

SPRING TRAINING

<https://nhs.santarosaschools.org/en-US/athletics-047362b9>

Navarrefb.com

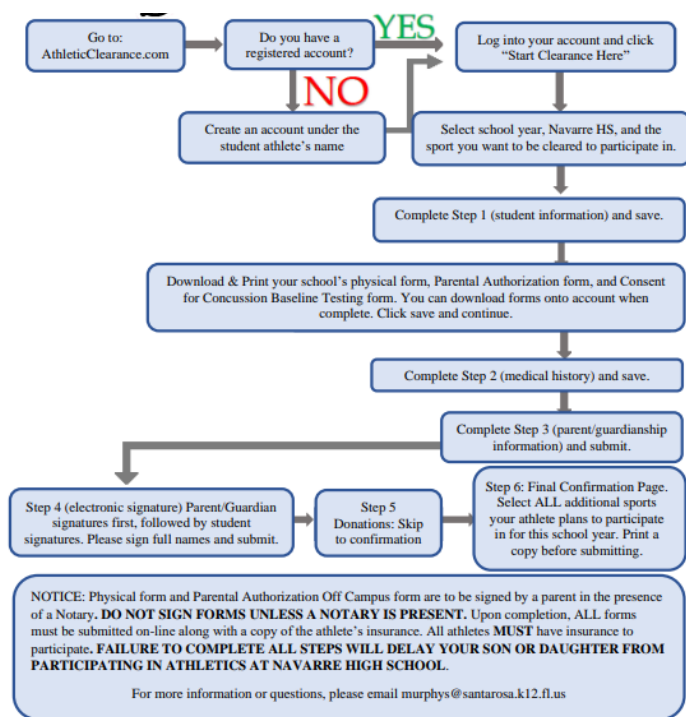


Welcome Rising Raiders, Spring Training is quickly approaching. Training will begin **April 28, 2025 at 4:00pm**. Student athletes will arrive to the Navarre Highschool field house. Students arriving from East Bay & Woodlawn will need to provide their own transportation. Students arriving from HNMS will have bus transportation provided to training and will need to secure transportation home.

Prior to arriving Spring Training, Football players **MUST** complete **ALL** of the following items:

1. Create Athletic Clearance account (instructions NHS Athletics webpage).
2. FHSSA Physical Form (Attached)
3. SRC Physical Form (Notarized, Attached))
4. FHSA (Concussion, Heat Illness, Cardiac Arrest Video certificates) <https://nfhslearn.com/courses>

PROCESS FLOW:



ATHLETIC CLEARANCE

Quick steps for parents/students using the online athletic clearance process.

Online Athletic Clearance

1. Visit AthleticClearance.com
2. Select Florida
3. **First Time Users:** Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.
4. **Returning Users:** Enter login information and click "Sign In"
5. Sign-in using your email address that you registered with
6. Select "Start Clearance Here" to start the process.
7. Choose:
 - a. School Year in which the student plans to participate. Example: Football in Sept 2021 would be the 2023-2024 School Year.
 - b. School at which the student attends and will compete at
 - c. Sport/s (We recommend that if the student will be participating in multiple sports, that those sports are added all at once)
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable. (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)
9. Once you reach the Confirmation Message you have completed the online registration process.
10. The student is not Cleared yet! This data will be electronically filed with your school's athletic department for review. When the student has been cleared for participation, an email notification will be sent.

Must haves for every practice:

Clothes: Tennis Shoes | Cleats | Athletic wear (Red, White, Maroon, Black, Grey only)

Combination Lock (traditional dial type) Coach Bagley has some for sale \$5.00 each

Medicine (Inhalers etc...) may be turned into Athletic trainer

Water Bottle

Questions/Concerns contact Coach Bagley: bagleyg@santarosa.k12.fl.us



ATHLETIC CLEARANCE

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2. Select Florida
3. **First Time Users:** Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.
4. **Returning Users:** Enter login information and click "Sign In"
5. Sign-in using your email address that you registered with
6. Select "Start Clearance Here" to start the process.
7. Choose:
 - a. School Year in which the student plans to participate. Example: Football in Sept 2021 would be the 2023-2024 School Year. *If you cannot find the school year, use current year and you will change it later in the system.
 - b. School at which the student attends and will compete at
 - c. Sport/s (We recommend that if the student will be participating in multiple sports, that those sports are added all at once)
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable. (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)
9. Once you reach the Confirmation Message you have completed the online registration process.
10. The student is not Cleared yet! This data will be electronically filed with your school's athletic department for review. When the student has been cleared for participation, an email notification will be sent.

