



**Immaculata-La Salle
High School**

Student-Athlete Handbook

2024-2025

**Immaculata-LaSalle High School
3601 S. Miami Ave
Miami Florida 33133
305-854-2334
www.ilsroyals.com**

TABLE OF CONTENTS

| | |
|--|-------|
| Message to Student Athletes and Parents..... | 1 |
| ILS Athletic Staff | 2 |
| Mission Statement | 3 |
| Philosophy..... | 3 |
| Athletic Department Goals and Objectives | 4 |
| Immaculata-La Salle Activities | 4 |
| Introduction..... | 5 |
| Rules and Regulations | 5 |
| Athletic Requirements and Eligibility | 6 |
| NCAA Requirements..... | 7 |
| Rules for Athletes | 7 |
| Suspensions..... | 8 |
| Dismissal..... | 9 |
| Inventory/Equipment/Uniforms..... | 9 |
| Physician’s Statement..... | 9 |
| School Accident Insurance | 10 |
| Injury/Accidents..... | 10 |
| Scheduling..... | 10 |
| Athletic Awards..... | 10 |
| Fans..... | 11 |
| Parent/Coach Relationship..... | 11 |
| Athletic Team Travel..... | 11 |
| Communication..... | 12 |
| Athletic Financial Responsibility | 13 |
| Ticket/Admission Information..... | 13 |
| Archdiocese of Miami Policies..... | 13 |
| i.Name Image & Likeness | 14 |
| ii.COVID-19 | 15 |
| iii.Anti Bullying Policy..... | 15 |
| iv.Child Protective Investigations..... | 16 |
| v.Conduct..... | 16 |
| vi.Drug and Alcohol Policy | 16 |
| vii.Fund Raising..... | 16 |
| viii.Harassment and Discrimination..... | 17 |
| ix.Medications | 17 |
| x.Private Tutoring, Coaching or Lessons | 18 |
| xi.Public Display of Affection..... | 18 |
| xii.School-Sponsored Events | 18 |
| xiii.Search and Seizure..... | 18 |
| xiv.Threats of Violence | 18 |
| xv.Use of Photos..... | 18 |
| xvi.Weapons Policy | 19 |
| Required FHSAA Forms | 20-28 |
| Student and Parent Verification and Code Signature Form..... | 29 |
| ILS Concussion Policies | 30-31 |

A Message to Student Athletes and Parents

Welcome to Immaculata-La Salle Athletics, home of the Royal Lions!

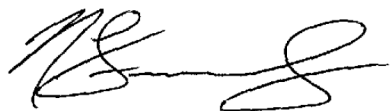
We here at ILS are extremely excited to welcome all students, parents and supporters of the Royal Lions. Athletics are a vital part of our school community and provide a solid foundation for the growth and development of our young men and women. As a school we want to continue to build and grow our student-athletes spiritually, physically and emotionally. We believe that participation in athletics promotes qualities like character, accountability and discipline, as well as working on important virtues like patience, sportsmanship and humility. These reasons, and many more, have been outlined in this handbook to allow us to hold your athletic department in the highest regard in our pursuit of excellence.

There are a number of stakeholders involved in the athletic department that aid in the development and operation of a successful program. For ILS student-athletes and coaches to succeed, a certain level of ability and preparation is required. In addition, we expect the student-athletes, coaches and parents to adhere to the rules and regulations outlined in this handbook. Please read and review these policies carefully. We urge all student-athletes and parents to familiarize themselves with the goals and purposes of our Salesian athletic program. Allow us to use athletics the way it was intended: as a teaching tool that allows our student-athletes to create goals, compete, celebrate, and learn to deal with the successes and hardships that follow as a member of the Royal Lion athletic program.

Thank you for your support, and welcome to another exciting year of Immaculata-La Salle Athletics! We look forward to all the experiences this year has to offer while we represent our school to the best of our abilities. We are all excited to be a part of a long-lasting tradition of excellence here at Immaculata-La Salle!

GO ROYAL LIONS!

Many Blessings,



Nicholas Fernandez

Athletic Director

Immaculata-La Salle High School



ILS ATHLETIC STAFF

| | | |
|--------------------------------|------------------------------|--|
| Principal | Sr. Kim Keraitis, FMA | principal@ilsroyals.com |
| Dean of Students | James Rydborn | jrydborn@ilsroyals.com |
| Athletic Director | Nicholas Fernandez | nfernandez@ilsroyals.com |
| Asst. Athletic Director | Anthony Vuono | avuono@ilsroyals.com |
| Asst. Athletic Director | Melissa Capablanca | mcapablanca@ilsroyals.com |
| Athletic Trainer | Camille Wilkerson | cwilkerson@ilsroyals.com |
| Athletic Trainer | Joel Acosta | jacosta@ilsroyals.com |

ILS HEAD COACHING STAFF

| | | |
|------------------------------------|--------------------------------|--|
| Strength & Conditioning | Nathan Gomez | ngomez@ilsroyals.com |
| Head Football | Helder Valle | hvalle@ilsroyals.com |
| Head Boys/Girls Golf | Anthony Tzamtzis | atzamtzis@ilsroyals.com |
| Head Swimming | Joaquin Utz | joaquinutz@yahoo.com.ar |
| Head Girls/Boys Volleyball | Luis "Danny" Saladrigas | saladrigasl@gmail.com |
| Head Cheerleading | Coral Buxeda | cbuxeda@ilsroyals.com |
| Head Cross Country | Andrew Shaheen | ashaheen@ilsroyals.com |
| Head Girls Basketball | Danny Arguello | darguello@ilsroyals.com |
| Head Boys Basketball | Matt Shapiro | shapirom15@gmail.com |
| Head Girls Soccer | Anthony Vuono | avuono@ilsroyals.com |
| Head Boys Soccer | Richard Jobson | rjobson@ilsroyals.com |
| Head Baseball | Nathan Gomez | ngomez@ilsroyals.com |
| Head Softball | Dan Montesi | dan.montesi@yahoo.com |
| Head Sailing | Patrick Downey | patrdowney@hotmail.com |
| Head Tennis | James Rydborn | jrydborn@ilsroyals.com |
| Head Lacrosse | TBD | |
| Head Track | D'Andre Mickens | dmickens@ilsroyals.com |
| Head Dance Coach | Esther Pazos | epazos@ilsroyals.com |
| Head Beach Volleyball | TBD | |

ATHLETIC MISSION STATEMENT

Immaculata-La Salle High School athletic department will create and foster an environment that provides opportunities for the student-athletes to enrich their high school experience through participation on athletic teams.

We are dedicated to providing opportunities which will enhance the intellectual, physical, social, moral, and spiritual development of the whole person, while conducting all activities with honesty and integrity in accordance with the principles of good sportsmanship and ethical conduct which embody the Salesian System of Education, preparing our student- athletes for a lifelong commitment to Faith, education, leadership and service.



