

# Nombre del estudiante:

## Escuela secundaria comunitaria de Forest Hill Departamento Atlético

### Lista de verificación de elegibilidad deportiva

El paquete ahora se puede imprimir, completar y cargar a través de [www.activate.com](http://www.activate.com). Es importante que todos los requisitos de información se completen correctamente y se carguen en Aktivate. Puede crear una cuenta si aún no lo ha hecho. Si no tiene acceso a una computadora para cargar toda la documentación, puede entregársela a su entrenador. **Esto debe ser entregado antes de las pruebas.** Los estudiantes que deseen participar en atletismo deben completar los siguientes requisitos una vez al año, antes de probar un deporte:

- completa este paquete atlético [paquete deportivo](#)
  - Tres páginas requieren un sello de notario
  - Su página de evaluación física (EL02) debe tener el sello, la firma, la autorización y la fecha del examen de un médico.
- Regístrese y complete un [Activar cuenta](#)
  - [Instrucciones para Activar](#)
- Pague un seguro deportivo de \$75 en [SchoolCashOnline.com](http://SchoolCashOnline.com)
  - Tarifa de prueba de \$ 10, saldo de \$ 65 al formar parte del equipo
  - [Registro paso a paso para School Cash Online](#)
- Complete 3 cursos de NFHS y cargue los certificados en su cuenta Aktivate
  - [Prevención de enfermedades por calor](#)
  - [Conmoción cerebral para estudiantes](#)
  - [Paro cardíaco repentino](#)

Estos requisitos son válidos para todos los deportes que se practican en un año escolar y no es necesario repetirlos cada temporada.

Si tiene alguna pregunta sobre atletismo, envíe un correo electrónico a nuestro director de atletismo, [david grad](mailto:david.grad).

La siguiente es una lista de verificación para su hijo que debe completarse antes de que pueda probar un deporte.

1. El estudiante debe tener un promedio de calificaciones de 2.0 cada semestre **Complete el paquete de elegibilidad atlética** \_\_\_\_\_
2. FHSAA Físico (No es un examen físico escolar) **EL2** \_\_\_\_\_
3. Liberación de responsabilidad de la FHSAA **EL3** \_\_\_\_\_
4. **Formulario 1588** Elegibilidad atlética para estudiantes de secundaria (Notario) \_\_\_\_\_
5. **Formulario 1589** Consentimiento médico estudiantil para atletismo (Notario) \_\_\_\_\_
6. **Formulario 2608** Seguro de Accidentes de Atletismo Interescolar \_\_\_\_\_



## 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 4/23

### MEDICAL HISTORY FORM

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

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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			Yes	No	HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			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?			
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?				13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
7	Has a doctor ever told you that you have any heart problems?								

**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 4/23

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: \_\_\_/\_\_\_/\_\_\_

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**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 4/23

**PHYSICAL EXAMINATION FORM**

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ School: \_\_\_\_\_

**PHYSICIAN 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?	

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 #: \_\_\_\_\_

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# 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 4/23

## MEDICAL ELIGIBILITY FORM

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

Student's Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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: (\_\_\_\_) \_\_\_\_\_

- 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 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.**



**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 4/23

*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: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_ 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)*



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 or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child'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](http://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.

_____ 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













## DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

**Elegibilidad para Participar en Deportes en la Escuela Secundaria**

Con el objetivo de que su Hijo(a)/Pupilo sea elegible para participar en deportes en su escuela secundaria durante el próximo año escolar, ustedes debe llenar este formulario y firmarlo donde está indicado. **¡Asegúrese de leer cada página cuidadosamente antes de firmar!** Los padres o el estudiante (si es un adulto o emancipado) necesitan firmarlos frente a un notario. **No podemos** autenticar ningún papel que haya sido firmado previamente.

Nombre Completo del Estudiante (nombre, inicial del 2.º nombre, apellido)					# de ID del Estudiante	Fecha
Género	Edad	Grado Actual	Año Escolar	Fecha de Nacimiento	Uno de los Padres/Tutores Legales	
Dirección del Estudiante (calle, # de apto., ciudad, estado, código postal)					# Telefónico	
Primera Escuela a la que Asistió este Año			Escuela a la que Asistió el Año Pasado			
Nombre del Contacto de Emergencia			Parentesco con el Estudiante			
Dirección del Contacto de Emergencia (calle, # apto., ciudad, estado, código postal)					# Telefónico del Contacto de Emergencia	
# Telefónico del Trabajo del Contacto de Emergencia		Médico de Cabecera del Estudiante			# Telefónico del Médico	
Lista de Deportes en que Desea Participar						

