assume in order to qualify for and **remain** a part of the squad.

Parent Responsibilities:

- Read the entire packet and be certain that you fully understand the rules and regulations that govern cheerleading and or have asked the coach to clarify any parts you do not understand. Make sure that each form has been filled out completely and correctly.
- If your child does not already have a valid sports physical, make an appointment now. **MANDATORY** to participate.

The following must be turned in **before** you can participate in tryouts. You will not get the times back so please do not submit originals:

- BRHS Cheerleader Application (included in this packet)
- 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 Form** with **\$25 check** for Spring Cheer made payable to BRHS (applies to athletes who did not complete and insurance form for the 2020-2021 season and for incoming freshman/current 8th graders) **Note: The 2021-2022 form will be released over the summer and additional insurance fees will be due at that time for the new school year.**
- 2.0 Cumulative Unweighted GPA as required by FHSAA, and a print out of your Quarter 2 Report Card showing your GPA
- 3 Teacher recommendations must be submitted via email or placed in Coach Infanti's mailbox by the **TEACHER**, not the student.

Tryout Information:

- Pre Tryout Clinics will be available March 23-25th to help prepare potential cheerleaders for tryouts. The cost will be \$10.00 per day and all paperwork is due at the time of clinic. On the last day of the clinic we will teach the cheer and the chants for actual tryouts.
- Tryout dates are March 29th-31st. Candidates will have the opportunity to learn and practice the tryout material with their peers on March 29th and 30th from 5:00pm-7:00pm in the BRHS Cafeteria. Evaluations for making the squad will be held on March 31st from 3:30pm -TBA

- The number of cheerleaders selected depends on the amount of people trying out and the cheerleading level of those trying out. Previous rostering Varsity cheerleaders does not mean or guarantee you will be placed on Varsity. **ALL CHEERLEADERS will compete in addition to cheering for football and basketball games.**
- Applicants will wear a # on the front of their shirt (provided at tryouts) each day. Applicants who make the team will be announced on the BRHS Instagram page at 8:00pm
- Applicants and parents who did not make the team may not contact the coach or ADMIN until 1 week after tryouts. The first day we will respond will be April 7th.

Clinic and Tryout Rules:

1. Cheerleaders are to arrive each day at least 10 minutes prior to the start time.
2. Cheerleaders must wear maroon, black, or white (school colors) shirt (not baggy), shorts (absolutely NO NIKE PROS), socks, and athletic shoes.
3. ABSOLUTELY NO CHEWING GUM OR JEWELRY (including naval and facial piercings).
4. No acrylic, gel nails, or polish. Nails must be short and filed.
5. Everyone MUST wear a mask.
6. This is a closed clinic and tryout. No one will be permitted to visit or watch.
7. All cell phones are to be turned off, and only used at the end of each session to record material.

If you make the team:

UCA HOME Camp

7/19-7/22 @ BRHS Cafeteria (required)

Summer workouts will start 7/13/2021

Note: Cheerleaders are expected to be present for all camp dates and are responsible for learning any and all material taught at camp. Camp also provides an amazing team bonding experience.

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 team expenses.
- Sponsorship fundraisers will be available to help cheerleaders with their individual cost. 70% goes to the cheerleader and 30% goes to the program and sponsor shirt printing.

Expectations/Performances

- The standard cheerleading season typically runs from March 2021 through February 2022. **ALL** cheerleaders will be expected to cheer for football games and boys/girls basketball games. Competition season typically runs mid-October -January with competitions being held on the weekends.
- Extracurricular activities including, but not limited to school clubs or other sports (All start cheer) may **NOT** conflict with your commitment to cheer. All cheerleaders receive **4 excused/unexcused absences**. If a cheerleader exceeds this number or misses mandatory dates/competitions, he/she may be dismissed from the team and ineligible to tryout again the next year.

Note: Our "You Made It" meeting with cheerleaders and parents will be on Monday April 5th at 6:00pm in the cafeteria. Our first practice will be April 6th in the BRHS Cafeteria. Spring practices will be as follows: **Varsity** Tuesday and Thursdays 3:00pm-5:30pm. **JV** will practice 5:00pm -6:30pm for the month of April, and starting in MAY JV practice will extend to 7:00pm

Estimated Team Expenses for 2021-2022 season (\$1500.00)

- UCA Camp \$450.00
- Practice wear (camp and season) \$300.00
- Bag \$100.00
- Bows \$75.00
- Shoes \$100.00
- Poms \$30.00
- Briefs \$30.00
- Jacket \$115.00
- Uniform Rental \$30.00
- Comp Fees (music, signs, registrations, choreography) \$270.00

Cheerleaders with last year's warm up jacket and bag DO NOT need to order or pay for these items again. EVERYONE must order new poms! Contact Coach Infantli for a new quote if this applies to you. First payment of \$400.00 is due April 13th.

Scoring

Candidates will be scored on the following categories:

- Jumps (toe touch and jump of choice)
- 2 chants
- 1 cheer
- Dance
- Overall spirit
- GPA
- Stunting
- Tumbling (extra points)
- Overall motions

Tryouts

Monday March 29 th	Tuesday March 30 th	Wednesday March 31 st
5:00pm – 7:00pm BRHS Cafeteria	5:00pm – 7:00pm BRHS Cafeteria	3:30pm – TBA BRHS Cafeteria
<ul style="list-style-type: none"> • Check in • Learn tryout dance • Review Chants and cheer taught during the clinic 	<ul style="list-style-type: none"> • Check in • Review ALL Materia • Tumble Evaluations • Stunting • Mock Tryouts 	<ul style="list-style-type: none"> • Formal evaluations • Groups of 3 • Must leave directly after evaluation

Results will be posted on the BRHS Instagram page.

