

MONROE COUNTY SCHOOLS HIGH SCHOOL ACTIVITIES PARTICIPATION FORM

Student Name _____ Grade _____ DOB _____

School _____ SS# _____

Residence _____ City _____ Zip _____

Insurance Company _____ Policy # _____

Important Medical Information (Please check any that apply) Heart Disease ____ Diabetes ____ Epilepsy ____

High Blood Pressure ____ Sickle Cell ____ Allergies _____

Medications _____

Other Medical Information _____

Parent/Guardian Contact Information

Father _____ (H) _____ (W) _____

Mother _____ (H) _____ (W) _____

Other _____ (H) _____ (W) _____

Student's Statement of Voluntary Participation:

I hereby state that this application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. I further state that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association and agree to abide by FHSAA rules and Monroe County School Board and School guidelines and procedures.

I choose to participate in the following sports:

Baseball ____ Basketball ____ Cross Country ____ Football ____ Soccer ____ Softball ____ Swimming ____ Tennis ____

Lacrosse ____ Volleyball ____ Cheerleading ____ Dance ____ Golf ____ Weightlifting ____

Student Signature _____ Date _____

Parent/Guardian Statement of Permission:

"I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, those checked on this form after being examined by a physician, provided that such athletic activities are approved by the FHSAA: (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain through a physician of its own choice any medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel, understanding that such activities involve the potential for catastrophic injury, or even death which is inherent in all sports. I agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named students in the course of such athletic activities or such travel. I also agree to pay any transportation or medical expense not covered by insurance."

Parent Signature _____ Date _____

Coral Shores High School Athletic Rules Contract

These are add-ons to the Monroe County School Board Athletic Contract

I, _____ fully understand and agree to comply with each of the rules established by the Coral Shores Athletic Administration. I know the rules to include:

- 1) **Use or possession of alcohol, tobacco, and/or any other non-prescribed (illegal) drug will result in my losing a minimum of two weeks of eligibility for games regardless of when and/or where I am caught. I understand that this means any use and/or possession, regardless of how minimal. "Possession" includes but is not limited to: on your person, in your locker, and/or in the vehicle being used to transport you.**

NOTE: ANY TOBACCO, ALCOHOL OR DRUG VIOLATION THAT TAKES PLACE DURING A SCHOOL SPONSORED ACTIVITY WILL RESULT IN **FOUR WEEKS OF SUSPENSION FROM ALL SPORTS AND ACTIVITIES.**

- 2) **Missing practice or scheduled contest without making prior arrangements with the coach/sponsor will be penalized accordingly:**

a) 1st offense—will not dress for next game/activity

b) 2nd offense—will not dress for three (3) additional games/activities

c) 3rd offense—dismissal from team

*This rule applies universally for practices/games missed on school days. Practices/games missed on non-school days will be disciplined by your individual coaches.

I understand that I must contact my coach **before the scheduled practice or game** and offer an **acceptable** explanation for why I will be late or will be missing. I further understand that this must be done **even if I am absent from school**. Finally, I understand that if I cannot make a personal contact with my coach/sponsor, I can leave a message on his phone, Coach Russell's phone (853-3222 x-56305), or the Athletic Trainer's phone (x-56349) as long as it is prior to the scheduled time I am to be present. **Excuses offered after the required appearance time are not to be considered and accordingly will be unexcused**

Note: Some documented emergencies may be considered for excused absences after the fact. The Principal and Athletic Director are the only two individuals who can approve this proviso.

- 3) **In order to participate in athletics on any given day—be that practice or contest—I will be in attendance ALL day with NO tardies.** Approved school related absences are obviously excused.

Note: The principal and/or his designees will determine any individual exceptions based on extenuating circumstances that can be substantiated.