**PRUEBA DE SEGURO DE SALUD DEL ESTUDIANTE**

Nombre del Asegurado (Seguro que cubre al estudiante)	Parentesco del Asegurado con el Estudiante	Lugar de Empleo del Asegurado
Nombre de la Compañía de Seguro Médico (Seguro que cubre al estudiante)		Número de Póliza

**DECLARACIÓN JURADA SOBRE EL DOMICILIO PARA SER ELEGIBLE PARA PARTICIPAR EN DEPORTES INTERESCOLARES**

Vivo con: (marque una)  Ambos padres  Mi Madre  Mi Padre  Tutor  Otro \_\_\_\_\_

Parentesco (con el otro) \_\_\_\_\_ He vivido con la persona(s) nombrada anteriormente desde \_\_\_\_\_

Si las siguientes opciones no explican adecuadamente su situación domiciliaria, adjunte una nota explicándola.

- Vivo en el área de asistencia asignada para esta escuela.  He sido aceptado en el Programa de Especialización.
- Estoy asistiendo a esta escuela bajo una reasignación estudiantil aprobada. (Es necesario haber presentado una solicitud al Especialista en Reasignaciones y haber sido aprobada).
- He sido asignado a esta escuela por el Departamento de Educación para Estudiantes Excepcionales.

Escuela	Director Deportivo	# Telefónico
Forest Hill Community High School	David Grad	954-806-3122



**REQUISITOS PARA LA ELEGIBILIDAD DEPORTIVA EN LA ESCUELA SECUNDARIA**  
**Por el Manual de FHSAA/Reglamento de Funcionamiento, Artículo 9**

**Inicial del Nombre de uno de los Padres**

- \_\_\_\_\_ • 9.1.1.1 La Participación en los Deportes Interescolásticos es un Privilegio. La participación del estudiante en los programas deportivos interescolásticos es un privilegio, no un derecho. Se requiere que los estudiantes que participen cumplan con los requisitos establecidos en la ley estatal, regulaciones de FHSAA y por sus respectivas escuelas.
- \_\_\_\_\_ • 9.1.1.1 Las Reglas Locales Pueden Ser Más Estrictas. Las escuelas y/o distritos escolares pueden adoptar reglas más estrictas para los estudiantes bajo su supervisión. Ninguna escuela o distrito escolar, sin embargo, puede adoptar reglas que sean menos estrictas que aquellas de FHSAA.
- \_\_\_\_\_ • 9.1.2.2 Falsificación de la Información. Un estudiante y/o padre/ tutor legal designado por un tribunal de una jurisdicción competente que falsifique información para obtener la elegibilidad será declarado inelegible para representar a cualquier escuela asociada por un periodo de un año a partir de la fecha del hallazgo.
- \_\_\_\_\_ • 9.1.2.3 Elegibilidad de Estudiantes Reclutados. Un estudiante puede ser declarado inelegible basándose en la violación de las reglas de reclutamiento si: (a) El estudiante cuyo padre/tutor legal haya sido señalado por un tribunal de una jurisdicción competente de haber falsificado cualquier documento de matriculación o elegibilidad o (b) El estudiante o uno de los padres/tutores legales señalado por un tribunal de una jurisdicción competente aceptó cualquier beneficio o cualquier promesa de beneficio si dicho beneficio generalmente no está disponible para los estudiantes o familiares de la escuela o (c) El beneficio o promesa de beneficio se basa, de cualquier manera, en el interés, potencial o desempeño deportivo.
- \_\_\_\_\_ • 9.2.1 El Estudiante Puede Participar en la Escuela a la que Primero Asiste Cada Año Escolar. Un estudiante tiene que asistir a la escuela y es inmediatamente elegible para participar en los programas deportivos interescolásticos patrocinados por la escuela a la que asiste cada año escolar, que puede ser: (a) La escuela donde el estudiante primero asiste a clases (ej.: establece la residencia escolar) o (b) La escuela donde el estudiante primero participa en actividades deportivas o después de la fecha oficial en que comienza la temporada deportiva antes de que el estudiante asista a clases a cualquier escuela (ej.: establece la residencia escolar) o (c) La escuela a la cual se transfiere al estudiante después de asistir previamente a otra escuela (Reglamento como Referencia 9.3.2)
- \_\_\_\_\_ • 9.3.4 El Estudiante Inelegible No Puede Transferirse para Ser Elegible. Un estudiante transferido al que se lo considere inelegible por un periodo de tiempo no puede trasferirse a escuelas y llegar a ser elegible. El asistir a una nueva escuela al principio del año escolar no disminuye o elimina el periodo de inelegibilidad.
- \_\_\_\_\_ • 9.4.1 Se Requiere un Promedio Académico (GPA) de 2.0 para la Elegibilidad Académica. Un estudiante de secundaria debe tener un promedio académico acumulado de 2.0 en una escala no ponderada de 4.0 o su equivalente, al final de cada semestre para ser académicamente elegible durante el próximo semestre. Las calificaciones finales de otra escuela previamente obtenidas por el estudiante no se pueden convertir usando la escala en el Reglamento 9.4.2.
- \_\_\_\_\_ • 9.4.1.3 Se Requiere una Asistencia Durante Dos Semestres Consecutivos Previos. Un estudiante no puede ser académicamente elegible si él/ella no ha asistido a la escuela y recibió calificaciones por todos los cursos tomados durante los dos semestres consecutivos anteriores.
- \_\_\_\_\_ • 9.4.1.9 El Estudiante No Es Elegible para un Semestre Completo si No Se Puede Obtener el Expediente Académico. Un estudiante cuya escuela anterior no pueda o no proporcione un expediente académico oficial sellado no será elegible en la nueva escuela hasta que esté asistiendo durante un semestre completo y haya establecido un promedio acumulativo. La escuela debe presentar un informe por escrito a la Oficina del FHSAA que incluya el nombre del estudiante, la fecha de la primera asistencia a la escuela, las fechas de comienzo y culminación del semestre anterior.
- \_\_\_\_\_ • 9.5.1 Los Estudiantes de la Escuela Secundaria Tienen Cuatro Años de Elegibilidad. Un estudiante es limitado a cuatro años escolares consecutivos de elegibilidad comenzando el año en que comienza el noveno grado por primera vez. Esto no implica que el estudiante tenga cuatro años de participación. Después de cuatro años escolares consecutivos, el estudiante es permanentemente inelegible
- \_\_\_\_\_ • 9.6.1 Limite de Edad para la Escuela Secundaria. Un estudiante que alcance la edad de 19 antes del 1.º de septiembre será inelegible permanentemente.