Online Athletic Clearance FAQ

What is my Username?

Your username is the email address that you registered with.

How do I register for multiple Sports?

If you know you are going to play multiple sports when registering, it is best to add all sports on the first step where you also select the school year and school. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

Physicals

The physical form your school uses can be downloaded on Medical History page. Most schools will accept the physical online (done by uploading the completed form on the Files page).

Your Files

This area is meant to store your files so they can be accessed later in the year or perhaps years following.

Why haven't I been cleared?

Your school will review the information you have submitted before clearing you for participation. Once they review your clearance, they will change the status. You will receive an email when you have been cleared for participation

My sport is not listed...

Please contact your school's athletic department and ask for your sport to be activated.

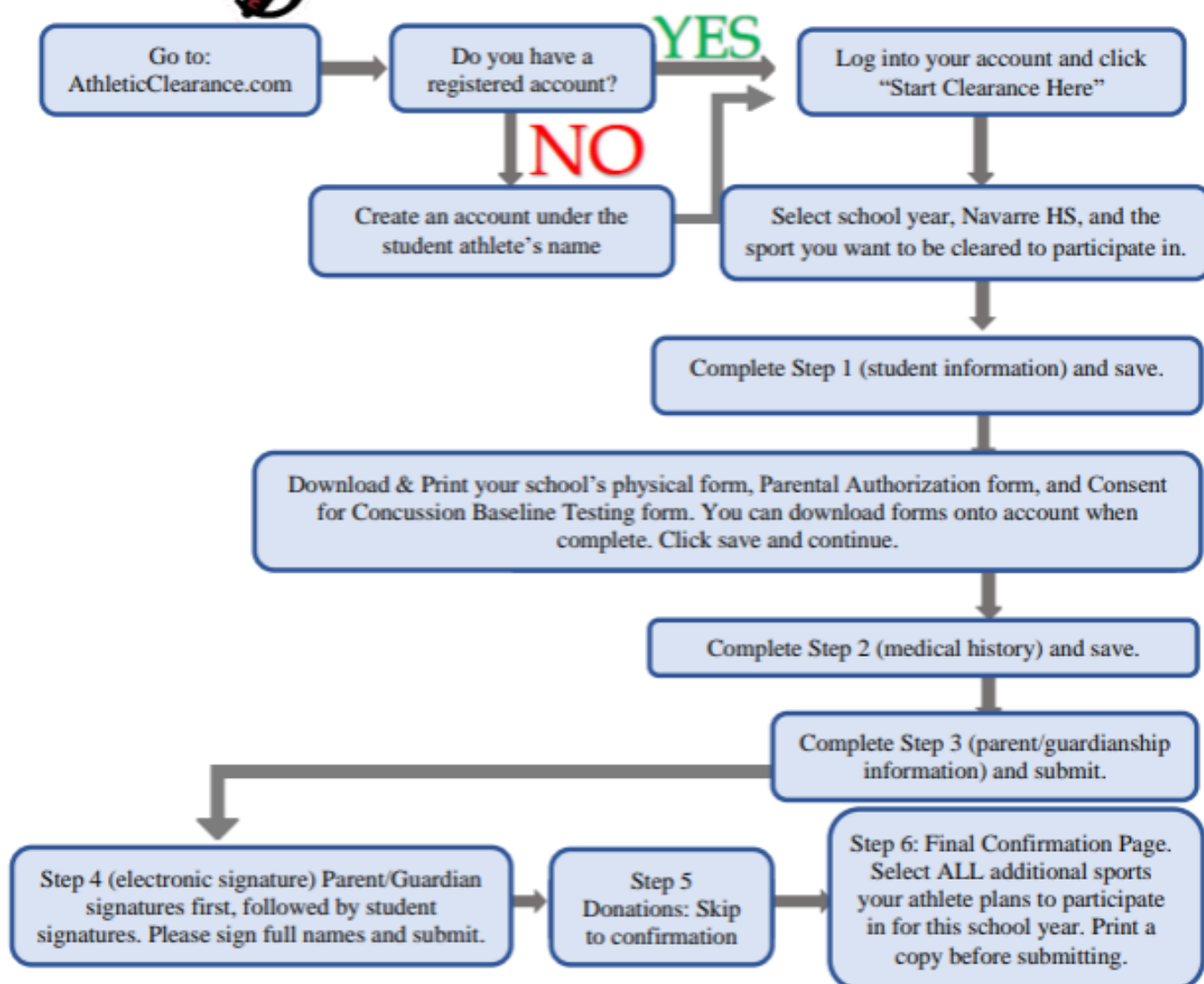
I was "Denied" clearance, now what?