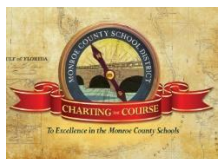
- 4) **I will maintain a level of sportsmanship on the field and a level of maturity off the field that brings pride to my coaches, my sport, my school, and me. Any action or reaction that is deemed to be inappropriate by administration or coaches will carry consequences that start with game(s) suspensions. These consequences can include dismissal from your Coral Shores athletic team.**

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



MONROE COUNTY SCHOOL DISTRICT CONSENT AND AUTHORIZATION FOR RANDOM DRUG TESTING

READ CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART, PLEASE CONSULT WITH THE PRINCIPAL, ATHLETIC DIRECTOR, OR TEAM COACH. I intend to become a member of the following interscholastic sport/activity regulated by the Florida High School Activities Association or the Monroe County School District.

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Dance Team	<input type="checkbox"/> Drill Team
<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Marching Band	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming/Diving	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Wrestling

As a member of the team, I understand that I will be participating in organized team practices, individual practice sessions, and organized interscholastic sports competitions. I also understand that participation in these activities involves risk of injury to myself and to other participants. I am also aware that the use of illegal drugs, the abuse of legal drugs, and the use of alcohol can seriously jeopardize my safety and the safety of others and greatly increase the risk of injury.

I also understand that my performance as a participant of the team and the reputation of my school are dependent in part on my conduct as an individual and the example I set may influence other students at my school. With these considerations in mind, I hereby agree to accept and to abide by the standards, rules, and regulations established by the Florida High School Activities Association, the Monroe County School Board, and my school in relation to my participation.

I further consent to abide by the Student Athlete Drug Testing Policy, and agree to provide a urine specimen, as it may be requested outlined in that policy, to be tested for the presence of prohibited substances. I understand that if (1) I refuse to provide a valid urine specimen, (2) do not appear at the appointed time and place to provide a urine specimen, or (3) I tamper with, dilute, substitute, or alter the urine specimen I provide, I will be subject to administrative action authorized in the Student Athlete Drug Testing Policy. I further understand that a positive test result which indicates a violation of the Student Athlete Drug Testing Policy will result in consequences outlined in School Board Policy 2431.04.

I also understand that the costs for the drug testing of the urine sample(s) shall be at the expense of the school. This signed form shall be consent, in accordance with the Family Education Right to Privacy Act (FERPA) a section 228.093, Florida Statutes, for the release of the drug testing results to the school principal or the principal's designee, and for use of the results in the administration and enforcement of the Student Athlete Drug Testing Policy.

Consequences for positive drug test or use of drugs or alcohol.

Consequences include the following:

1st Positive Test/Use – The student is suspended from participation for 10 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 10 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 5 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol counseling or rehabilitation/education program. The student also must agree to submit to subsequent school-based drug tests.

2nd Positive Test/Use – The student is suspended from participation for 30 school days. During the period of the suspension, scheduled contest days that fall on non-school days (weekends, holidays, or breaks) shall count toward the 30 days. To maintain eligibility, the student is required to attend practice during the full ineligibility period and can resume participation in practice only after 20 school days. During the term of the suspension the student is not allowed to travel to away events/contests. Following the suspension, the student may not resume participating until providing documentation of successful completion (certificate of completion) of a minimum three (3) hour State-licensed and accredited drug/alcohol course including school-initiated counseling. The student also must agree to submit to subsequent school-based drug tests.

3rd Positive Test/Use – The student is suspended from participation in athletics and/or performance groups associated with athletics for the remainder of the school year.

Any results associated with the drug testing policy or use of drug/alcohol will be shared with the parents through a meeting with the parents, students and Athletic Director.

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE

As the parent or guardian of the student named above, I, for myself and for the student, consent to the terms, requirements and conditions above.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE



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):		
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***

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.



Consent and Release from Liability Certificate (Page 1 of 4)

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 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, 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 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. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a 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. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I 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/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 ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES 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 MY 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 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 MY 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 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 (individually) or my child'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 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 must sign)

Name of Student (printed) _____ Signature of Student _____ Date _____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

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.