PHILOSOPHY

Immaculata-LaSalle High School will field competitive athletic teams in all interscholastic sports in which it participates. Student athletes and coaches are expected to participate in these programs with the Christian principles and practices espoused by the school. It is our firm belief that success will be achieved under this philosophy, and that the achievements and recognition brought to the school and the athletic department will have longer lasting value when accomplished in conjunction with our Christian values.

WE BELIEVE: Interscholastic athletics are an integral part of a school's curriculum.

WE BELIEVE: Participation in a wide variety of interscholastic sports programs contributes positively toward the development of a young person's health, physical ability, social competence and discipline.

WE BELIEVE: In providing a well-balance and organized program of interscholastic athletics for girls and for boys, and in managing and operating this program within the guidelines and policies of The Archdiocese of Miami and Florida High School Association (FHSAA).

ATHLETIC DEPARTMENT GOALS AND OBJECTIVES

- ❖ Spiritual
 - To develop young men and women to be good Catholic/Christians Ambassadors in all their endeavors by achieving excellence through virtues.
- ❖ Physical
 - To provide our student athletes with guidelines and assistance in developing athletic/academic success.
- ❖ Mental
 - To develop a well-rounded individual by teaching the importance of practice and preparation in reaching the student athlete's potential.
- ❖ Social
 - To provide, through competition, for the emergence of a strong self-concept by developing strong character, leadership qualities, and good citizenship, along with the student athlete's physical qualities.
 - To develop an equitable athletic program as it applies to "gender equity" in high school athletics.
- ❖ Educational
 - To promote teamwork, self-discipline, dedication, commitment, and perseverance.

"Nurturing mind, body, and spirit through academic and athletic achievement."

IMMACULATA - LA SALLE ACTIVITIES

Immaculata-LaSalle interscholastic athletic program is a member of the Florida High School Athletic Association (FHSAA), which involves competition with other public and private schools.

Presently, Immaculata-LaSalle recognizes field teams in the following interscholastic activities:

FALL:

| | |
|-----------------------|--------------|
| Varsity Football | Boys |
| JV Football | Boys |
| Varsity Cross Country | Boys & Girls |
| Varsity Golf | Boys & Girls |
| Varsity Swimming | Boys & Girls |
| Varsity Volleyball | Girls |
| JV Volleyball | Girls |

WINTER:

| | |
|--------------------|--------------|
| Varsity Basketball | Boys & Girls |
| JV Basketball | Boys & Girls |
| Varsity Soccer | Boys & Girls |
| JV Soccer | Boys |

SPRING:

| | |
|-----------------------|--------------|
| Varsity Baseball | Boys |
| JV Baseball | Boys |
| Varsity Lacrosse | Boys |
| Varsity Softball | Girls |
| Varsity Tennis | Boys & Girls |
| Varsity Track & Field | Boys & Girls |
| Varsity Volleyball | Boys |
| Beach Volleyball | Girls |

YEAR ROUND:

| | |
|--------------|--------------|
| Cheerleading | Girls |
| Dance Team | Girls |
| Sailing | Boys & Girls |

INTRODUCTION

Interscholastic athletes can be fun, rewarding, and memorable part of the high school experience. While academics offer the primary source for formal education, athletics can contribute to the total value of that education in many different ways. Building upon the concepts of teamwork, fair play, sportsmanship, and self-esteem, athletics can help to provide for a well-rounded educational experience.

Athletic participation is a privilege and not a right. To those who strive to succeed in the classroom comes the privilege to compete outside of it.

Being an athlete, or the parent of an athlete, is often a very challenging task. Sometimes this relationship can become complicated by the nature and structure of athletics in general. It is the intent of this Athletic Handbook to provide some insights into the role and responsibilities athletes and parents face and share, separately and together, in the realm of high school athletic participation.

The high school sports experience is much different than the recreational sport experience. Whereas recreational sport philosophy stresses equal participation by all, at the interscholastic level playing time is earned and not guaranteed.

Student-athletes earn playing time through good work ethics in practice, skill development, sportsmanship, and overall team attitude. Likewise, not all who try out for a given team will endure through the final selection process to make the team roster. Coaches are responsible for the selection of team rosters and for the determination of playing time for those on the team.

RULES AND REGULATIONS

Athletic Participation

1. Twelfth graders may participate at the varsity level only. Exceptions to this rule will be approved by the Athletic Director.
2. Eleventh graders should participate at the varsity level, but may participate on junior varsity teams.

3. Tenth graders may participate at the junior varsity level, but may participate at the varsity level.
4. Ninth graders should participate at the ninth grade/JV level if it is offered, but are eligible to move up to varsity.
5. Student athletes have four consecutive years of eligibility starting when they first enter ninth grade.
6. If a student quits a sport before the season is over, he/she is **NOT** allowed to participate in another sport until that sport's season is completed, unless the coaches and Athletic Director agree to let a student start another sport.

ATHLETIC REQUIREMENTS AND ELIGIBILITY

State law, the regulation of the FHSAA, governs eligibility rules and policy established by the Administration of Immaculata-LaSalle High School. All required forms are available in the ILS office, on the ILS website, www.ilsroyals.com and the FHSAA website, www.fhsaa.org. In order for an athlete to be eligible:

1. The FHSAA requires all student athletes must show proof of health insurance. School insurance and Medicaid are acceptable in meeting this requirement.
2. A student may participate in interscholastic athletic competition until reaching the age of 19, unless his/her birthday is after September 1 of their Senior Year. Upon reaching the age of 19 prior to September 1 of their Senior year, the student becomes ineligible to compete in interscholastic sports.
3. A high school student will have four years of consecutive eligibility. If the four years of eligibility expires while a student is still in season, he/she will be allowed to complete their sport's season, but will not be eligible for the next sport season.
4. According to school policy, a student must pass at least six (6) subjects in a marking period, and maintain a GPA of at least a 2.0 on a 4.0 **unweighted** scale for the semester in order to be eligible to participate in athletics for the next semester. ILS personnel will monitor 1st quarter grades, 1st semester grades and the finals grade for purposes of determining eligibility. If a student falls to a 2.5 or lower unweighted GPA at any point during a marking period, a weekly progress report will be issued to the student; the student is to have it filled out on Friday and turn it in to his/her coach as soon as possible.
5. A student must have a yearly FHSAA physical form documented by a Florida doctor before he/she can participate in a sport. All students must have a signed Parent Consent form and Consent Certificate for Concussion and Heat Related Illness form on file with the athletic office.

a. Please Upload all Athletic Forms to our [FamilyID](#) page. (Click link)

6. All students must have signed Student/Parent Verification form before participating in a sport at Immaculata-LaSalle.
7. Transfer students **may be** allowed to participate in athletic competition under certain circumstances set forth by the FHSAA. Notification needs to be made to the Athletic Director before arrangements are made to apply for transfer eligibility. Transfer student may not participate in any way on any team until cleared by the FHSAA and notified by the athletic office. GA4 paper work must be turned into Athletic Director notarized.

