

# 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](http://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](http://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.

# 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>





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.

Medical history questions 1-46 with Yes/No columns. Includes questions about medical history, allergies, injuries, and physical activity. Includes a section for females only (optional) regarding menstrual periods.

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:



Florida High School Athletic Association

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*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
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**

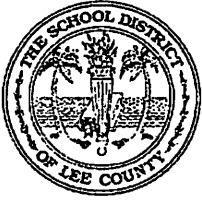
I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ 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: \_\_\_\_\_



# THE SCHOOL DISTRICT OF LEE COUNTY

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

GWYNETTA S. GITTENS  
CHAIR, DISTRICT 5

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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 2022-2023

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 2022-2023

**To: Parent/Guardian of a 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 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 form.

- Student will be transported by parent or guardian.
- Student may ride with 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Sport/ Activity \_\_\_\_\_

#### Driver Information

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

Driver's Name	
Driver's License #	
Car Registration #	Make and model of car
Insurance Company Name	Policy #
License Plate#	State



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 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 / / \_\_\_\_\_

### 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: \_\_\_\_\_

\_\_\_\_\_, Notary Public

(Typed, Printed or Stamped Name of Notary Public)

(Affix FL Notary Stamp above)

THE SCHOOL DISTRICT OF LEE COUNTY





www.GreenWaveBoosters.club

Support our Student Athletes
TRADITION OF EXCELLENCE

Follow us on Facebook
FMHS Athletic Booster Club

Choose a membership level:

100 Club.... \$1,250.00

Become a member of the 100 Club to help with renovations to the FMHS Athletic Complex.

The FIRST 100 paid members will receive a LIFETIME pass for two adults to all home athletic events.

PLUS Platinum Greenie benefits for your entire household for 2022-2023

Name recognition on commemorative plaque at athletic complex

Platinum Greenie.... \$250.00 \*\*MOST POPULAR LEVEL\*\*

Family admission (up to two adults and six kids from one household) to ALL regular season home athletic events

FREE VIP premium parking

Listing in FMHS newspaper, website & yearbook

Custom FMHS magnet & spirit gift

Golden Greenie..... \$150.00

Family admission to one regular season home sport (up to two adults and six kids from one household)

Selected sport: \_\_\_\_\_

FREE VIP premium parking

Custom FMHS magnet

Listing in newspaper, website & yearbook

Silver Greenie.... \$100.00

Admission for one individual to all regular season home athletic events

FREE VIP premium parking

Custom FMHS magnet, listing in FMHS newspaper, website & yearbook

Fighting Greenie.... \$50.00

Athletic booster club membership

Custom FMHS magnet

Listing in FMHS newspaper, website & yearbook

Greenie Grandparent... \$125

Admission for two to all regular season home athletic events

FREE VIP premium parking

Custom FMHS magnet and spirit gift

Listing in newspaper, website and yearbook



ADMIN ONLY:

DATE: \_\_\_\_\_

PAYMENT: \_\_\_\_\_

AMOUNT:\$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit card \_\_\_\_\_

Cash \_\_\_\_\_

Name: \_\_\_\_\_

(Business or Individual/Family name as you wish it to appear in newspaper, website & yearbook)

I prefer NOT to be listed in the above publications.

Contact (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate e-mail(s): \_\_\_\_\_

List family members' names as they will appear on membership cards: \_\_\_\_\_

Checks payable to FMHS Athletic Booster Club.

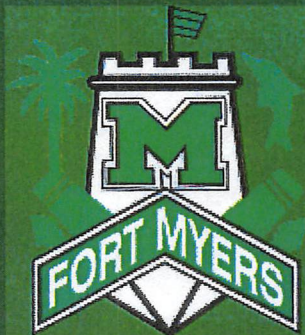
Mail to: Fort Myers High School, ATTN: Athletic Booster Club, 2635 Cortez Blvd, Fort Myers FL 33901

To join or donate online visit www.GreenWaveBoosters.club

# Pledge Card

Please return this card to  
FMHS or mail to:

2635 Cortez Blvd.  
Fort Myers, FL 33901  
239-334-2167 ext.209



## I (we) would like to pledge to FMHS

Name/Organization making pledge: \_\_\_\_\_

Pledge level:

- 100 Member (\$999)    Bronze \$1,000 - \$9,999    Silver \$10,000  
 Gold \$50,000    Diamond \$100,000 - \$149,999    Platinum \$250,000 and above  
 Other \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Please make checks payable to FMHS  
and include "2022 Community Field Project" in the memo  
All contributions are tax deductible to the extent provided by law.

*Thank you very much for your support!*