If you feel the need to meet with the coaches in regards to scoring, you MAY NOT inquire about a meeting until 1 week after tryouts (April 7th)



**Braden River High School Cheerleading Application
2021-2022**

Please print the following information clearly. Return to Coach Infanti in Student Services

Attach your report card, athletic forms, teacher recommendations & insurance fee.

I am trying out for the following:

_____ **Junior Varsity (9th-11th)** _____ **Varsity (9th-12th)** _____ **Both**

Personal Information:

Name: _____ **Age:** _____

Address: _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Weighted GPA: _____ **Grade(next year):** _____ **Current School:** _____

Parent/Legal Guardian: _____ **Emergency Contact Number:** _____

Parent Email: _____ **T-Shirt Size:** _____

Experience

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

Explain experience _____

Do you have stunting experiences? YES NO What position(s)? FLYER BASE BACKSPOT

Please list tumbling skills you can perform without a spotter: _____

What extracurricular activities/obligations are in involved in? (sports, clubs, groups, etc.):

By signing this application, you are acknowledging the following:

I give my child permission to try out for BRHS Cheer. We are prepared to commit to and abide by the rules laid out in the Cheer Constitution (given at "You Made It" meeting). I (my child) is expected to commit fully to Braden River Cheerleading if she makes the squad. Excessive absences WILL NOT be tolerated. We will not adhere to your schedule due to other obligations. This includes, but is not limited to: participating in another sport, being a member of an extracurricular competitive gym, joining a club or group that's meetings/events conflict with BRHS Cheer etc. I (my child) is required to attend all camps. I (my child) will compete with the squad she is placed on. I understand I am responsible for all expenses once I make the cheer team(\$1500), and my first instalment of \$400.00 is due on April 13th. Should I (my child) quit or leave the team I understand we are still responsible for all expenses .

Parent/Legal Guardian Signature _____
Date

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.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	____ Head	____ Elbow	____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	____ Neck	____ Forearm	____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	____ Back	____ Wrist	____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	____ Chest	____ Hand	____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	____ Shoulder	____ Finger	____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	____ Upper Arm	____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSA 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*

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

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/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.



Florida High School Athletic Association

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" 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 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:

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 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)
3. Must attend school within 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 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 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)
7. 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)
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)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
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**

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)

Teacher Recommendations (Teachers, please fill out and return. Please DO NOT allow applicant to see your responses) *The opinions of those who commonly interact with a leader are extremely valuable in assessing the effectiveness of one's leadership abilities. The following boxes are to be filled out by core teachers. Teachers, please place completed form in Rachel Infanti's mailbox or via email infantir@manateeschools.net by Monday, March 29th.*

Student Name: _____

	Below Average	Average	Above Average	Exceptional
Maturity				
Motivation				
Productive Class Discussion				
Concern for Others				
Creativity				
Leadership				
Attendance				

How long have you known the student: _____

Additional Comments: _____

Teacher Name: _____

Teacher Signature: _____

-----Tear or cut along this line-----

Teacher Recommendations (Teachers, please fill out and return. Please DO NOT allow applicant to see your responses) *The opinions of those who commonly interact with a leader are extremely valuable in assessing the effectiveness of one's leadership abilities. The following boxes are to be filled out by core teachers. Teachers, please place completed form in Rachel Infanti's mailbox or via email infantir@manateeschools.net by Monday, March 29th.*

Student Name: _____

	Below Average	Average	Above Average	Exceptional
Maturity				
Motivation				
Productive Class Discussion				
Concern for Others				
Creativity				
Leadership				
Attendance				

How long have you known the student: _____

Additional Comments: _____

Teacher Name: _____

Teacher Signature: _____

Teacher Recommendations (Teachers, please fill out and return. Please DO NOT allow applicant to see your responses) *The opinions of those who commonly interact with a leader are extremely valuable in assessing the effectiveness of one's leadership abilities. The following boxes are to be filled out by core teachers. Teachers, please place completed form Rachel Infanti's mailbox or via email infantir@manateeschools.net by Monday, March 29th.*

Student Name: _____

	Below Average	Average	Above Average	Exceptional
Maturity				
Motivation				
Productive Class Discussion				
Concern for Others				
Creativity				
Leadership				
Attendance				

How long have you known the student: _____

Additional Comments: _____

Teacher Name: _____

Teacher Signature: _____

-----Tear or cut along this line-----

Teacher Recommendations (Teachers, please fill out and return. Please DO NOT allow applicant to see your responses) *The opinions of those who commonly interact with a leader are extremely valuable in assessing the effectiveness of one's leadership abilities. The following boxes are to be filled out by core teachers. Teachers, please place completed form Rachel Infanti's mailbox or via email infantir@manateeschools.net by Monday, March 29th.*

Student Name: _____

	Below Average	Average	Above Average	Exceptional
Maturity				
Motivation				
Productive Class Discussion				
Concern for Others				
Creativity				
Leadership				
Attendance				

How long have you known the student: _____

Additional Comments: _____

Teacher Name: _____

Teacher Signature: _____