***An athlete who falsifies information to gain eligibility status that causes a member school to violate eligibility rules shall be declared ineligible to represent any member school for a period of one year from the date of discovery of the violation.*

NCAA REQUIREMENTS

The high-school student-athlete must meet the following standards as passed by the NCAA in January 1983 and subsequently updated to be eligible for college participation. Immaculata-LaSalle High School follows the directives of the NCAA and is not responsible for any requirement changes made by the NCAA. Please refer to the NCAA for the latest updates at www.ncaa.org.

The student-athlete must:

1. Earn a minimum grade point average of 2.3 in the core-curriculum as defined by the NCAA
2. Earn a minimum of 900 combined score on the SAT (verbal and mathematics sections)
3. Student-Athletes are advised to take the SAT or ACT in their junior year
4. Register in the College Clearing House by the end of Junior year through his/her guidance counselor.

RULES FOR ATHLETES

Student athletes are representatives of the school, and should conduct themselves accordingly on and off the playing field. All athletes are expected to adhere to the following general and specific rules:

General Rules

1. Conduct yourselves as ladies and gentlemen. Set an example for the rest of the student body.
2. **The use of alcohol, tobacco, or illegal drugs is strictly prohibited and could result in removal from the team.**
3. All student athletes will dress appropriately for their sport. The individual uniform will be specified in the description of each sport. Appropriate footwear must be worn in every sport dependent upon the playing surface.
4. Never use profanity.
5. Attend all practices and contests unless excused by the coach.
6. Complete the season.
7. Attend school regularly.
8. Respect school property.
9. All equipment issued should be returned in the same condition. Students and their parent/guardian are responsible for lost or damaged uniforms and other equipment.
10. Display good sportsmanship at all times.

11. **Do not involve himself/herself in any form of gambling.**
12. Always show respect toward the administration and faculty of ILS, the officials and opponents, as well as the community in general.
13. Follow all school rules at all times.

Specific Rules

1. Attendance at all scheduled practices and games/meets/tournaments are mandatory, unless excused by the head coach. An athlete must have an acceptable reason and/or prearranged absence such as illness, deficiencies in schoolwork or other obligations not reasonably anticipated by the athlete. Unexcused absences from practice or competition may lead to disciplinary measure to be determined by the head coach.
2. Any athlete who quits a team will not be permitted to play on another team until the end of the season of the team he/she has quit. The Athletic Director may make exceptions for special cases.
3. On days school is in session, an athlete must attend the last four periods of the day in order to participate in a game or practice.
4. For a Saturday game, the student must be in class on Friday for the last four periods of the day.
5. An athlete suspended in or out of school is automatically suspended from the team. The athlete cannot participate in a game or practice until the suspension is over, and he/she has been reinstated by the school administration
6. If a student is suspended or dismissed from a team for disciplinary reasons, he/she is ineligible to participate in **any** sport unless granted permission by the Athletic Director. The coach will immediately notify the Athletic Director of any suspension.
7. An athlete will not be allowed to participate simultaneously in more than one team in the same sports season. The only exception will be given from the Athletic Director if the coaches and athletes can arrange an acceptable schedule. **PARTICIPATING ON TWO TEAMS SIMULTANEOUSLY IS NOT ENCOURAGED.**
8. Any athlete assigned detention by any teacher or administrator must report to that detention. Detention **takes precedence over team practice or games.**

SUSPENSIONS

1. A one game suspension by the coach for disciplinary reasons may be implemented, provided the Principal and Athletic Director are notified. The A.D. must be notified of any suspension the day they are implemented and reserves the right to further impose additional suspension time should such infractions of the student athlete reflect negatively on the Immaculata-LaSalle High School program or any after school events
2. The Athletic Director and the Administration reserves the right to impose suspensions for inappropriate actions by a student athlete before, during and after events that reflect negatively on the Immaculata-LaSalle High School athletic program. The suspension can include school and athletic time

3. Players ejected during a contest by an official may not participate for the next seven days or a minimum of two contests. Players ejected with gross unsportsmanlike conduct will be suspended from athletics for six weeks or more.
4. Students who receive a certain number of disciplinary infractions/demerits will be subject to suspension from team activities, games and other athletic events.

Specific Rules

1. Attendance at all scheduled practices and games/meets/tournaments are mandatory, unless excused by the head coach. An athlete must have an acceptable reason and/or prearranged absence such as illness, deficiencies in schoolwork or other obligations not reasonably anticipated by the athlete. Unexcused absences from practice or competition may lead to disciplinary measure to be determined by the head coach.
2. Any athlete who quits a team will not be permitted to play on another team until the end of the season of the team he/she has quit. The Athletic Director may make exceptions for special cases.
3. On days school is in session, an athlete must attend the last four periods of the day in order to participate in a game or practice.
4. For a Saturday game, the student must be in class on Friday for the last four periods of the day.
5. An athlete suspended in or out of school is automatically suspended from the team. The athlete cannot participate in a game or practice until the suspension is over, and he/she has been reinstated by the school administration
6. If a student is suspended or dismissed from a team for disciplinary reasons, he/she is ineligible to participate in **any** sport unless granted permission by the Athletic Director. The coach will immediately notify the Athletic Director of any suspension.
7. An athlete may participate simultaneously on more than one team provided all coaches concerned and the Athletic Director grant permission. It will be the duty of the coaches concerned and the Athletic Director to arrange a schedule acceptable to the athlete and coaches to ensure that the athlete is not "caught in the middle between two coaches." **PARTICIPATING ON TWO TEAMS SIMULTANEOUSLY IS NOT ENCOURAGED.**
8. Any athlete assigned detention by any teacher or administrator must report to that detention. Detention **takes precedence over team practice or games.**

DISMISSAL

When the behavior of an athlete is deemed inappropriate, it may be necessary to dismiss that individual from the team. Before dismissal of an athlete, the Coach, and Athletic Director shall review the case. Coaches will communicate with the parents of athlete to explain the cause for dismissal.

INVENTORY/EQUIPMENT/UNIFORMS

1. Each coach is responsible for all athletic property issued to him/her, each athlete is also responsible for all athlete equipment and uniforms issued to them by their coach. At the completion of the season, an inventory form should be completed and returned to the Athletic Director. The coach will list all property, its condition, storage area, and replacement needs. Nothing new will be ordered until

inventory is complete. It is imperative that coaches and members of their teams pay strict attention to manufacturer's instructions on washing and care of uniforms.

2. The coach will notify the Athletic Department of equipment and/or uniform that is not turned in by an athlete. That athlete and their parent/guardian is responsible for the replacement of that equipment and/or uniform and can be held financially responsible for the failure to turn in said equipment and/or uniform.
 - a. *If a uniform is lost or stolen students will be charge \$200.00 per custom item/uniform. If non-custom items are lost or stolen, students will be charged the current price of the item lost or stolen.*

PHYSICIAN'S STATEMENT

NO student shall be eligible to represent Immaculata-La Salle High School in interscholastic athletics unless there is on file a physician's statement for the current year certifying that the student has passed an adequate physical examination and that in the opinion of the examining physician the student is fully able to participate in high school athletics. Parents are required to sign FHSAA form releasing student athletes for participation in athletics. This form will and must accompany the required health form.