You should have received an email with the reason for denial. Please update your clearance accordingly then contact your school's athletic department and ask them to review your information again



Navarre High School Participation Procedures

AthleticClearance.com



NOTICE: Physical form and Parental Authorization Off Campus form are to be signed by a parent in the presence of a Notary. **DO NOT SIGN FORMS UNLESS A NOTARY IS PRESENT.** Upon completion, ALL forms must be submitted on-line along with a copy of the athlete's insurance. All athletes **MUST** have insurance to participate. **FAILURE TO COMPLETE ALL STEPS WILL DELAY YOUR SON OR DAUGHTER FROM PARTICIPATING IN ATHLETICS AT NAVARRE HIGH SCHOOL.**

For more information or questions, please email murphys@santarosa.k12.fl.us

High School

**ALL FORMS MUST BE SIGNED FOR
AN ATHLETE TO BE ELIGIBLE!**
SANTA ROSA DISTRICT SCHOOLS
PRE-PARTICIPATION PHYSICAL EVALUATION FORM 2025-26

SCHOOL USE ONLY

This completed form must be kept on file by the school and is valid 365 calendar days from the date of the physical evaluation.

This form is non-transferable; a change of schools during the validity period of this form will require student information and medical history to be re-submitted.

Part 1. Student Information (to be completed by student and parent before a student is allowed to tryout, practice or compete).

Please print legibly in blue or black ink, or type.

Student Name: _____ Gender: _____ Age: _____ Birth Date: _____
High School: _____ Grade for _____ SY: _____ Sport(s) _____
Home Address: _____ Home Phone: (____) _____ - _____
Parent Guardian: _____ Work Phone: (____) _____ - _____
Contact in Case of Emergency: _____ Contact Home Phone: (____) _____ - _____
Contact Relationship to Student: _____ Contact Work Phone: (____) _____ - _____
Personal/Family Physician: _____ City/State: Eglin AFB, FL Office Phone: (____) _____ - _____

Part 2. Verification of Insurance Coverage

FHSAA REQUIRES ALL STUDENT ATHLETES TO PROVIDE PROOF OF HEALTH INSURANCE WITH A MINIMUM OF \$25,000 COVERAGE. INSURANCE MAY EITHER BE PERSONAL OR PURCHASED THROUGH THE SCHOOL. MUST HAVE INSURANCE!

Please check one:

☐ My/Our child/ward is currently covered under our family health insurance plan that has limits of no less than \$25,000 coverage.
Insurance Company Name: _____

☐ Policy Number: _____
I/We have purchased voluntary student accident insurance through my/our child's/ward's school handled through Fowinkle School Insurance Agency and underwritten by Gerber Life Insurance Company.

I understand if during the course of the school year my/our child/ward loses coverage through a personal insurance plan, it is my responsibility to immediately notify the school athletic director. Voluntary student accident insurance offered through the school may be purchased at that time if no other personal coverage is available.

