

ATHLETIC CLEARANCE

If you already have an account simply go on to it and update your information.

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

IF THIS IS YOUR FIRST TIME SETTING UP AN ACCOUNT FOLLOW THESE STEPS.

1. Visit www.AthleticClearance.com and choose your state.
2. Watch quick tutorial video
3. **Register.** PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)
4. Login using your email address that you registered with
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2021 would be the 2021-2022 School Year.*
Choose the School at which the student attends and will compete for.
Choose Sport
7. 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)
8. Optional **Donation** to your athletic program
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities. ****PLEASE ONLY CHOOSE SPORTS THAT YOU WILL ACTUALLY PLAY.**
11. All of 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.

Questions? Go to Support.AthleticClearance.com and submit a ticket.

Multiple Sports

Physicals

The physical form your school uses can be downloaded on Physicals page. Most schools will accept the physical online (done by uploading the completed form on Step #2) as well as turning in a hard copy to the athletic department. Statuses for this page are as follows:

Completed: All upload areas are filled (may not be required)

In Progress: At least one upload area is filled

Incomplete: No files have been uploaded

Document Library

This area is meant to store your files so they can be accessed later in the year or perhaps years following. You can either upload your files to the Document Library then apply them to your Clearance on the Physical page OR you can choose/browse for the file on the Physical page and the file will save to the Document Library for future use.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear or Deny your student for participation. You will receive an email when the student is cleared.

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*

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.



Florida High School Athletic Association

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. As required by

F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/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 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 ____/____/____

CERTIFICATE, OATH OR AFFIRMATION/SIGNED DOCUMENT (FLORIDA)

State of Florida, County of _____
Sworn to (or affirmed) and subscribed before me by means of (how the individual appeared; check one):

physical presence or online notarization this _____ day of _____

by (name of individual making the sworn statement): _____

Individual identified by Personal knowledge Satisfactory Evidence; Type _____

Signature of Notary Public: _____

(Typed, Printed or Stamped Name of Notary Public)

(Affix FL Notary Stamp above)

THE SCHOOL DISTRICT OF LEE COUNTY



THE SCHOOL DISTRICT OF LEE COUNTY

2855 COLONIAL BLVD. ♦ FORT MYERS, FLORIDA 33966 ♦ WWW.LEESCHOOLS.NET

GWYNETTA S. GITTENS
CHAIR, DISTRICT 5

CHRIS N. PATRICCA
VICE CHAIR, DISTRICT 3

MARY FISCHER
DISTRICT 1

MELISA W. GIOVANNELLI
DISTRICT 2

DEBBIE JORDAN
DISTRICT 4

BETSY VAUGHN
DISTRICT 6

CATHLEEN O'DANIEL MORGAN
DISTRICT 7

GREGORY K. ADKINS, ED. D.
SUPERINTENDENT

ALAN L. GABRIEL, ESQ.
BOARD ATTORNEY

School District of Lee County Student Athlete Behavior Contract 2021-2022

Athlete's Name: _____

The School District of Lee County invites all students who possess the ability, attitude, cooperative spirit and desire to favorably represent our secondary schools to become candidates and participate in our interscholastic or extracurricular activities programs. Student participation in these school activities is a privilege. Participants are representatives of their school communities; they often have higher visibility, receive greater recognitions, assume leadership roles and become examples for their peers. This creates a duty and responsibility on the part of a participant to conduct himself or herself, on and off school property, in a respectful manner. In order to maintain a high level of excellence in interscholastic or extracurricular activities, all candidates are required abide by the rules set forth in the School District of Lee County Student Code of Conduct. If you choose to accept this responsibility, you and your guardian must sign this contract, and in doing so, you agree to abide by the consequences set forth below:

The following violations may result in suspension or dismissal from the _____ Athletic Program:

1. Using illegal drugs, alcohol, or tobacco at any time.
2. Participation in any illegal activity, in school or away from school.
3. Missing practice (unless excused by the Coach).
4. Excessive absences/tardies in school as defined by the Lee County School Board Policy.
5. Skipping class or school.
6. Poor sportsmanship.
7. Harassment (verbal/physical/sexual/etc.)
8. Malicious use of social media platforms. Malicious use may include, but not be limited to: derogatory language or remarks regarding any member of any school community, demeaning statements or threats that endanger the safety of another person, and/or incriminating photos or statements regarding illegal criminal behavior, underage drinking, and use of illegal drugs, sexual harassment or violence.
9. Acts of violence, on or off the field of play.
10. Any act (either in school or away from school) which in the opinion of the coaching and/or school administration, reflects in a negative manner on the school community.
11. The Principal has the final determination of the outcome for any and all offenses and has the authority to override or enact any and all consequences.

By signing below, you affirm that you have read this and fully understand the rules set forth by this Contract. You are also stating that you understand that violations of the School District of Lee County Student Code of Conduct could result in your being dismissed from the athletic program.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

FORT MYERS HIGH SCHOOL

Athletic/Activities Dept. Transportation Permission Form

Memorandum

YEAR 2021-2022

To: Parent/Guardian of Fort Myers High School Student

From: Steven Cato, Athletic/Activities Director

Subject: Transportation for Athletic/Activity Events and Practices

From time to time when school/charter transportation is unavailable, it is necessary to transport students to activities via private vehicles. We need to have on file, permission for each to student to travel in a private vehicle. Please initial the appropriate choice(s)

of travel for your child. Student and parent/guardian must sign and date the bottom of the form.

- Student will be transported by parent or guardian.
- Student may ride with the coach/teacher.
- Student will drive his/her own car and may transport siblings (with student driver information on file).
- Student may be transported by another parent (with that parent's driver information on file)

Student Name (Print) _____

Name of Sport/Activity _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Driver Information

Necessary information for parent/guardian and student drivers will need to be on file in the Fort Myers High School Athletic/Activities Dept. for the duration of the school year and includes the following:

| | | |
|---|------------------------|----------|
| 1 | Driver's Name | |
| 2 | Driver License # | |
| 3 | Car registration # | |
| 4 | Make and model of car | |
| 5 | Insurance Co Name | Policy # |
| 6 | License Plate # of Car | State |

FHSAA REQUIRED COURSES

- All athletes are required to view the following courses through the NFHS learn website. All courses are free of charge. <https://nfhslearn.com/>

Links to the required courses are found in the file upload section of the athletic clearance site. All athletes will have to register for their own account through NFHS and can then begin taking the required courses. I have also included links to the courses below. Once the courses have been completed the athlete will receive a certificate that can be downloaded, saved, and uploaded to the athletic clearance website.

Concussion:

<https://nfhslearn.com/courses/concussion-for-students>

Heat illness:

<https://nfhslearn.com/courses/heat-illness-prevention-2>

Sudden Cardiac arrest

<https://nfhslearn.com/courses/sudden-cardiac-arrest>

