



BRADEN RIVER HIGH SCHOOL

6545 State Road 70 East

Bradenton, FL 34203

(941)751-8230 Fax (941) 751-8250

Sharon Scarbrough, Principal

Dear Parents/Guardians/Students and Athletic Interests:

To ensure Braden River High School (BRHS) is compliant with all the Florida High School Athletic Associations (FHSAA) policies, it is imperative that all BRHS athletic supporters abide by the policies of the FHSAA.

Policy 36- Athletic Recruiting. Athletic recruiting is a gross violation of the spirit and philosophy of educational athletics. Athletic recruiting is unethical and unsporting conduct and is forbidden by FHSAA.

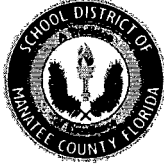
Athletic Recruiting. "Athletic recruiting" is any effort by a school employee, athletic department staff member or representative of a school's athletic interests to pressure, urge or entice a student to attend that school for the purpose of participating in interscholastic athletics.

"Representative of a school's athletic interests" refers to any independent person, business or organization that participates in, assists with and/or promotes that school's interscholastic athletic program. This includes student-athletes or other students in school, parents, guardians or other family members, immediate relatives of a coach or other member of the athletic department, a volunteer with that school's athletic program, athletic boosters, a person, business or organization that makes financial or in-kind contributions to the athletic department.

Policy 37-Impermissible benefit. No school employee, athletic department staff member, representative of the school's athletic interests or third parties, such as an independent person, business or organization, may be involved, directly or indirectly, in giving an impermissible benefit to any student or any member of his/her family for the purpose of participating in interscholastic athletics, or to any student-athlete who already attends a school.

Thank you for abiding by these policies, and Go Pirates!

Matt Nesser
Braden River High School
Athletic Director



Assumption of the Risk and Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The School District of Manatee County has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending activities where close contact may be inevitable will increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing the FHSAA EL3 form, you are acknowledging the contagious nature of COVID-19 and voluntarily assume the risk that your child(ren) and yourself may be exposed to or infected by COVID-19 by attending school athletic activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death.



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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 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)

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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)

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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. 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 / /

**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
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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)