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 can't 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 health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), 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 step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of 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 students 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 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-What You Need to Know" 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 of participation for myself and that of my child/ward.

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



Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

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.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People 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 isn't 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.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

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

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Consent and Release from Liability Certificate (Page 4 of 4)

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.

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 sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. 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)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (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 acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Dear Parents/Guardians and Student-Athletes,

The IMPACT Baseline Concussion Program is an innovative concussion management program we are providing for our student-athlete's safety. The program involves an online, computerized assessment that each athlete will take prior to the athletic season. **We are asking that our student-athletes take the baseline test at Coral Shores proctored by the athletic training staff. The exam takes about 30-45 minutes and is non-invasive.** The exam is basically set up as a "video-game" format. It assesses and tracks an athlete's neurocognitive function such as memory, reaction time, processing speed, and attention. The exam is completed by the athlete alone and collects concussion symptom information, as well as a concussion history. The information is collected in a confidential manner and will only be shared with the permission of the parent or the student-athlete.

If the athlete is believed to have suffered a concussion during athletic participation, the exam can be taken again and the data is compared alongside the baseline test results. This information is used as a tool to assist physicians in determining the extent of the injury, monitoring recovery, and to help in making safe return-to-play decisions.

If a concussion is suspected by the Athletic Trainer, parents are expected to bring their athlete to a physician with an FHSA AT18 form (provided by the athletic trainer) in order to begin a graded return-to-play protocol. This form must be signed by the physician both before and after the graded RTP protocol, which will be directed by the Athletic Trainer.

The purpose of this testing is to avoid serious consequences that can occur as a result of a concussion. One of the main reasons concussions are so dangerous is a condition called Second Impact Syndrome (SIS) which occurs when athlete sustains a second concussion before completely recovering from a previous concussion. **SIS is highly fatal, and even when it isn't, it almost always results in permanent disability. At Coral Shores, we understand the competitive nature of sports, but we will always hold the athlete's health and safety as our top priority.** If you have any questions or concerns, please feel free to contact the Athletic Trainer.

Sincerely,

Gabriel Campa, MS, LAT, ATC

305-853-3222 Ext. 56349

I have read and understood the above information and give permission for my athlete to participate in the IMPACT Baseline Concussion Program. **I also agree to ensure a valid test.**

Student-Athlete – Sign: _____ **Date:** _____

Parent/Guardian – Sign: _____ **Date:** _____

The MCSD Policy on Interscholastic Athletics is 2431:

Each school may establish a board of control for athletics to include the school principal, instructional staff members, the athletic director, and any other member deemed appropriate by the school principal.

All District high schools shall be members of the Florida High School Athletic Association, Inc. (FHSAA) and shall be governed by the rules and regulations adopted by FHSAA. Students who participate in athletics shall meet eligibility requirements established by the FHSAA and the School Board. Membership dues will be paid from the internal accounts of each respective school.

Students practicing or participating in any type of interscholastic athletics shall provide proof of accident insurance covering medical expenses of any injury sustained in a sport. The principal shall be responsible for obtaining proof, as evidenced by a signed statement from the student's parent(s) or legal guardian, of the student's insurance prior to practice or participation in interscholastic athletics. Such insurance may be made available to the parent(s) or legal guardian through the school, or the parent(s) or legal guardian may submit evidence that insurance has been provided through another source.

No student shall engage in practice or participate in any interscholastic game without the written permission of the student's parent(s) or legal guardian and a current physical examination as required by FHSAA being on file.

Pursuant to Florida statutes, licensed medical personnel who act as volunteers for school events and agree to render emergency care or treatment shall be immune from civil liability for treatment of a participant in any school-sponsored athletic event, provided such treatment was rendered in accordance with acceptable standards of practice and was not objected to by the participant.

All students shall be subject to all Board rules and to the Code of Student Conduct while attending athletic events and practices.

