

ST. LUCIE PUBLIC SCHOOLS

THIS FORM VALID FOR USE DURING THE 2022-2023 SCHOOL YEAR
ATHLETIC PAPERWORK WILL BE COMPLETED ONLINE AT
www.AthleticClearance.com

WITH THE EXCEPTION OF:

- The EL2 (physical form) must be completed by the Physician and signed by the parent and student.

Along With

- Parent Player Agreement Pages 1 & 2 (Pg. 2 must be notarized)

Both must be completed and uploaded to www.AthleticClearance.com

STUDENT ATHLETES MUST COMPLETE THE FOLLOWING COURSES AND UPLOAD CERTIFICATES OF COMPLETION TO WWW.ATHLETICCLEARANCE.COM

- Concussion in Sports
<https://www.nfhslearn.com/courses/concussion-for-students>
- Heat Illness Prevention
<https://www.nfhslearn.com/courses/heat-illness-prevention-2>
- Sudden Cardiac Arrest
<https://www.nfhslearn.com/courses/sudden-cardiac-arrest>

On nfhslearn.com website: at the top, select "Florida" and click "Order Course". You will need to create an account (or login if you already have one) and will then be able to take the courses. There is no charge.

Florida

\$0

Order Course

Once a student has been selected for a team, they must PAY A PROCESSING FEE of \$50.00 per season or a max charge of \$100.00 for the year. Please check with your Athletic Office for payment information/processing. Present the receipt or screenshot of the receipt to the Athletic Office in order to be rostered.



AS PER FHSAA POLICIES 40.I.I, 41.I, AND 42.I.I, ALL STUDENT-ATHLETES ARE REQUIRED TO WATCH THE FOLLOWING FREE NFHS LEARN COURSES ANNUALLY.

- [Concussion in Sports](#)
- [Heat Illness Prevention](#)
- [Sudden Cardiac Arrest](#)

COURSE ORDERING

- Step 1: Go to www.nfhslearn.com
- Step 2: "Sign In" to your account using the email address and password you provided at the time of registering for an nfhslearn account.
 - OR If you do not have an account, "Register" for an account.
- Step 3: Click "Courses" at the top of the page.
- Step 4: Scroll down to the specific course from the list of courses.
- Step 5: Click "View Course".
- Step 6: Click "Order Course".
- Step 7: Select "Myself" if the course will be completed by you.
- Step 8: Click "Continue" and follow the on-screen prompts to finish the checkout process. (Note: There is NO FEE for these courses).

BEGINNING A COURSE

- Step 1: Go to www.nfhslearn.com
- Step 2: "Sign In" to your account using the email address and password your provided at the time of registering for an nfhslearn account.
- Step 3: From your "Dashboard", click "My Courses".
- Step 4: Click "Begin Course" on the course you wish to take.

FOR HELP VIEWING THE COURSE, PLEASE CONTACT THE HELP DESK AT NFHS. THERE IS A TAB ON THE UPPER RIGHT HAND CORNER OF WWW.NFHSLEARN.COM . IF YOU SHOULD EXPERIENCE ANY ISSUES WHILE TAKING THE COURSE, PLEASE CONTACT NFHS HELP DESK AT (317) 565-2023.

ONLINE ATHLETIC CLEARANCE

1. Visit www.AthleticClearance.com and click on the Florida button.
2. Click on **"Create an Account"** and follow steps. Or click **"Sign In"** if you have previously created an account. If you need help, click to watch the tutorial video. Please create your account using a valid email (which will become your username) and valid password.
3. Sign in using the email address and password that you registered with.
4. Select **"Start Clearance Here"** to start the process.
 - **Choose the School Year** in which the student plans to participate.
Ex: Football in Sept 2022 would be the 2022-2023 School Year.
 - **Choose the School** where the student attends and will compete.
 - **Choose the Sport.** For multiple sports, click **"Add New Sport"** (Chose All Sports you are interested in.)
Electronic signatures will be applied to the additional sports/activities.
5. Complete all required fields for Student Information, Educational History, Medical History and Signature **Forms (if you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages).**
6. All data will be electronically filed with your school's athletic department for review.
7. **YOU WILL NEED TO PICK UP CLEARANCE CARD FROM THE ATHLETIC OFFICE AND GIVE TO THE COACH.**

Online Athletic Clearance FAQ

What is my username?

