

**ATHLETIC PHYSICAL FORM**



SCHOOL NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ / \_\_\_\_\_ GRADE \_\_\_\_\_  
 SPORT(S) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART I STUDENT INFORMATION**

NAME \_\_\_\_\_ FEMALE / MALE AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 ID # \_\_\_\_\_ ARE YOU A UNITED STATES CITIZEN? YES  NO   
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ BEEPER # \_\_\_\_\_

**PART II PARENTAL/GUARDIAN INFORMATION**

FATHER \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_  
 MOTHER \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_  
 EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 DAYTIME PHONE # \_\_\_\_\_ CELL/PAGER # \_\_\_\_\_

**PART III-A 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.**

**PART III-B PARENTAL INSURANCE INFORMATION**

**PRIMARY INSURANCE INFORMATION THAT INCULDES YOUR CHILD:**

NAME OF INSURED \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 INSURANCE COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 INSURANCE CO. PHONE # \_\_\_\_\_ GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_  
 PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

FOR ATHLETIC OFFICE USE ONLY: Insurance: \$15.00 \_\_\_\_\_ \$42.00 (FB) \_\_\_\_\_ \$18.00 (SFB) \_\_\_\_\_  
 GPA: 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_

## MEDICAL HISTORY

	YES	NO
1. Has anyone in your family died suddenly at a young age (under 45)?	<input type="checkbox"/>	<input type="checkbox"/>
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 has sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had fainting spells, passed out, shortness of breath, difficulty in breathing, chest pains, 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"/>
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 requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you use special pads or braces?	<input type="checkbox"/>	<input type="checkbox"/>

21. Have you ever had any of the following?

If YES, 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 Bumer (numbness or tingling in arms, legs, hands, or feet) |  |
| <input type="checkbox"/> Passed out during or after exercise                                   |  |

22. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following?

If YES, 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 |                                    |

23. Have you ever had any of the following?

If YES, 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:		
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>

**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 THE ATHLETE TO PARTICIPATE**

1.  Full, unlimited participation \_\_\_\_\_
2.  Limited participation, indicate sort 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 \_\_\_\_\_

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

(IF NO EXCEPTION, WRITE "NONE")

PARENT / GUARDIAN \_\_\_\_\_  
(Please print name)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father  Mother  Guardian

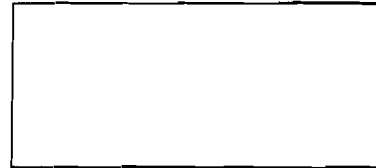
SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_ WHO PRODUCED A FORM OF LEGAL IDENTIFICATION OR IS  
PERSONALLY KNOWN TO ME.

NOTARY NAME \_\_\_\_\_  
(Please print name)

NOTARY SIGNATURE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



(NOTARY SEAL)

### 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 compete. 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 obligations 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 to 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). Guidelines 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

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3).
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. 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. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics. **The physical evaluation is valid for 365 calendar days from the date that it was administered** after which time you must successfully undergo another physical evaluation to continue your participation. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.



Consent and Release from Liability Certificate (Page 1 of 2)

This completed form must be kept on file by the school.

Part 1. Student Acknowledgement and Release (to be signed by student).

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side 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, 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 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. I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Student (printed) Signature of Student Date

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I have not marked out:

Table with 6 columns for Boys Sports: Baseball, Basketball, Bowling, Soccer, Cross Country, 11-Man Tackle Football, Golf, Lacrosse, Track & Field, Volleyball, Water Polo, Weightlifting, Wrestling. Includes a row for 'Others sports added to this form by school:'.

Table with 6 columns for Girls Sports: Basketball, Bowling, Cross Country, Flag Football, Golf, Lacrosse, Soccer, Fast-Pitch Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting. Includes a row for 'Other sports added to this form by school:'.

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we 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/we release and hold harmless my child's/ward's school, the schools against which it competes, 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/we 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/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we 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/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 school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

E. Please check the appropriate box(es):

My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.

Company: Policy Number:

My/our child/ward is covered by his/her school's activities medical base insurance plan.

I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date



## Miami-Dade County Public Schools

### Contract for

## Student Participation in Interscholastic Competition or Performance

Dr. Michael Krop

Senior High School

Student Name (Print or Type) \_\_\_\_\_

Student ID Number \_\_\_\_\_

Team/Performing Group \_\_\_\_\_

A student who participates in interscholastic competition and/or performance 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 feeling 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 a 2.00.
- Maintain an average conduct grade of at least a 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.

**Interscholastic Team Rules**

All interscholastic athletics and 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 athletic/interscholastic competition or performance.

- 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 each semester.
- 3) If a student is assigned to SCSI, he or she will be unable to participate in athletic/interscholastic competition or performance 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 athletic/interscholastic competition or performance on Saturday.
- 4) Students who are serving an external suspension cannot practice or participate in athletics/interscholastic competition or performance and may be subject to further sanctions or penalties.
- 5) Students who have a total of eleven (11) days suspension will not be allowed to participate in athletic/interscholastic competition or performance for the remainder of the school year.
- 6) A student who has ten (10) or more absences and/or 20 or more tardies will not be allowed to participate in athletic/interscholastic competition or performance for the remainder of the school year.
- 7) A student must be reported as present for the school day in order to participate in athletic and extracurricular activities.
- 8) Student participants who are identified as being FCAT Level 1 or 2 will be required to attend two hours of academic tutoring per week. Failure to attend required tutoring will result in a seven (7) calendar day suspension from athletic/ interscholastic competition or performance.
- 9) Any student who is arrested for conduct occurring on or off school grounds will be prohibited from participating in all extracurricular interscholastic athletics and activities for a minimum ten (10) days.

**I have read and understand the requirements of the High School Student Extracurricular Participation Contract. I understand that participation in interscholastic competition is a privilege and not a right. I understand that I am expected to perform according to this contract and the team rules. I understand that there may be sanctions or penalties, which may include suspension or dismissal from the team.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Contract for M-DCPS Interscholastic Athletic and Extracurricular Participation Summary**

<b>Area of Concern</b>	<b>M-DCPS Contract</b>
Grade Point Average	2.0 Cumulative per State Statue (Current FHSAA Requirement)
Conduct (M-DCPS Requirement)	2.0 per semester (Current M-DCPS Requirement)
SCSI	Suspended from all competitions for duration of assignment.
Outdoor Suspension	Suspended from all school functions including practice and competitions. (Current M-DCPS Student Code of Conduct Requirement)
Cumulative Suspensions	After 11 days of suspension (indoor and outdoor combine) are accumulated the student is not allowed to participate in interscholastic competitions for the remainder of the <b><u>school year</u></b> .
Attendance/Absences	After 10 absences are accumulated (excused and unexcused) the student is not allowed to participate in interscholastic competitions for the remainder of the <b><u>school year</u></b> .
Attendances/Tardies	After 20 tardies are accumulated (excused or unexcused) the student is not allowed to participate in interscholastic competitions for the remainder of the <b><u>school year</u></b> .
Arrests	<b>Any arrest will result in an immediate minimum 10 day prohibition from participation in all extracurricular interscholastic athletics and activities.</b> (This new requirement is already being added to the revised Code of Student Conduct)
Academic Enhancements	FCAT Level 1 and 2 participants in interscholastic teams or performing groups will attend 2 hours per week of mandatory academic tutoring. Failure to comply will result in a seven day suspension from competition.