In order for a student to be eligible to participate in interscholastic extra-curricular student activities, s/he must meet all of the requirements established by the FHSAA and maintain satisfactory conduct, as defined by the Code of Student Conduct. If a student is convicted of an on- or off-campus felony or a delinquent act which would have been a felony if committed by an adult, regardless of whether adjudication is withheld, the student's participation in interscholastic extra-curricular activities will be suspended for the balance of the school year.

A report of an alleged violation of this standard of conduct shall be submitted to the principal or designee for investigation. If the principal/designee determines that a violation has occurred, the student and his/her parent or legal guardians shall be notified in writing of the suspension from school sponsored extra-curricular activities.

F.S. 1006.15, 1006.20

MONROE COUNTY SCHOOLS

STUDENT ATHLETE CONTRACT

Students of the Monroe County School District (MCSD) have the opportunity and privilege to participate in extracurricular activities, including, but not limited to athletics, band chorus, performing groups, clubs, and student government. This Pride and Commitment Contract demonstrates each student's acceptance of becoming a representative of the school by becoming a member of an athletic team. Expectations of student athletes are higher than those of students and thus, this contract contains procedures, rules and expectations that go beyond the Student Code of Conduct. Should an athlete fail to abide by these expectations, both on school property and in the community, consequences may be implemented that exceed those in the Student Code of Conduct, including removal from a team or squad. This is your commitment to excelling as a student athlete in academics, sportsmanship and leadership.

CONDUCT EXPECTATIONS

- I will dress appropriately, use proper language, display a positive attitude and adhere to the MCSD Student Code of Conduct.
- I will be respectful of coaches, teammates, school adults, other students and community members.
- I will set a personal example of excellent conduct and sportsmanship, both on and off the field.
- I will attend classes and follow the attendance rules of the MCSD.
- I will give my best and follow the rules and procedures of any and all teams that I am a part of.
- I will follow all rules and regulations of the Florida High School Athletics Association (FHSA).

COMMUNITY ROLE EXPECTATIONS

- I understand that my actions in the community are a reflection of myself, my team and my school.
- I will respect others and the property of others and will not physically or verbally harm another individual.
- I will follow the laws governing all citizens and residents of the United States, State of Florida and Monroe County.

PERSONAL HEALTH EXPECTATIONS

- I will refrain from the use of alcohol, all types of tobacco products and all drugs; nor shall I be in possession of such substances at any time in or out of school.
- I will not use any performance enhancing drugs.
- I will abide by the MCSD Athletic Drug Testing Program, where applicable.

ACADEMIC EXPECTATIONS

- I will maintain the required 2.0 GPA as required by the State of Florida at the end of each semester. I will adhere to the higher requirements in the MCSD guidelines that state that I must have a 2.0 GPA at mid-term and nine weeks reporting periods in order to actively participate in any game/match/meet with my team. Failure to do so will result in my inability to travel or participate in any game/match/meet until I am in compliance with the 2.0 GPA as determined by the head coach or Athletic Director.
- I understand that if I am not in attendance for a minimum of 4 periods or 2 blocks in school, I may not participate in any tryout, practice or game/match/meet that day. Documented emergencies or exceptions may only be approved by the Principal and/or Athletic Director. If traveling, I must be in attendance prior to the team departure time.

ATHLETIC EXPECTATIONS

- Eligibility is my responsibility and I must follow the NCAA Clearance guidelines, FHSA guidelines, and MCSD Policies and guidelines to ensure that I remain eligible in order to participate with any team. Head Coaches and/or the Athletic Director can provide further information on the requirements.
- I will have all completed paperwork including a proper physical on file with the school Athletic Director prior to trying out, practicing or playing with any team.
- I will provide proof of insurance or purchase insurance before participating in any team activity.

SCOPE OF CONSEQUENCES

- I acknowledge that a violation of any MCSD Student Code of Conduct (SCC) requirements or the MCSD Athletes Contract will result in consequences as outlined in either document and determined by the Principal.
- If I receive consequences for any improper behavior resulting in In-School Suspension, Saturday School or Detention, I will not be allowed to play in a game until the consequence has been completed.
- If I receive Out-of-School Suspension, I will not be able to practice or participate in any team activities until I am allowed back in school. A minimum requirement of missing one game/match/meet will be imposed and further consequences may be imposed as determined by the Principal and/or Head Coach.
- Violation of the drug, alcohol or tobacco policy whether in or out of school will result in consequences outlined in the MCSD policies and SCC as well as a period of inactive participation to be determined by the Principal and may result in removal from the team.
- If arrested, the privileges of athletic competition will be taken away for a period to be determined by the Principal and could result in removal from a team.
- If I quit or am removed from a team, I will not be able to try out for another sport team until the end of the regular season of the first sport in which I quit or was removed is complete. Exceptions or special circumstances will be dealt with through the Athletic Director.

By signing this, I am indicating my willingness and commitment to my school, my teams and my community. I am responsible for my behavior and following all expectations and will have pride in my personal conduct and effort. I understand that these are universal rules and that any and all teams that I am on may have additional expectations. I will maintain a level of respect and sportsmanship that brings pride to my coaches, teams, school, and myself. Parent signatures acknowledge the expectations for their child.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Head Coach Signature)

(Date)

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and any field trips that are outside Monroe County)

SCHOOL

DATE

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Father

Mother

Guardian(s)

Date

STATE OF FLORIDA)

COUNTY OF _____)

SS

Sworn to and subscribed before me this _____ day of _____, in the year: _____.

Notary Public
State of Florida at Large

My Commission expires _____

**** If there are any specific medical practices which are prohibited in regards to religious convictions please list below:

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL _____

SCHOOL PHONE # _____

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Name: _____

Health insurance Carrier: _____

Policy # _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION: (Please check any that apply) Heart Disease _____ Diabetes _____

High Blood Pressure _____ Epilepsy _____ Allergies _____

Medication _____

Other _____

PARENT PHONE NUMBERS

FATHER _____ H _____ W _____

MOTHER _____ H _____ W _____

OTHER _____ H _____ W _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s) or Guardian(s) _____

Date _____

*If any program or event requires a student to leave the county, this form and the consent for medical treatment form (MCSD ADM002)

THIS MUST BE COMPLETED BY ALL STUDENT-ATHLETES BEFORE ANY ATHLETIC PARTICIPATION!

As per the requirements described in the FHSAA EL3 Consent and Release Forms, ALL prospective student-athletes are required to annually review the information presented in 3 courses provided by the NFHS (listed below). These courses are free of charge and parents/guardians are also encouraged to review the information presented.

IN ORDER TO PARTICIPATE IN ANY ATHLETIC ACTIVITIES, STUDENTS MUST PRINT OUT ALL 3 COMPLETION CERTIFICATES AND TURN IT IN TO THE ATHLETIC TRAINER WITH THEIR COMPLETED ATHLETIC PACKET. FAILURE TO DO SO WILL RENDER YOUR ATHLETE AS INELIGIBLE FOR PARTICIPATION IN ATHLETICS

Course 1: NFHS "Concussion for Students"

Course 2: NFHS "Sudden Cardiac Arrest"

Course 3: NFHS "Heat Illness Prevention"

(Important Note: If you have completed these courses anytime in the past, the course must be "ordered" prior to beginning the course.)

Course Ordering

Step 1: Go to www.nfhslearn.com.

Step 2: "Sign In" to your 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: Type the name of the course where it says "Search for Courses"

Step 5: Select the course by clicking on the picture or "View Course"

Step 6: Select your state and 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. (Again, there is no fee for any of these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com and sign in to your account.

Step 3: From your "Dashboard," click "My Courses".

Step 4: Click "Begin Course" on the course you wish to take.

*Your course will launch on the same page of the web browser.

Step 5: Click "Back to Dashboard" when ready to exit course.

Be sure to print ALL 3 certificates of completion at the end of the course as each school's athletic department is required to keep a copy on file.