SCHOOL ACCIDENT INSURANCE

Immaculata-LaSalle carries an accident insurance policy to cover injuries or accidents which occur during school time or during participation in school sponsored and supervised activities. Benefits are subject to the terms, conditions and limitations of the insurance policy. School insurance may not cover 100% of the total expenses and all claims must be filed ***within 60 days of the date of the last treatment.*** Benefits will be paid to cover the usual and reasonable medical expenses which are incurred within the Maximum Accrual Period.

The school provides the needed insurance forms; however, parents are reminded that ***the school does not follow up with the insurance. It is the parent's/guardian's responsibility to communicate directly with the insurance company.***

INJURY/ACCIDENTS

ALL injuries or accidents occurring during a game, practice, P.E. class and/or outside the school curriculum, whether recreational or club sports related, **MUST** be reported to the Athletic Trainer and the administration immediately. An **accident report MUST** be filled out in the Athletic Office immediately.

Any student who is participating in varsity sports **MUST** notify the Athletic Trainer of any history related to **CONCUSSIONS** (symptoms following a blow to the face/head), preexisting illnesses (mononucleosis, cardiac etc.) and/or any other orthopedic issues, prior to the first day of practice. All Concussion injures **MUST** follow the ILS **CONCUSSION POLICY** as written in the manual

Any injuries that have been evaluated by a medical physician, whether an ILS referred physician, personal family physician or an Emergency Care physician must have a written signed release form with the diagnosis of the injury, to be allowed to return to play.

The Athletic Training staff will always have the final say whether a student/athlete can return to participate in sports following an injury. This decision is always made in conjunction with the Athletic Trainer, parents, physician, coaches and student athlete.

SCHEDULING

1. The Athletic Director, with the help of the head coach, will make all season schedules.

2. The number of games scheduled must conform to FHSAA standards.
3. Games which require long trips or overnight stay(s) should be considered carefully. Approval is required by the Athletic Director.
4. Overnight stay(s) during the regular season will be paid by the individual team. Immaculata-La Salle High School will pay the overnight hotel expenses for ILS athletes participating in post season play, i.e., District, Regional, State.
4. Parents wishing to attend any overnight event are responsible for their own accommodations.
6. The Athletic Director must approve all schedules.

ATHLETIC AWARDS

At the end of the academic year each team will be represented at the Team Awards Ceremony, with the coach being responsible for nominating the Most Valuable Player, Coach's and Most Improved awards for the individual sports. Not all teams need to nominate awards they can choose to be represented differently.

Varsity patches are awarded to students who exemplify sportsmanlike conduct (FHSAA bylaws #19-17-1), complete the full season, and compete in at least more than half of the total games/meets of the season. This includes tournament play.

Major year awards as well as Scholar-Athlete, Athlete of the year, and Leadership awards will be presented as part of Athletic Awards Ceremony each May.

FANS

Immaculata-LaSalle fans, like ILS student athletes, are a proud group of individuals and are fiercely competitive. An outpouring of fans generates a great deal of excitement and energy felt by the participating student athletes. Coaches, student athletes, and fans rate the "fan-factor" as integral to the success of their teams.

At ILS, positive cheering is employed. "Positive cheering" is defined as yelling, screaming, shouting, clapping, etc. as enthusiastically as you wish for our team. **Negative comments or actions will not be tolerated against our guests** (otherwise known as opponents). **The use of artificial noisemakers shall be prohibited.** We want to be hospitable and also help our teams to win. Failure to abide by these rules may lead to removal from the area of competition immediately.

Game officials are individuals charged with enforcing the rules and maintaining control of the game. They are to be extended every courtesy and respect by team players, coaches and fans. Any interference with game play in a derogatory manner through verbal or physical contact with a game official, coach, or student-athlete may lead to removal from the area of competition immediately. Please understand that ILS depends on a high degree of fan participation on the part of its student body, alumni, parents, faculty, and staff. It is this loyal support that promotes excellence and brings championships. With the help of fans, the proud athletic tradition of Immaculata-La Salle will continue to flourish.

PARENT/COACH RELATIONSHIP

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide great benefit to the student athlete.

As parents, when your child(ren) become involved in the school's athletic program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's chosen athletic program.

As your child(ren) becomes involved in the programs available at Immaculata-LaSalle High School, they will experience some of the most rewarding moments of their lives. It is important to understand that there may also be times when things do not go the way you or your child wishes. At these times, a calm, rational discussion with the coach is encouraged.

Athletic Team Travel Information: Athletic Events

Parents hereby acknowledge and agree that ILS will offer transportation via bus to and from away games. A time will be given by the Coach to their team to meet at the bus which will be parked in front of the gymnasium at ILS. If a student- athlete is late and the bus leaves then he/she will not be able to attend the game.

Parents who wish to drive their child to athletic events must email Athletic Director & Head Coach of team from their ILS Parent Email prior to the day of game. In the case where a parent wants their child to ride with another ILS parent, they would also need to Email Athletic Director & Head Coach giving consent for their child to ride with another parent. If a student misses the bus, due to academic reasoning the student's parent may drive the student to the game.

Students will be allowed to drive themselves to athletic events under emergency circumstances approved by Athletic Director, Dean of Students and Head Coach as long as the student's parents has given their permission in writing by emailing from ILS parent email account.

Any questions or concerns feel free to contact Athletic Director Mr. Fernandez

COMMUNICATION

Coach to Parent

1. Team rules and the philosophy of the coach.
2. Expectations the coach has for your child as well as all the players on the team.
3. Locations and times of all practices and contests. Scheduled games are subject to change.
4. Team requirements, i.e., fundraising, special equipment, off-season conditioning.
5. Procedures that are followed should your child be injured during participation.
6. Transportation: All school regulations are applicable in situations where students are using transportation provided by a school.
 - a. If you wish to take your child from an athletic event not on campus or send your child with another parent, please email head coach or athletic director. Nfernandez@ilsroyals.com or Assistant A.D Avuono@ilsroyals.com or mcapablanca@ilsroyals.com

Parent to Coach:

1. The development of your child mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

Inappropriate Concerns to Discuss with Coaches

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

Procedure to Discuss Concerns

1. Call the Athletic Director to set up an appointment with the coach. A time convenient for the coach and parent(s) will be determined. The meeting will take place at an agreed-upon location. If an agreement can't be made Athletic Director will be asked to join the meeting.
2. Do not attempt to confront the coach before or after a practice or contest. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution. A 24-hour cooling off period is advised.

ATHLETIC FINANCIAL RESPONSIBILITIES

As with anything of value, there are financial responsibilities for the ILS Student-Athlete and Parent. It is expected that all team packages, team gear (outside of required gear for each sport) and extras will be covered through the club accounts of each team. These Club accounts are outside the school athletic budget and are managed by the Coach and Athletic Director within the system of ILS Financial Offices. Parents and Student-athletes are required to participate in the fundraising efforts of each team in order to offset the many expenses of each athletic team.

Included in these Athletic Financial Responsibilities will be a \$350.00 Student-Athlete Fee which will be charged to the Parents' account upon the Student-Athlete's acceptance to the team after tryouts. This will be a one-time fee per Student-Athlete; if he/she plays more than one sport, there will NOT be reoccurring fees per sport. This one-time yearly fee is expected to be paid to the Financial Office prior to the first athletic competition of the season.

Please note: Sailing has a separate fee that is more than the Student Athletic Fee. More information upon request.

TICKET/ADMISSION INFORMATION

(subject to change)

ILS HOME Athletic Events Gate Charge:

Varsity Sports Games

| | |
|----------------|--|
| ILS Students | No Charge - ILS ID must be presented at gate |
| Adults | \$5.00-\$10.00 |
| Other Students | \$5.00-\$10.00 |

Junior Varsity Sports Games

| | |
|----------------|--|
| ILS Students | No Charge - ILS ID must be presented at gate |
| Adults | \$5.00-\$10.00 |
| Other Students | \$5.00-\$10.00 |

POST SEASON (District, Regional) Gate Charge:

FHSAA sets admission price for all post season events. All entrants, including ILS students, must pay the entry fee set by the FHSAA.

A Concession stand is available for most athletic competitions.

ARCHDIOCESES OF MIAMI POLICIES

NAME, IMAGE, AND LIKENESS: Immaculata-La Salle High School, as a member of the Florida High School Athletic Association (FHSAA), adheres to its regulations governing athletic competition. As set forth in the FHSAA Handbook, student-athletes must maintain amateur status in order to participate in an FHSAA-regulated athletic activity, and consequently student-athletes are prohibited from competing for monetary compensation, capitalizing on athletic fame by receiving money or gifts of a monetary nature, and/or signing a professional contract in any sport or having an agent to manage a student-athlete's athletic career. The school expects all student-athletes to strictly adhere to these conditions of athletic participation which prohibit NIL commercial activity by or on behalf of any student-athlete.

No employees or agents of the school, including its coaches and administrators, are authorized to involve themselves with student NIL, or in contract offers or negotiations with any agents or other third parties offering any monetary compensation to students and/or parents/guardians. Parents/guardians are specifically advised that students and parents/guardians should seek independent professional counsel in communications and negotiations with any agents or other third parties offering compensation and/or services to students related in any way to their athletic abilities.

Students are prohibited from making any reference to any school of the Archdiocese of Miami when engaging in any commercial activity. For example, students may not wear a team jersey or otherwise display an Archdiocesan school's name, mascot, or logo while engaged in any activity not specifically authorized by the Archdiocese of Miami. Likewise, a student may not wear the apparel or display the logo, insignia, or identifying mark of any commercial partner during any school-based team activity. The names, mascots, and logos of Archdiocese of Miami schools have legal protections and their unauthorized use by a student or by a parent/guardian will constitute a serious violation of school policy and may have additional legal repercussions.

COVID-19 Policy: Attendance at school and participation in school activities pose some risks including the transmission of COVID-19. Although the school has taken various measures to reduce the risks of transmission, the possibility of infection from COVID-19 or other communicable diseases is nonetheless present. Parents expressly assume such risks by allowing their children to attend school and to participate in school activities and/or by coming onto the school campus and attending school activities themselves.

In the event of a natural disaster, disease outbreak, or any other circumstances which in the judgment of the school administration make it unfeasible, unsafe, or otherwise imprudent to continue campus-based education, school educational programs shall resume as soon as practical by way of distance learning and/or other methods adopted by the school administration and faculty. Due to the school's continuing financial obligations related to its operations, there will be no suspension, reduction, or refund of tuition in these circumstances.

I hereby authorize my child(ren) to use the digital platforms, tools and applications selected by Immaculata-La Salle High School to support the (At-Home Learning Program) including but not limited to Zoom. I understand that these third-party platforms may maintain their own privacy policies, terms and conditions for which Immaculata-La Salle High School cannot control or assume responsibility for. I further understand that in order to facilitate program activities, these online platforms often include video and audio conferencing, recording, and other forms of electronic communication. This (At-Home Learning Program) as well as those school directives and requirements related to this program of study may be amended at any time at the sole discretion of the school with or without notice.

COVERAGE - This Plan has been promulgated to assist with preventing the spread of COVID-19; however, COVID-19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The Archdiocese cannot guarantee that an employee, student, volunteer, contractor or other campus visitor will not become infected with COVID-19. This Plan, and any other related policies and procedures, may be revised at any time with or without prior notice and the specific provisions may be subject to the discretion of the Superintendent of Schools and School Principals. This Plan may differ from other entities within the Archdiocese of Miami due to varying local laws and the unique nature of the services and population that each entity serves.

Anti-Bullying Policy: The school is committed to promoting a safe, healthy, caring, and respectful learning environment for all of its students. As such, bullying is strictly prohibited and will not be tolerated. Therefore, this policy prohibits any unwelcome verbal or written conduct or gestures directed at a student by another student that has the effect of:

- (1) physically, emotionally, or mentally harming a student;
- (2) damaging, extorting or taking a student's personal property;
- (3) placing a student in reasonable fear of emotional or mental harm;
- (4) placing a student in reasonable fear of damage to or loss of personal property; or
- (5) creating an intimidating or hostile environment that substantially interferes with a student's educational opportunities or the Catholic mission of the school.

1. **Definition**

- a. **Bullying** is the willful and repeated harm inflicted upon another individual which may involve but is not limited to: teasing, name-calling, slurs, rumors, jokes, false accusations, intimidation, stalking, innuendos, demeaning comments, pranks, social isolation, gestures, cyber-bullying or other verbal or written conduct. Cyber-bullying includes the following misuses of digital technology: teasing, intimidating, or making false accusations about another student by way of any technological tool, such as sending or posting inappropriate email messages, instant messages, text

messages, digital images or website postings (including blogs and social network sites). Bullying reflects a pattern of behavior, not a single isolated incident.

- b. This definition includes students who either directly engage in an act of bullying or who, by their behavior, support another student's act of bullying.

2. Scope

- a. This policy prohibits bullying that occurs either:
 - i. on school premises before, during, or after school hours;
 - ii. on any bus or vehicle as part of any school activity; or
 - iii. during any school function, extracurricular activity or other school-sponsored event or activity.

3. Reporting Complaints

- a. Each student and parent has a duty to report any bullying to the school immediately. If a student experiences (or a parent witnesses or learns of) any incident of bullying, the incident must be promptly reported to the school principal. The principal will provide the student/parent with the Bullying Complaint Report Form which must be completed, dated and signed by the complaining party so that the school may initiate further inquiry, when appropriate.

4. Disciplinary Action

- a. Any student found to have violated this policy may be subject to appropriate disciplinary action, which may include: temporary removal from the classroom, loss of privileges, detention, counseling, parent conference, suspension, expulsion, and/or notification to appropriate authorities. The disciplinary action may be unique to the individual incident and may vary in method and severity based on the principal's discretion.

False reports or accusations of bullying also constitute a violation of this policy and may subject the offending party to appropriate remedial action which may include, but is not limited to, the assessment of costs incurred by the School in its investigation and review of any reports deemed to have been made in bad faith.

Child Protective Investigations: Florida law provides that any person who knows or has reasonable cause to suspect that a child is abused by a parent, legal custodian, caregiver or other person responsible for the child's welfare must report such knowledge to the Department of Children and Families (DCF). The school will cooperate with all child protective investigations by DCF or the local law enforcement agency. Reports should be made to Florida's Department of Children and Families by calling the Abuse Hotline at: 1-800-96-ABUSE (1-800-962-2873).

Child protective investigations by DCF or local law enforcement agencies sometimes include interviews of students at school and may occur without advance notice. When it is reasonably possible, the school will seek to notify the parents that their child has been asked to participate in a child protective investigation. The school may also request the presence of a school staff member during investigative interviews on school property. However, please note that, under Florida law, DCF and local law enforcement have the discretion to conduct unannounced interviews and to disallow school staff member's presence during these interviews.

Conduct: Students and Parents are expected to behave consistent with the mission, philosophy and spirit of the school and the moral teachings of the Catholic faith as determined by the Archbishop of the Archdiocese of Miami. Because the school cannot anticipate all conduct that violates this policy, it reserves the right to take any form of (1) student disciplinary action, including expulsion, and/or (2) restrictions against any behavior that violates this policy, even if not specifically stated in this handbook.

Drug and Alcohol Policy: The use or possession of illegal drugs or illegal mood-altering substances, alcoholic beverages, drug-related paraphernalia, or the abuse of prescription or over-the-counter drugs by

any student on school property or while attending or participating in any school-sponsored activity or at any time the student is wearing a school uniform is forbidden. Transgression of this rule will result in disciplinary action, which may include expulsion from the school, even for a first offense.

Any student selling drugs on school property or at school functions may be immediately expelled.

The school is committed to a drug-free environment. This commitment may, under some circumstances, prompt a need for testing of students for evidence of substance abuse.

If a student exhibits the symptoms, or is suspected of substance abuse, the school may require that the student undergo substance abuse testing at the parents' expense. If the results of the test suggest abuse (and the substance was not used on or brought to campus or a school-related activity), the school will normally use this information to help the student seek assistance. Refusal to participate in such a test may result in expulsion from the school.

At times, the school may choose to conduct random drug testing of the student body at the parents' expense. While this measure may not often be implemented, given the seriousness of substance abuse, the administration may consider it an effective and justifiable way of combating the problem.

A school may conduct random searches as set forth in this handbook.

Electronic Acknowledgments: Periodically, the school may require that parents or guardians make electronic acknowledgments confirming the receipt and/or acceptance of various policies, procedures, notices, releases or updates. Any time a parent/guardian makes an electronic acknowledgment by clicking "submit" or "accept" on an electronic document, that individual is agreeing that he/she has read, understood, and agrees to be bound by the contents of the electronic document. Electronic acknowledgments and signatures are valid and binding and may serve as consent to the contents of any electronic communication. Parents and guardians are responsible for reviewing the contents of any electronic document prior to making any electronic acknowledgments. In addition, Parents/Guardians, by executing the acknowledgement of receipt of this Handbook, HEREBY AGREE to receive and be bound by electronic acknowledgments.

Fundraising: No student may solicit funds in the school's name unless such solicitation has been authorized in writing by the principal.

Harassment and Discrimination: The school is committed to providing an environment that is free of discrimination and harassment. In keeping with this commitment, the school will not tolerate harassment or discrimination on the basis of a person's protected status, such as gender, color, race, ancestry, national origin, age, physical disability, mental condition, marital status, veteran status, citizenship status. All employees, faculty members and students are protected under this policy. In addition, this policy applies to all conduct occurring on school grounds, at assignments outside the school, or at school-sponsored events. All students are responsible for helping to assure that any harassment or discrimination is reported. If a student witnesses or learns of any conduct that violates this policy, the student must immediately report the incident to his/her principal. If, however, the principal is the individual who is believed to have engaged in the inappropriate conduct, the student should notify the Superintendent of Schools of the Archdiocese of Miami. If an investigation reveals that inappropriate conduct has occurred, the school will take corrective action based on the circumstances.

Medications: Students are not permitted to carry or distribute any prescription or non-prescription drugs or treatments, including aspirin, on the school grounds or at any school function. The administering of medicine to a student outside the doctor's office or a health institution is a parental responsibility and should not be delegated to school personnel except under unusual circumstances. Parents should ask their physicians if it is possible to prescribe medication so it can be administered at home. Only when necessary will the school allow the administration of medication on campus, and only under the following guidelines:

1. An "Authorization for Medication" form must be completed and submitted by a parent or legal guardian of the student. The name of the medication and dosage should be indicated on the form.
2. Medications to be taken by students must be personally brought by the parent or legal guardian to the School Office. Medications to be dispensed at school must be labeled with the child's name and the exact dosage. The name and telephone number of the physician should also be on the label. Students may not bring the medication to school alone.
3. If a student must take any medication during the school day, the medication must be kept with the Nurse or School Office and the student must go there to take it.
4. While the school will monitor a student taking the medication, the school will not remind students to come and take their medication.

Exceptions to this policy may also be made for the use, supply and administration of an epinephrine auto-injection (Epi-pen).

Private Tutoring, Coaching or Lessons: Except as specifically noted in this Handbook, the school does not sponsor, oversee, or otherwise provide private tutoring, coaching, therapy or other similar private lessons or services. Parents who engage school staff members for the provision of these services do so at their own risk and expense and are hereby advised that such services are outside the scope of the staff member's employment with the school. **Parents, by executing the acknowledgment of receipt of this Handbook HEREBY RELEASE the school, the Archdiocese, and their corporate members, officers, employees, affiliates, and agents from any claims or liabilities that allegedly arise from or are related to the provision of private tutoring, coaching, therapy or other similar private lessons or services, regardless of where they may occur.**

Public Display of Affection: The Catholic school promotes friendship, charity, kindness, love and respect for self and others. However, inappropriate displays of affection, such as kissing or embracing which connote more than simple friendship, are not permitted in school, at school dances, or at any school event. Those who violate these rules may be subject to disciplinary measures, including detention, suspension or expulsion. The administration reserves the right to determine what is, or is not, appropriate behavior in a Catholic school.

School-Sponsored Events: The school does not sponsor, oversee, or in any way control parties or social functions at private residences. School-sanctioned events, including all field trips, excursions, or parties, are specifically identified in this Handbook or are identified in the school calendar and/or written notices generated and distributed by the school.

