



ATHLETIC PHYSICAL FORM

SCHOOL NAME _____ SCHOOL YEAR ____/____ GRADE _____

STUDENT INFORMATION

NAME _____ FEMALE/MALE AGE _____ BIRTHDATE _____

ID # _____ ARE YOU A UNITED STATE CITIZEN? YES NO

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN INFORMATION

FATHER _____ CONTACT PHONE _____ E-MAIL ADDRESS _____

MOTHER _____ CONTACT PHONE _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

CONTACT PHONE _____

SCHOOL BOARD INSURANCE INFORMATION

IN ACCORDANCE TO SCHOOL BOARD RULE 6Gx13 -6A-1.61, INTERSCHOLASTIC ATHLETICS, SENIOR HIGH SCHOOLS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport.** Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased. Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100% of all bills for any one accident. Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. **All School Board-approved insurance is non-refundable.**

PARENT/GUARDIAN INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED _____

EMPLOYER _____

INSURANCE COMPANY _____ ADDRESS _____

INSURANCE CO. PHONE # _____ GROUP # _____ POLICY # _____

PRIMARY CARE PHYSICIAN _____ PHONE # _____

MEDICAL HISTORY

	YES	NO	
1. Has anyone in your family died suddenly at a young age (under 45)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have you ever had any of the following? If <i>YES</i> , check appropriate blank and explain below <input type="checkbox"/> Head injury or concussion <input type="checkbox"/> Been knocked out <input type="checkbox"/> Seizures <input type="checkbox"/> Heat cramps <input type="checkbox"/> Abdominal Injury <input type="checkbox"/> Became dizzy during or after exercise <input type="checkbox"/> Stinger or Burner (numbness or tingling in arms, legs, hands, or feet) <input type="checkbox"/> Passed out during or after exercise
2. Does your family (parents, grandparents, brothers, sisters) have a history of angina, coronary artery disease, heart attack, bypass surgery, before the age of 55?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you been ill in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you or anyone in your family have high cholesterol, diabetes, or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you take any medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has a physician, or your parents ever told you that you have a heart murmur, or any type of medical problem with your heart?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever been told, you or anyone in your family had sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you had fainting spells, passed out, shortness of breath, difficulty in breathing, chest pain, dizziness in or out of exercise, or have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever had epileptic seizures, fits, convulsions, or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have poor vision or wear contact lenses or sport glasses for participation?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you had an injury to the head or neck (a concussion or fracture)?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following? If <i>YES</i> , check appropriate blank and explain below. <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Wrist <input type="checkbox"/> Upper Arm <input type="checkbox"/> Chest <input type="checkbox"/> Foot <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Elbow <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Thigh <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Shoulder
12. Have you had any injury to the knee, shoulder, arms, legs, or back?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you have only one, or one working organ in a pair or set (eyes, ears, kidneys, ovaries, testicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has a physician ever told you not to participate in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you have any allergies to any type of medication or bees, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you have any skin problems such as itching, moles, breaking out, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you lose weight regularly to meet requirement for your sport?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do you use special pads or braces?	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you ever had any of the following? If <i>YES</i> , check the appropriate blank. <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Stomach Ulcers <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Asthma <input type="checkbox"/> Hepatitis <input type="checkbox"/> Other			
FEMALE HEALTH HISTORY			
			YES NO
24. Are your menstruations regular?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is heavy bleeding ever a problem?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are cramps a frequent problem during menstruation?	<input type="checkbox"/>	<input type="checkbox"/>	
27. Have you ever had a blood clot in your menstrual flow?	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you ever been treated for?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders

COMMENTS:

TO BE COMPLETED BY MEDICAL STAFF AND PHYSICIAN

NAME:

CIRCLE ONE: **MALE** **FEMALE**

	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
HEIGHT			
WEIGHT			
DO YOU WEAR GLASSES OR CONTACTS? YES / NO			
VISION: LEFT 20/ _____			
RIGHT 20/ _____			
BLOOD PRESSURE			
PULSE			
SKIN			
NOSE, MOUTH, THROAT			
NECK GLANDS / LYMPH NODES			
CHEST, LUNGS			
HEART			
ABDOMEN			
HERNIA			

ORTHOPEDIC EXAMINATION

	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
SPINE			
HIP (R) (L)			
SHOULDER (R) (L)			
ELBOW (R) (L)			
WRIST (R) (L)			
KNEE (R) (L)			
ANKLE (R) (L)			
FOOT (R) (L)			
GAIT			
POSTURE			

ASSESSMENT

ONE OF THE FOLLOWING MUST BE CHOSEN FOR THIS ATHLETE TO PARTICIPATE.

1. Full, unlimited participation _____
2. Limited participation, indicate sport and/or type of limitation _____
3. Clearance pending release by family physician _____
4. No athletic participation _____

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

STUDENT ACKNOWLEDGEMENT AND CONSENT

I have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate* and I have also read signed the Miami-Dade County Public Schools (M-DCPS) *Contract for Student Participation in Interscholastic Competitions or Performances* (FM-7155). I also agree to comply with M-DCPS Board Rules and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers.

I agree to follow the rules of M-DCPS, the GMAC, and the FHSAA and 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 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, including the responsibility of reporting my injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

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 The School Board of Miami-Dade County, Florida, my school, the schools against which it competes, the contest officials, GMAC, 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 parties named 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 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. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me, my parent(s), guardian(s) or anyone else on my behalf. 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. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Name of Student Printed

Signature of Student

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I/we have read and signed the Florida High School Athletic Association (FHSAA) *Consent and Release from Liability Certificate* and I/we have also read signed the Miami-Dade County Public Schools (M-DCPS) *Contract for Student Participation in Interscholastic Competitions or Performances* (FM-7155). I/we also agree that my child will comply with M-DCPS Board Rules and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers. I/we know of, and acknowledge, that my/our child/ward knows of, the risks involved in interscholastic athletic competition, 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, including the responsibility of reporting my/our child's/ward's injuries and illnesses to the appropriate M-DCPS staff, including the symptoms of concussion.

With the full understanding of the risks involved, I/we for ourselves, and for our child/ward, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT(S) NOT TO SUE** The School Board of Miami-Dade County, Florida, its members, officers, employees, agents, representatives, insurers, and assigns (referred to as "releases"), from any and all liability to the undersigned, his/her parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we for ourselves and for our child/ward, **HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/we hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all the records relevant to his/her athletic eligibility including, but not limited to, his or her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness.** In addition, I/we grant the releases the right to photograph and/or videotape my/our 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. I understand and agree that such use (of my name, image or other information) by the school district or any entity authorized by it shall be without compensation to me, my child and anyone else on my behalf. The released parties, however, are under no obligation to exercise said rights herein.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics. **I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

I/we have read and understood the previous information. Furthermore, I/we have reviewed my/our child's medical history form and agree that it is accurate and complete. I/we give consent for the medical staff to perform the pre-season sport physical examination on my/our child, which I/we understand is not a substitute for regular check-ups and care from our own family physician. I/we also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my/our child, if necessary, at any physical, practice, or game upon my/our absence. My/our signature in the space(s) below indicates that the requirements have been carefully read and permission is granted for my/our child to participate in all interscholastic athletics, with the exception of

_____ (IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____
(Please print name.) (Please print name.)

SIGNATURE _____ DATE _____
Father Mother Guardian

SIGNATURE _____ DATE _____
Father Mother Guardian

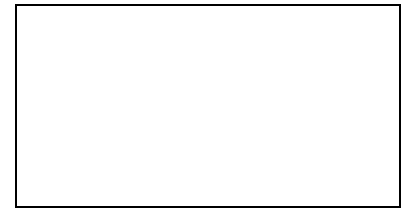
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

BY _____ WHO PRODUCED A LEGAL IDENTIFICATION OR IS PERSONALLY KNOWN TO ME.

NOTARY NAME _____
(Please print name.)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____



SPORTSMANSHIP AGREEMENT

Dear Parents/ Guardians:

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to complete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness, and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son/daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provide a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a *privilege* to participate and not a right.

As parents, you have committed yourselves to certain responsibilities and obligation as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guideline and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By signing below, I agree to and understand the contents contained in this letter.

(PARENT/GUARDIAN SIGNATURE)

(DATE)



Consent and Release from Liability Certificate (Page 2 of 2)

This completed form must be kept on file by the school

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. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school, 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 must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. 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)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of fall practice or the first day of school, or otherwise the student cannot participate at the new school for the remainder of the school year. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student will be ineligible there for one year. (FHSAA Bylaw 9.3)
9. 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)
10. Must have signed permission to participate from the student's parent(s)/guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time the student must successfully undergo another physical evaluation to continue his/her participation. (FHSAA Bylaw 9.7)
13. 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)
14. 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)
15. 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)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

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.