**HEMOS LEÍDO Y ESCRITO NUESTRAS INICIALES, EN CADA REQUISITO DE ELEGIBILIDAD PARA LA FHSAA PARA LOS ESTUDIANTES DE ESCUELA SECUNDARIA Y RECONOCEMOS QUE NUESTRO HIJO/HIJA/PUPILO DEBE CUMPLIR CON LOS ESTÁNDARES DE LA FHSAA PARA QUE SEA CONSIDERADO ELEGIBLE PARA LOS DEPORTES INTERESCOLÁSTICOS**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

*(parent/guardian or adult/emancipated student)*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ \_\_\_\_\_  
*Signature of Notary Public - State of Florida*

Type of Identification Produced \_\_\_\_\_

Yo (el estudiante) y nosotros (padres/tutores legales) hemos leído el Reglamento de Elegibilidad (resumido) de la Asociación de Actividades de Escuelas Secundarias de la Florida (*Florida High School Athletic Association, FHSAA*) y entendemos que son una sinopsis de las reglas de la *FHSAA*. También entendemos que en la oficina administrativa de la escuela está a nuestra disposición una copia completa de estas normas las cuales podemos revisar. No conocemos ninguna razón por la que no pueda ser elegible (el estudiante) para representar a la escuela en competencias deportivas. Si es aceptado como tal, estamos de acuerdo en cumplir con los reglamentos de la escuela y de la *FHSAA* y acatar sus decisiones. Sabemos que participar es un privilegio. Se nos ha informado y conocemos los riesgos que implican la participación en deportes y comprendemos que hay posibilidades de sufrir lesiones graves y hasta de morir durante la misma y los aceptamos. Yo (el estudiante) acepto por voluntad propia, cualquier y toda responsabilidad por mi seguridad y bienestar durante mi participación en deportes y comprendo completamente los riesgos a que me expongo. Libramos de toda responsabilidad o culpabilidad a la escuela, empleados del distrito escolar, agentes, las escuelas contra las que compita, el Distrito Escolar de Palm Beach; lo mismo que a los jueces de la competencia, a la Federación Nacional de Asociaciones de Escuelas Secundarias Estatales (*NFHS*), y a la *FHSAA*, por cualquier lesión sufrida o algún reclamo debido a mi participación; y estoy de acuerdo en no tomar ninguna acción legal en contra de cualquiera de las entidades mencionadas anteriormente por ningún accidente o percance relacionado con mi participación en deportes. Más aún, autorizamos la **ASISTENCIA MÉDICA EN CASO DE EMERGENCIA** para mi/nuestro hijo(a)/pupilo en caso de ser necesario mientras se encuentre bajo la supervisión de la escuela. **En consideración por haberme permitido participar en programas interescolares deportivos, yo/nosotros, mis/nuestros herederos, ejecutores y administradores, eximimos y excluimos por siempre a LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA, a sus agentes, representantes y empleados de toda responsabilidad, reclamos, acciones, daños, costos o gastos que pueda/podamos tener en su contra, los que pudieran surgir de alguna manera o que pudieran estar relacionados con mi (el estudiante) participación en el programa deportivo interescolar, incluyendo el transporte asociado con dicho programa. Yo/nosotros entendemos que esta dispensación incluye reclamos en base a negligencia, acción o inacción de cualquiera de las entidades o personas antes mencionadas.