Your username is the email address that you registered with.

What if the student participates in multiple sports?

On the first step of the process you can **“Add New Sport”**. If you use this option, you fill out the clearance one time and it is applied to the sport selected.

If you complete a clearance and come back later to add a sport, you will **“Start New Clearance”** and then autofill student and parent information using the dropdown menus on those pages.

Where are the physical forms?

The physical form can be downloaded on Files page.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear for practice or deny your student for participation. You will receive an email when the student's status is updated.

What if my sport is not listed?

Please contact your school's Athletic Department and ask for your sport to be activated.



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

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

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	_____ Head	_____ Elbow	_____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____ Neck	_____ Forearm	_____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	_____ Back	_____ Wrist	_____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	_____ Chest	_____ Hand	_____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Shoulder	_____ Finger	_____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	_____ Upper Arm	_____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

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 medical evaluation required by s.1006.20, Florida Statutes, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
 ____ Disability: _____ Diagnosis: _____
 ____ Precautions: _____
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

THIS FORM IS VALID FOR USE DURING THE 2022-2023 SCHOOL YEAR
ST. LUCIE PUBLIC SCHOOLS, FLORIDA
PARENT AND PLAYER AGREEMENT, PERMISSION AND RELEASE

Name of Student Athlete (Please Print) _____

Home Address _____

Home Phone _____ Date of Birth _____ Place of Birth _____

Parent/Guardian Work Phone _____ Emergency Phone _____

School _____ Grade _____ Sport(s) _____

I, the undersigned Parent(s)/Guardian(s) of the above-named student (Student Athlete), acknowledge that competing in interscholastic athletics in the St. Lucie County Schools is entirely voluntary and subject to the eligibility rules and regulations of the Florida High School Athletic Association. We further acknowledge that we have not violated and, in the future, will abide by all the rules set down by the School Board of St. Lucie County, the Florida High School Athletic Association and the school in which the Student Athlete is enrolled. All infractions of the Code of Student Conduct shall be reported to school administration. All infractions are subject to the appropriate Discipline Response as defined in the School Board of St. Lucie County Code of Student Conduct.

Student Athletes and parents or guardians of Student Athletes should have a thorough understanding of the responsibilities and implications of participating in voluntary extracurricular activity. For this reason, each Student Athlete in the St. Lucie Public Schools and his/her parent(s) or guardians(s) shall read and sign this agreement, permission and release prior to the Student Athlete being allowed to participate in any form of athletic practice or contests.

I, the undersigned Parent(s)/Guardian(s) of the above name Student Athlete:

1. Understand that I must complete the FHSAA pre-participation Evaluation and the FHSAA Consent and Release of Liability Certificate to participate as a student athlete in St. Lucie County.
2. Understand that only a supplementary insurance premium for the Student Athlete is to be paid from school board funds. This insurance will have at \$500.00 deductible. This deductible will be applied concurrent with primary coverage which will be paid at 100% Reasonable and Customary. If there is no primary coverage, this insurance will pay 100% of Reasonable and Customary after the \$500.00 deductible.
3. Understand that in the event of accident or injury, the required accident forms will be completed by school officials, and that all claims under any applicable insurance policy for injuries received while participating in athletic activities or travel incidental to such activities shall be processed by the Parent(s)/Guardian(s) of the Student Athlete through the company agent handling the Student Athlete's insurance policy and **NOT** through school officials.
4. Understand that a NON-REFUNDABLE ATHLETIC FEE established by the School Board of St. Lucie County must be paid for each sport for which I am selected and must be paid prior to participation in any competitions. I also understand that additional fees may be assessed to participate in a specific sport due to financial limitations and the uncertainty of financial times.
5. Understand that an official St. Lucie County School Board Receipt will be given for any fees that are not paid electronically.
6. Accept financial responsibility for any athletic equipment lost or damaged by the Student Athlete.
7. Understand that if the behavior of this Student Athlete results in a fine being imposed by the FHSAA, that the fine will be assessed to the student and must be paid prior to further participation. Minimum fine for gross unsportsmanlike conduct is \$250.00.
8. Authorize the school to transport the Student Athlete and to obtain, through a physician of the school's choice, and emergency medical care that may become reasonably necessary for the student during athletic activities or travel incidental to such activities and agree that the expenses for such transportation and treatment shall not be borne by the School Board of St. Lucie County or its employees.
9. Accept full responsibility and grant permission for the Student Athlete to travel on any trips including overnight trips approved by the school's principal.
10. Consent to the release of educational records relating to the student's name date of birth, and eligibility for athletics to the Florida High School Athletic Association and its service provider Home Campus, for the purposes of reporting eligibility to participate in athletics and authorize the release of student transcripts to colleges or their representatives for recruiting purposes.
11. Consent to the release of the student's name, photo, voice, video, height, weight, name of school attending, grade level and athletic position and statistics for public access including but not limit to inclusion on District and school website, social media, broadcasting in athletic programs.

NOTICE TO PARENTS/GUARDIANS OF MINOR CHILD PARTICIPANTS

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL DISTRICT OF ST LUCIE COUNTY, ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD 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 RIGHT AND YOUR RIGHT TO RECOVER FROM THE ST LUCIE COUNTY SCHOOL DISTRICT IN A LAWSUT FOR ANY PERSONAL INJURY, INCLUDING DEATH TO YOUR CHILD 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 THE ST. LUCIE COUNTY SCHOOL DISTRICT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I/WE, THE UNDERSIGNED PARENT/GUARDIAN OF THE NAMED STUDENT ATHLETE ACKNOWLEDGE HAVING RECEIVED ADEQUATE OPPORTUNITY TO REVIEW THIS AGREEMENT, PERMISSION AND RELEASE AND TO ASK QUESTIONS OF SCHOOL OFFICIALS. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT; THAT I AGREE TO ITS TERMS; THAT I WILL COMPLY WITH ALL SCHOOL BOARD AND STATE ASSOCIATION RULES. IT IS UNDERSTOOD THAT THE STUDENT ATHLETE IS REQUIRED TO COMPLY WITH ALL SAFETY RULES AND INSTRUCTIONS PROVIDED WITH EACH SPORT, COMPETITION, AND PRACTICE WHILE ENGAGING IN SUCH ACTIVITIES. FURTHER I UNDERSTAND THAT A 2.0 CUMULATIVE MINIMUM GRADE POINT AVERAGE IS REQUIRED FOR PARTICIPATION.

I/WE UNDERSTAND THAT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS IS A PRIVILEGE. FURTHERMORE, I/WE UNDERSTAND THAT THE PRINCIPAL OR DESIGNEE HAS THE SOLE DISCRETION TO WITHDRAW MY ELIGIBILITY AT ANY TIME DUE TO AN ON-CAMPUS OR OFF-CAMPUS BEHAVIOR THAT IS DEEMED BY THE PRINCIPAL OR DESIGNEE TO BE UNBECOMING OF A STUDENT ATHLETE.

-----PARENT/GUARDIAN ACKNOWLEDGEMENT-----

State of Florida }
County of _____ }

The Foregoing instrument was acknowledged before me by means of

- _____ Physical Presence
- _____ Online Notarization

This _____ day of _____, 20____, by

(Signature of Parent/Guardian Acknowledging)

(Signature of Notary Public-State of Florida)

(Printed Name of Notary Public)

(Place Notary Seal Stamp Above)

- ___ Personally Known
- ___ Produced Identification
- Type of Identification Produced:
