

**Hillsborough County Public Schools  
Application for Athletic Participation  
Middle Schools**

FOR SCHOOL USE ONLY:		
Physical Evaluation Date:		
MONTH	DAY	YEAR

Name (as it appears on birth certificate)		School		Age
Street Address		Home Phone	Date of Birth	
City / State / Zip Code		Parent Work Phone	Parent Cell Phone	
Name of school attended last year		Sex (circle one) M      F		Date entered current grade
Student Number	Social Security Number	Current Grade Level		

**I hereby understand and agree as follows:**

This agreement is made voluntarily on my part and is made with the understanding that I have not violated any of the rules of the School District of Hillsborough County. I will, to the best of my ability, stay academically eligible, keep training rules, and conduct myself so as to bring honor to my school, my team, and myself.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Student-athlete

**PERMISSION TO PARTICIPATE AND TRAVEL**

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in athletics as a representative of \_\_\_\_\_ School and to accompany the team as a member on its many trips.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature of Parent/Legal Guardian

**EXAMINING PHYSICIAN'S CERTIFICATE**—In compliance with Florida Statute 1006.20—the physician's certificate is valid for one year (365 days) from the date of the physical examination. **FHSAA form EL2 must be completed, signed and attached to this application for participation.**

*Florida Statute s 1006.20(2)(c) The organization shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation **each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team.** Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform pre-participation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.*

**Participation Requirements**

Check list for student-athletes and parents/guardians

The following items must be properly completed and turned in to the Assistant Principal before the student-athlete will be issued equipment or begin practice.

<input type="checkbox"/>	Completed Application for Athletic Participation
<input type="checkbox"/>	Completed physical examination (FHSAA form EL02)
<input type="checkbox"/>	Consent and Release (FHSAA form EL3CH)
<input type="checkbox"/>	Complete medical release forms (2 per athlete)
<input type="checkbox"/>	Mandatory insurance coverage (www.hcpsathleticprotection)
<input type="checkbox"/>	Required videos (certificate of completion for Concussion in Sports, Sudden Cardiac Arrest and Heat Illness Prvention)
<input type="checkbox"/>	Birth certificate -- initial eligibility