Parents, by executing the acknowledgment of receipt of this Handbook, HEREBY RELEASE the school, the Archdiocese of Miami, and their corporate members, officers, employees, affiliates, and agents, from any claims or liabilities that allegedly arise from or are related to attendance at parties or social functions at private residences or from participation/attendance at events not identified in the school calendar or in written notices from the school, including field trips, excursions, or parties.

Students engaged in conduct that is contrary to the mission and philosophy of the school may be subject to disciplinary action regardless of whether the conduct occurred at a school-sponsored function.

Search and Seizure Policy: The principal and his/her designee has access to any lockers, handbags, electronic devices, cell phones, book bags, desks, cars or any other object that is brought onto the campus of the school or any school-sponsored event, and may remove or confiscate any object which is illegal or contrary to school policy.

Threats of Violence: The disciplinary consequences for a student whose verbal or written comments, including email messages, that threaten serious bodily harm to another student or member of the faculty or staff or destruction of property, may include, but not be limited to:

1. Immediate suspension from the school;
2. Treatment or consultation by a psychologist or psychiatrist at the parents' expense and/or by the school counselor, both of whom may be asked to submit a written evaluation. If it is determined that the child was serious about the threat and has the capacity to carry it out, the child may be expelled from the school. If it is determined that the child did not seriously intend to do harm to others, the child may be allowed to return to the school, at the discretion of the school principal.
3. If allowed to return to school, the child may be placed on probation with an indication that, should a similar threat occur, the child will be expelled from school;
4. The school should inform the Department of Schools of these cases. The school may submit an informational report to the police.

Use of Photos: The school reserves the right to use student or parent photos in any school or Archdiocesan publication including but not limited to print publications, videos, or websites including Facebook, Twitter and other social media websites. Any parent who does not want his or her child's picture or video to be used accordingly must notify the school's principal in writing prior to the beginning of the school year. **By executing this acknowledgement of receipt of this Handbook, Parents HEREBY CONSENT, authorize and grant permission to the school, the Archdiocese of Miami, and their agents, employees or duly authorized representatives to photograph or videotape students and parents and CONSENT to their publication for any purpose deemed proper by the school, including but not limited to, use on the internet.**

Additionally, Parents, by executing this acknowledgement of receipt of this Handbook, HEREBY RELEASE the school, the Archdiocese of Miami, and their corporate members, officers, employees, and agents, from any claims or liabilities that allegedly arise from or are related to the use of student or parent photos.

Weapons Policy: Weapons are not permitted anywhere on school grounds. Anyone who brings a weapon on school grounds, who is in possession of a weapon, or who threatens others with a weapon may be expelled from the school. Any item used to threaten or cause bodily harm may be considered a weapon.

REQUIRED FHSAA FORMS



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

*This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/24

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: ___ Age: ___ Date of Birth: ___/___/___
 School: _____ Grade in School: ___ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional)):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

| | Not at all | Several days | Over half of the days | Nearly everyday |
|---|------------|--------------|-----------------------|-----------------|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

| GENERAL QUESTIONS Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer. | | Yes | No | HEART HEALTH QUESTIONS ABOUT YOU (continued) | | Yes | No |
|--|--|-----|----|--|---|-----|----|
| 1 | Do you have any concerns that you would like to discuss with your provider? | | | 8 | Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)? | | |
| 2 | Has a provider ever denied or restricted your participation in sports for any reason? | | | 9 | Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 3 | Do you have any ongoing medical issues or recent illnesses? | | | 10 | Have you ever had a seizure? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | Yes | No | HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | Yes | No |
| 4 | Have you ever passed out or nearly passed out during or after exercise? | | | 11 | Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash) | | |
| 5 | Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 12 | Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | |
| 6 | Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | | | | |
| 7 | Has a doctor ever told you that you have any heart problems? | | | 13 | Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | |

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)
*This medical history form should be retained by the healthcare provider and/or parent.
 This form is valid for 365 calendar days from the date signed below.*

EL2
 Revised 4/24

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

| BONE AND JOINT QUESTIONS | | Yes | No | MEDICAL QUESTIONS (continued) | | Yes | No |
|--------------------------|---|-----|----|--|--|-----|----|
| 14 | Have you ever had a stress fracture? | | | 26 | Do you worry about your weight? | | |
| 15 | Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | | 27 | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 16 | Do you have a bone, muscle, ligament, or joint injury that currently bothers you? | | | 28 | Are you on a special diet or do you avoid certain types of foods or food groups? | | |
| MEDICAL QUESTIONS | | Yes | No | 29 | Have you ever had an eating disorder? | | |
| 17 | Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma? | | | Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | |
| 18 | Are you missing a kidney, an eye, a testicle, your spleen, or any other organ? | | | | | | |
| 19 | Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | | | | | |
| 20 | Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)? | | | | | | |
| 21 | Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | | | | | |
| 22 | Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | | | | | |
| 23 | Have you ever become ill while exercising in the heat? | | | | | | |
| 24 | Do you or does someone in your family have sickle cell trait or disease? | | | | | | |
| 25 | Have you ever had or do you have any problems with your eyes or vision? | | | | | | |

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
*This medical history form should be retained by the healthcare provider and/or parent.
 This form is valid for 365 calendar days from the date signed below.*

EL2
 Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ___ / ___ / ___ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

| | |
|--|---|
| • Do you feel stressed out or under a lot of pressure? | • Do you ever feel sad, hopeless, depressed, or anxious? |
| • Do you feel safe at your home or residence? | • During the past 30 days, did you use chewing tobacco, snuff, or dip? |
| • Do you drink alcohol or use any other drugs? | • Have you ever taken anabolic steroids or used any other performance-enhancing supplement? |
| • Have you ever taken any supplements to help you gain or lose weight or improve your performance? | • Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year? |

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

| EXAMINATION | | |
|---|-----------------------|--|
| Height: _____ | Weight: _____ | |
| BP: _____ / _____ (/) | Pulse: _____ | Vision: R 20/ _____ L 20/ _____ |
| | Corrected: Yes | No |
| MEDICAL - healthcare professional shall initial each assessment | NORMAL | ABNORMAL FINDINGS |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, Ears, Nose, and Throat • Pupils equal • Hearing | | |
| Lymph Nodes | | |
| Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL - healthcare professional shall initial each assessment | NORMAL | ABNORMAL FINDINGS |
| Neck | | |
| Back | | |
| Shoulder and Arm | | |
| Elbow and Forearm | | |
| Wrist, Hand, and Fingers | | |
| Hip and Thigh | | |
| Knee | | |
| Leg and Ankle | | |
| Foot and Toes | | |
| Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ /
 Address: _____ Phone: (____) _____ E-mail: _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
 This form is valid for 365 calendar days from the date signed below.

EL2
 Revised 4/24

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: ___ Age: ___ Date of Birth: ___/___/___
 School: _____ Grade in School: ___ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / ___
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

Signature of Student: _____ Date: ___ / ___ / ___ Signature of Parent/Guardian: _____ Date: ___ / ___ / ___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date signed below.