** Yo/nosotros autorizamos que la escuela o el Distrito use fotos, videos, composiciones, grabación de voz, nombre, grado, nombre de la escuela, descripción de la participación y estadísticas en actividades y deportes oficialmente reconocidos, peso y estatura como miembro de un equipo deportivo, fechas de asistencia, diplomas y premios recibidos, fecha y lugar de nacimiento y las escuelas a las que asistió previamente el estudiante, en periódicos, producciones escolares, páginas en la Internet, etc. y en publicaciones similares patrocinadas por la escuela o el Distrito o en entrevistas autorizadas por la escuela o el Distrito para los medios de comunicación, videos, artículos o fotografías. Sin embargo, las partes exentas no tienen ninguna obligación de ejercer los derechos aquí estipulados. Doy/damos consentimiento para que mi/nuestro hijo/pupilo participe en los siguientes deportes interescolares que yo/nosotros **NO HEMOS EXCLUIDO**: Béisbol, Baloncesto, Bolo, Animación Deportiva Competitiva, Correr a Campo Traviesa, Fútbol Americano, Fútbol Americano de Banderas, Golf, Lacros, Fútbol, Sóftbol, Natación y Clavado, Tenis, Atletismo, Vóleybol, Polo Acuático, Levantamiento de Pesas y Lucha Greco-Romana.

**Entiendo/entendemos que la participación en deportes puede requerir que el estudiante salga de clase más temprano. Doy/damos mi/nuestro consentimiento para que la escuela de mi/nuestro hijo/pupilo le revele a la *FHSAA*, cuando lo solicite, todos sus datos (sobre deportes o de otra índole) financieros, académicos y de asistencia a dicha escuela de forma detallada.**







DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

## Consentimiento Médico para Estudiantes Atletas

Nombre del estudiante \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

El estudiante, conocido por este medio como el paciente, y su padre(s) o tutor(es) legal, cuyas firmas se adjuntan más adelante, consienten por este medio a todas y cada una de las emergencias médicas o tratamiento quirúrgico incluyendo anestесias y operaciones que pueden ser aconsejadas por los médicos o cirujanos del paciente. Siendo la intención de la presente el otorgar autorización para administrar y realizar todos y particularmente exámenes, tratamientos, anestесias, operaciones y procedimientos de diagnosis los cuales pueden ser considerados recomendables o necesarios. También acordamos que el paciente, una vez admitido, debe permanecer en el hospital hasta que su médico recomiende darle de alta. (Adjunte páginas adicionales si es necesario, incluyendo cualquier disposición importante contenida en el Plan Individual de Educación o en el Plan según la sección 504 del estudiante). En caso de emergencia, se harán esfuerzos razonables para informar a los padres. Esto no impedirá que el proveedor de cuidados de salud de emergencia actúe en el mejor interés de su hijo.

En constancia de nuestro consentimiento y acuerdo en los asuntos indicados anteriormente, hemos suscrito nuestras firmas a continuación.

\_\_\_\_\_  
*Firma del estudiante*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Firma del padre o tutor*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Firma del padre o tutor*

\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Número de teléfonos para llamar en caso de emergencia*

### NOTARIZACIÓN DE LA FIRMA DEL PADRE O TUTOR LEGAL O ESTUDIANTE ADULTO O EMANCIPADO

ESTADO DE LA FLORIDA

CONDADO DE \_\_\_\_\_

Jurado o afirmado y suscrito delante de mí, este \_\_\_\_\_ día de \_\_\_\_\_ del \_\_\_\_\_,

por \_\_\_\_\_.