**Miami-Dade County Public Schools
Contract for**

Student Participation in Interscholastic Competitions or Performances

_____ **Senior High School**

Student Name (Print or Type) _____

Student ID Number _____

Team/Performing Group _____

A student who participates in interscholastic competitions and/or performance groups should demonstrate high standards of ethics and promote the development of good character and other life skills. A model student participant should exhibit a high degree of decorum demonstrating respect for self, family, and all people regardless of ethnicity, race, religion, gender or physical condition. As a representative of Miami-Dade County Public Schools (M-DCPS), I commit to adhering to the following values and team rules.

Core Values

CITIZENSHIP

I will:

- Comply with school, classroom and interscholastic competition rules.
- Respect all laws and rules of society.
- Use appropriate language at all times.
- Demonstrate behavior that is fair, civil, polite and courteous.
- Abide by and understand the rules of the competition in which I am participating.

COOPERATION

I will:

- Resolve conflicts with peers in an appropriate and lawful manner.
- Adhere to the school dress code.
- Accept responsibility for my own behavior.
- Support classmates and team members in their lawful endeavors.
- Demonstrate school pride in an appropriate manner.
- Cooperate with administrators, teachers, coaches, and sponsors.

COMPASSION

I will:

- Provide support to people who are in need of assistance.
- Demonstrate kindness to peers and adults.
- Assist teachers, coaches, and sponsors in making my school environment a positive place in which to learn.
- Support community outreach programs and charities when possible.
- Make contributions of time and energy that enrich the school environment.

HONESTY and RESPONSIBILITY

I will:

- Tell the truth.
- Live and compete honorably.
- Report any inappropriate or illegal act to an administrator, teacher, coach, or sponsor.
- Complete all work independently.
- Return lost property to the owner.
- Attend school and all classes regularly and on time.

INTEGRITY

I will:

- Express beliefs and feelings without regard to social pressure and do what's right even when it is unpopular or personally costly.
- Help fellow classmates and teammates.
- Support school activities and interscholastic programs.
- Exercise self-control.
- Engage in healthy life-style practices.

EXCELLENCE

I will:

- Put forth maximum effort and complete all academic assignments.
- Maintain a cumulative GPA of at least 2.00.
- Maintain an average conduct grade of at least 2.00 in each semester.
- Commit to being a student first and to getting the best education I can.

FAIRNESS and RESPECT

I will:

- Participate in activities that are safe, respectful and lawful.
- Treat all adults (administrators, teachers, coaches, and sponsors) and peers (teammates) with respect.
- Treat all people the same regardless of ethnicity, race, religion, gender, age or disability.
- Respect the integrity and judgment of competition judges or game officials.

Team/Performing Group Rules

All interscholastic athletics and school activities are meant to contribute to the overall academic excellence achieved by a student participant. The following rules and consequences are seen as the basic conditions that must be met by a student who wishes to represent his or her school through interscholastic competitions or performances:

- 1) A student must maintain a cumulative 2.00 GPA or higher as specified by s. 1003.43(1) *Florida Statutes*.
- 2) A student must receive a minimum 2.00 in conduct in the preceding semester.
- 3) If a student is assigned to Indoor Suspension/School Center for Specialized Instruction (SCSI), he or she will be unable to participate in interscholastic competitions or performances on the day(s) on which he or she is assigned. If the assignment to SCSI takes place on/or includes a Friday, the student will be unable to participate in interscholastic competitions or performances on the weekend.
- 4) A student who is serving an Outdoor Suspension cannot practice or participate in interscholastic competitions or performances and may be subject to further sanctions or penalties.
- 5) A student who has a total of eleven (11) cumulative days of suspension (indoor and outdoor) will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
- 6) A student who has ten (10) or more cumulative absences will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
- 7) A student who has twenty (20) or more cumulative tardies will not be allowed to participate in interscholastic competitions or performances for the remainder of the school year.
- 8) A student must be reported as present for the school day in order to participate in interscholastic competitions or performances, including practices.
- 9) A student who participates in interscholastic competitions or performances and has not performed at grade level as defined by the Florida Department of Education will seek two (2) hours per week of academic tutoring. Failure to seek required tutoring will result in a seven (7) calendar day suspension from interscholastic competitions or performances.
- 10) Any student who is arrested for conduct occurring on or off school grounds will be prohibited from participating in all interscholastic competitions or performances for a minimum of ten (10) days, including practices.

I have read and understand the requirements of the Contract for Student Participation in Interscholastic Competitions or Performances. I understand that participation in interscholastic competitions or performances is a privilege and not a right. I understand that I am expected to perform according to this contract and the team/performing group rules. I understand that there may be sanctions or penalties, which may include suspension or dismissal from the team/performing group.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____