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in interscholastic athletics. I also understand that if I refuse to take the test, or if the test establishes a violation of the drug testing policy, I will face disciplinary action set forth by the drug testing policy. By signing and dating this form, I consent to take a preseason urinalysis if required. I agree to be random tested by draw throughout my sport's season(s). The preseason test, when required, is completed prior to the start of the particular sports season after tryouts are over. The random testing will be done weekly throughout the sports season. The draw for the random testing will be performed by an outside agency with the athletes being notified on the day they are to report for urinalysis. Random testing cost is covered by the School District. I also understand the provisions of reasonable suspicion. However, in the event a random drug screening produces a non-negative result all subsequent drug test costs will become the responsibility of the athlete. Furthermore, I also understand that the cost for the assessment and rehabilitation program, in the event of a violation of the drug testing policy is the responsibility of the athlete. I consent to allow the designated MRO (Medical Review Officer) to release follow-up drug testing results to school officials. By signing and dating this form, I attest I have read and understand the District random drug testing policy.

(Student-Athlete's Signature)

(Date)

(Printed Name)

(Parent/Guardian Signature)

(Date)

(Printed Name)

I certify that the information provided herein is true and I consider him/her physically capable of participating in athletics. I hereby give my consent for the above-named student to (1) represent his/her school in athletic activities, except those exceptions cited by the examining physician provided that such athletic activities are approved by the State Association and (2) 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 emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on behalf of the Florida High School Activities Association responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel. I also grant permission to the Santa Rosa County School System to release all athletic injury information that relates to the above-named student to the Emergency Health Care Facility involved in treatment.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices Act (Code of Student Conduct), and authorize designated Santa Rosa County School District Personnel, Santa Rosa County Health Department School Health personnel, and any other contracted healthcare agencies that may provide emergency care for my child and/or to exchange medical information, as necessary to support the continuity of care of my child.

Notarized Parent/Guardian Signature: DO NOT SIGN UNLESS YOU ARE IN THE PRESENCE OF A NOTARY!

(Parent-Guardian Signature)

(Printed Name)

Date

State of Florida, County of Santa Rosa

Sworn and subscribed before me this _____ day of _____, 2025.

Person is: Personally known to me _____ Produced ID _____ Type ID _____ ID # _____

(Notary Signature)

(Commission Expires)

(Notary Seal)

IMPORTANT: While every effort will be made to uncover all potential health problems, a screening examination such as the one your child will receive cannot entirely eliminate the risks of athletic competition. **Health care costs exceeding school insurance coverage will be the responsibility of the parent/guardian.

ATTENTION PARENTS: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY!!

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

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
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?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

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)*

FHSSA Mandated Videos

<https://nfhslearn.com/courses>



Once completed, save the certificates and load them into your Athletic Clearance account

The athletic department will CLEAR you when all paperwork is turned in and completed.

****You MUST return BOTH physical forms!****



Football Checklist

- ☐ Created Athletic Clearance Account: <https://athleticclearance.fhsaahome.org/>
 - If you cannot find the Navarre HS in school year, select the current school year
 - When submitting for sport, Select all sports ie: weightlifting, baseball, soccer, etc...
- ☐ Obtained Physical and completed SRC and FHSSA physical clearance forms
- ☐ Notarized SRC Physical Form
- ☐ Completed FHSSA Mandated videos: Concussion, Sudden Cardiac & Heat Illness
- ☐ Loaded Physical forms and Video certificates into Athletic Clearance
- ☐ Visited Navarrefb.com, clicked on "Locker room", completed NXT LVL and Raider report
- ☐ Downloaded and registered with "Band APP" (see www.navarrefb.com)
- ☐ Created Email: ex: ThomasR@gmail.com (use name only, no unprofessional names)
- ☐ Created HUDL account: (hudl.com)
- ☐ Purchased combination lock (dial type)
- ☐ All workout attire, accessories, are Raider colors (Maroon, Black, Grey, White)
- ☐ Cleats are Black (may have a little white or grey logos)

TEAM WEBSITE: <https://navarrefb.com/>

NHS Athletic Page: <https://nhs.santarosaschools.org/en-us/athletics-047362b9>

Athletic Clearance: <https://athleticclearance.fhsaahome.org/>

NFHS Learn (videos): <https://nfhslearn.com/courses>

Quarterback Club: <https://navarrefb.com/quarterback-club>

Band APP: <https://www.band.us/home>