\_\_\_\_\_  
*(padre o tutor o estudiante adulto o emancipado)*

\_\_\_\_\_  
*Firma del notario público - Estado de la Florida*

Conocido personalmente \_\_\_\_\_ o presentó identificación \_\_\_\_\_

Tipo de identificación presentada \_\_\_\_\_

PBSD 1589SP (Rev. 3/31/2010) ORIGINAL - Escuela





DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH  
DEPARTAMENTO DE ADMINISTRACIÓN DE BENEFICIOS Y RIESGOS LABORALES

## Seguro contra Accidentes en los Deportes Interescolares

Se requiere que todos los deportistas interescolares de secundaria contribuyan con \$75.00 para el costo del seguro contra accidentes en los deportes interescolares. La contribución de este año escolar se utilizará para ayudar a compensar el costo del Distrito Escolar para proporcionar un seguro contra accidentes de calidad a nuestros deportistas. La cobertura puede comenzar **DESPUÉS** de que la cobertura de su seguro primario procese la demanda. Los deportistas **TIENEN QUE** primero usar su Red de Seguro Primaria, antes de usar el seguro escolar. Revisen el *Summary of Insurance* para los términos y condiciones en forma más completa que están disponibles en <https://schoolinsuranceofflorida.com> o llamen al 1-800-432-6915.

### Opciones de Pago

**OPCIÓN 1:** Un solo pago de \$75.00 por año escolar

**OPCIÓN 2:** Un pago para pruebas de \$10.00, cuando sea aceptado por el equipo hay un costo adicional de \$65.00

**Asegurado:** En una actividad deportiva interescolar DE TEMPORADA (incluyendo competencias, prácticas y pruebas)

**Asegurado:** Condicionamiento de FUERA DE TEMPORADA en el año escolar

**NO Asegurado:** Prácticas de Habilidades/Entrenamientos "específicos a ciertos deportes" o actividades en "instalaciones abiertas" FUERA DE TEMPORADA

**NO Asegurado:** actividades durante el VERANO

Estos pagos **NO SON REEMBOLSABLES** y, una vez pagados, continuarán proporcionando seguro para deportes adicionales.

Devuelvan este formulario como parte del **Paquete Deportivo** con toda la información requerida y su pago adjunto. Haga su cheque o su giro postal pagable a nombre de la siguiente escuela:

# de Identificación del Estudiante	Nombre del Estudiante	Apellido	Fecha de Nacimiento	Fecha Actual
Nombre de la Escuela				
Deporte	Deporte	Deporte		

### Costo del Seguro contra Accidentes en las Pruebas para Deportes Interescolares

**Opción 1:** Un estudiante deportista puede seleccionar pagar UN SOLO COSTO de \$75.00.

**Opción 2:** Puede enviar un costo no reembolsable de \$10.00 para **hacer las pruebas** de cualquiera de los equipos deportivos. Una vez ya en el equipo, el estudiante deportista es responsable por el envío del balance de \$65.00 antes de participar en prácticas o juegos/ eventos adicionales.

Hasta que el límite anual de \$75.00 se haya logrado, el estudiante deportista debe pagar un pago adicional de \$10.00 para hacer las pruebas en cada deporte.

**Para más información sobre los pagos o cuotas, comuníquense con el director deportivo de su escuela secundaria.**

**OPCIÓN 1:** Un pago de \$75.00 - No se permite el pago en efectivo

Fecha de Recibido: \_\_\_\_\_  
 School Cash Online: \_\_\_\_\_  
 Cheque #: \_\_\_\_\_ \$: \_\_\_\_\_ Giro Postal #: \_\_\_\_\_ \$: \_\_\_\_\_

**OPCIÓN 2:** Un pago de \$10.00 para hacer pruebas; con un balance de \$65.00 - No se permite el pago en efectivo

Fecha de Recibido: \_\_\_\_\_  
 School Cash Online: \_\_\_\_\_  
 Cheque #: \_\_\_\_\_ \$: \_\_\_\_\_ Giro Postal #: \_\_\_\_\_ \$: \_\_\_\_\_

Fecha de Recibido: \_\_\_\_\_  
 School Cash Online: \_\_\_\_\_  
 Cheque #: \_\_\_\_\_ \$: \_\_\_\_\_ Giro Postal #: \_\_\_\_\_ \$: \_\_\_\_\_

**Additional Information (For Athletic Director Use Only)**

\_\_\_\_\_  
 Escriba en Letra de Molde el Nombre de uno de los Padres/Tutores Legales

\_\_\_\_\_  
 Firma de uno de los Padres/Tutores Legales

\_\_\_\_\_  
 Fecha