EL2
 Revised 4/24

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: ___ Age: ___ Date of Birth: __/__/____
 School: _____ Grade in School: ___ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: __/__/____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*



Florida High School Athletic Association
Consent and Release from Liability Certificate (Page 1 of 5)

EL3
 Revised 3/23

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 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release (to be completed and signed by parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of and acknowledge that my child/ward knows of the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of 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's/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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's 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 signature is required)

| | | |
|---------------------------|----------------------|------|
| Name of Student (printed) | Signature of Student | Date |
|---------------------------|----------------------|------|



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): _____

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 cannot 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 healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or 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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from 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 student 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 an 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 or participation for myself and that of my child/ward.

Signature lines for Parent/Guardian, Student, and Date.



Florida High School Athletic Association
Consent and Release from Liability Certificate (Page 3 of 5)

EL3
 Revised 3/23

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): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart’s electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

Why request an ECG/EKG as part of the annual preparticipation physical examination?

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the “Sudden Cardiac Arrest” course at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

| | | |
|--|---------------------------------------|---------------|
| _____ Name of Parent/Guardian (printed) | _____ Signature of Parent/Guardian | _____ Date |
| _____ Name of Parent/Guardian (printed) | _____ Signature of Parent/Guardian | _____ Date |
| _____ Name of Student (printed) | _____ Signature of Student | _____ Date |



Florida High School Athletic Association
Consent and Release from Liability Certificate (Page 4 of 5)

EL3
 Revised 3/23

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): _____

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body’s temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
- EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete’s diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled “Exertional Heat Illness”. This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at <https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf>
- Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
- Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
- Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
- Report any concerns with your school’s athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the “Heat Illness Prevention” course at www.nfhslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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

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

 Name of Student (printed) Signature of Student Date

Information on this form is credited to: <https://ksi.uconn.edu/>



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): _____

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

1. Must complete an EL3 for each school at which the student participates; **this form is non-transferable.**
2. 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)*
3. Must not provide **false information** to his/her school or to the FHSAA to gain eligibility. *(FHSAA Bylaw 9.1.1.2)*
4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. **Home Education students and students attending a non-member private school must complete additional paperwork prior to participating.** *(FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)*
5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. *(FHSAA Bylaw 9.2.3)*
6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. *(FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)*
7. Must not have **graduated** from any high school or its equivalent. *(FHSAA Bylaw 9.4.7)*
8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. *(FHSAA Bylaw 9.5)*
9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. *(FHSAA Bylaw 9.6)*
10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. *(FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)*
11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. *(FHSAA Bylaw 9.8)*
12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. *(FHSAA Bylaw 9.9)*
13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. *(FHSAA Policy 26)*
14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. *(FHSAA Policy 17)*
15. Must refrain from **hazing/bullying** while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

| | | |
|--|---------------------------------------|---------------|
| _____ Name of Parent/Guardian (printed) | _____ Signature of Parent/Guardian | _____ Date |
| _____ Name of Parent/Guardian (printed) | _____ Signature of Parent/Guardian | _____ Date |
| _____ Name of Student (printed) | _____ Signature of Student | _____ Date |

2024-2025
Immaculata-La Salle High School
Student and Parent Verification and Code

I, _____, grade _____ have read the above ILS Student-Athlete Handbook and understand what the expectations are of me as a member of the ILS student-athlete body. I agree to uphold and follow the policies described within and understand that any violation can and will result in actions by the coach, Athletic Director, Dean of Students, and/or the Principal.

Student Signature: _____ **Date:** _____

As a parent of an athlete in this school, I promise:

- *To accompany my child to as many orientation and informational meetings offered by the Athletic Department, as my schedule will permit.*
- *To work closely with all school personnel to ensure an appropriate academic as well as athletic experience for my child while he/she is in high school.*
- *To assure that my child will attend all scheduled practices and athletic contests. To require my child to abide by the Athletic Department's training rules.*
- *To acknowledge the ultimate authority of the coach to determine strategy and player selection. To maintain positive cheering at all athletic contests.*
- *To promote mature behavior from students and parents during athletic contests.*
- *To work cooperatively with other parents and school personnel to ensure a wholesome and successful athletic program for our school.*
- *To work closely with coaches and other school personnel to identify a reasonable and realistic future for my child as a student athlete.*

I acknowledge I have received and read the Immaculata-LaSalle High School Athletic Handbook.

Parent/Guardian Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____

2024-2025

Immaculata-La Salle High School

Concussion Policies

1. If a student/athlete sustains a blow or hit directly or indirectly to the head, they are to be sat out from competition and immediately referred to the school's Certified Athletic Trainer.
2. If the Certified Athletic Trainer, based on his/her assessment, determines that the student/athlete is experiencing or has experienced concussion symptoms regardless of how long it lasted, he/she is to immediately inform the parents of the student/athlete of the situation and instruct them on precautions and when it would be necessary to take their child to the hospital emergency room if needed. Also, instruct the parents on the School concussion procedures, as listed.
3. School is to abide by the orders prescribed by the medical doctor regarding the student's academic duties.
4. If a concussion is deemed sustained to a student/athlete, he/she will be encouraged to be seen by a specialized medical Sports Concussion Team relative to the Sports Medicine Pediatric Concussion Guidelines, their prescription is to be strictly adhered to concerning the academic and athletic activities of the student/athlete. These guidelines have to adhere to four principles: pass a clinical evaluation by a MD or DO, number of consecutive asymptomatic days, number of physical asymptomatic exertion days, supervised by the school Certified Athletic Trainer and pass the Impact Post Injury Test, as revealed by the attending Physician.
5. If the student/athlete is seen by a MD or DO and is cleared to participate in sports without adhering to the above-mentioned guidelines (no. 4 – four principles), the student athlete then must complete the FHSAA RETURN TO PLAY PROTOCOL. The student athlete then must adhere to 6 consecutive asymptomatic days, while completing the different steps in the return to play protocol (one step completed per day). This includes 1. No activity 2. Light aerobic activity 3. Sport specific exercise 4. Non-Contact practice 5. Full-Contact practice 6. Return to full activity. Each step can only be completed under the direct supervision of the school's Certified Athletic Trainer. Lastly, the student athlete must complete and pass a post injury ImPact test. No athlete

is cleared to participate in ANY sport unless the return to competition certification is signed and completed by Licensed Doctor trained in the latest concussion evaluation and management. Protocol, or assessed by the University of Miami Concussion Center, who Immaculata-La Salle Athletics medical team uses for concussion referral.

6. If an athlete suffers 2 concussions in one season, a conversation must be held between a parent/guardian, student athlete, and Certified Athletic Trainers about suspending the student athlete's season for the rest of the school year. This includes all sports for all seasons. If an athlete is cleared and safely returns from a 2nd concussion, but sustains a 3rd concussion, the athlete will be removed from all athletics for the remainder of the year regardless of when that 3rd concussion occurs, unless otherwise noted and cleared by a Licensed Doctor trained in the latest concussion evaluation and management. *Recommendations referenced from National Athletic Trainers' Association New Position Statement on the management of sport concussion.*