



CFCA Homeschool Athletics Application Check List

Requirements for CFCA Homeschool Athletics participation:

- All Homeschool families are required to sign CFCA's statement of faith.
- All Homeschool families follow the CFCA Parent-Student Handbook.
- All Homeschool families follow the CFCA 24/7 Handbook policy.
- All Homeschool families follow the CFCA dress code policy.
- All Homeschool students are permitted on campus 15 minutes prior to the start of their practice and are required to be picked up 15 minutes after the completion of practice.
- All Homeschool students must sign in on campus through the CFCA front desk.
- Participation in the CFCA Homeschool division does not permit students to participate in all CFCA activities (ie: Homecoming, Spring Formal, Graduation, and other events designed for CFCA full time students).

Following is the checklist for application to CFCA Homeschool Athletics: (Each box must be completed and checked before becoming eligible with CFCA)

- ☐ Completed application (CFCA admission application)
- ☐ Completed Student Statement of Faith
- ☐ Completed Homeschool Athletic Application / Medical Authorization
- ☐ FHSAA Form EL2
- ☐ FHSAA Form EL3
- ☐ FHSAA Form EL7
- ☐ FHSAA Form EL7V
- ☐ Completed Homeschool Athletics Financial Worksheet
(Must be completed and paid, prior to attending first team function with CFCA)
- ☐ Meeting with Athletic Director (FHSAA Rules, CFCA Culture, Expectations, and Vision)
(Must be completed prior to attending first team function with CFCA)



ADMISSION APPLICATION

(Homeschool Athletics)

Student Name: _____

Grade: _____

APPLICATION FOR ADMISSION

Applicant Information

Applicant Name: _____ Date of Birth: ____/____/____

Nickname: _____ Gender: _____ Social Security #: _____

Ethnicity (optional) ☐ African-American ☐ Asian or Pacific Islander ☐ Hispanic
☐ American Indian/Eskimo ☐ Caucasian ☐ _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Student Email Address: _____

Please Check all that Applies:

☐ Sibling of current CFCA Student ☐ Parent(s) is employee of CFCA or FBCCF ☐ Parent(s) is member of FBCCF

Reason for Seeking Admission to CFCA: _____

Education/Background Information

Applicant's Current School: _____

School Type: ☐ Private ☐ Parochial ☐ Public Years Attended: _____

List School Previously Attended (If Applicable):

School Name: _____ Dates: _____

Reason for Leaving: _____

Is your child eligible to return to this school? ☐ Yes ☐ No

Has this student ever repeated a grade? ☐ Yes ☐ No If so, what Grade(s): _____

Has this student previously attended CFCA? ☐ Yes ☐ No If so, what Grade(s): _____

Has this student ever been suspended, expelled or asked to withdraw from school? ☐ Yes ☐ No

If yes, please give name of school and details: _____

Has this student ever been arrested or involved with alcohol, drugs, tobacco products, or sexual immorality?

☐ Yes ☐ No **If yes, please be prepared to discuss this during your admittance interview.**

Has this student ever been evaluated for academic, speech, language sensory integration, physical behavior, emotional or attention difficulties by a school official, psychologist, physician or other professional?

☐ Yes ☐ No **If yes, please attach a copy of the evaluation report and/or diagnostic results to this application.**

Does this student take daily prescription medication? ☐ Yes ☐ No If yes, please describe: _____

Family Information

Are both parents aware of this application to CFCA?

☐ Yes ☐ No

Parents are:

☐ Married

☐ Father (Custody)

☐ Divorced

(Check all that apply)

☐ Legally Separated

☐ Never Married

☐ Mother (Custody)

Applicant lives with:

☐ Father

☐ Stepfather

☐ Other

(Check all that apply)

☐ Mother

☐ Stepmother

If there are other children in your family, please complete the following:

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Name: _____ Age/Grade: _____ School: _____

Father

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Mother

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Stepfather

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Stepmother

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

Grandparents (Paternal)

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Grandparents (Maternal)

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Central Florida Christian Academy does not discriminate on the basis of race, color, gender, national or ethnic origin.

Spiritual Information

Parents, please describe your spiritual beliefs. We view ourselves as partners with you in providing a strong Kingdom Education within a Christ-centered community. _____

Do you profess to be a Christian: ☐ Yes ☐ No If no, Why? _____

Name of Home Church: _____

Denomination: _____ Years Attended: _____ Member?: _____

Do you and your child attend the same church? ☐ Yes ☐ No

If no, what church does your child attend? _____

Describe your church attendance:

☐ Weekly ☐ Monthly ☐ Occasionally ☐ Belong to Adult Group ☐ No Attendance

What areas of service are you involved with? _____

After acquainting yourself with the CFCA Statement of Belief Doctrinal Belief, describe your expectations in regard to your child's education: _____

CFCA Admission Acknowledgment

Please read, and sign below:

As the student applicant, I state that I have read and agree with the 24/7 Student Code of Conduct and Agreement of Central Florida Christian Academy. I agree to abide by the standards set forth in the Code of Conduct and Agreement in thought, word, and deed, both on and off the campus of CFCA.

Applicant Signature (Grade 7th - 12th): _____ Date: ____/____/____

As the parent(s) or guardian of the student applicant, I/we state that we have read and agree with the Statement of Doctrinal Belief, Parent/Guardian Statement of Support, and the Student Code of Conduct and Agreement of Central Florida Christian Academy. We further agree and pledge, upon acceptance of our child, to partner with the school staff in a manner consistent with these statements to advance the spiritual integrity and academic development of our child.

Father/Guardian Signature: _____ Date: ____/____/____

Mother/Guardian: _____ Date: ____/____/____

This application must be read and completed in its entirety.

It should be filed with the Athletics Office on the campus of CFCA, or mailed to:

Director of Athletics

Central Florida Christian Academy

700 Good Homes Road

Orlando, FL 32818





Statement of Doctrinal Beliefs

An individual or organization's choices and behavior arise from what they believe and value. Understanding what CFCA believes and values is important because it helps families comprehend the underlying reasons for school policies and decisions. Not all of CFCA's family members will embrace all of these beliefs as their own. The last page of the application includes a signature line whereby parents indicate their support of these Doctrinal Beliefs and acknowledge awareness that these beliefs and values will be taught to the students of CFCA. Parents signing the Enrollment Agreement and students attending CFCA who are old enough to comprehend these beliefs are recognizing and accepting this statement as the guiding principles for CFCA and affirming that they will adhere to these doctrinal beliefs. If a parent or student would find it difficult to adhere to any part of this Statement, they should make the Headmaster aware of their concerns and discuss them with him before signing the Enrollment Agreement when offered admission to CFCA.

THE SCRIPTURES: I/We believe that the entire Bible, all 66 books of the combined Old and New Testaments, are verbally inspired by God and are inerrant in the original writings. Through the providence of God, the Word of God has been protected and preserved, and is the only infallible and authoritative rule of faith and practice. (2 Timothy 3:16-17; 2 Peter 1:20-21)

GOD: I/We believe that there is only one true, living, sovereign, holy, and eternally existent God. He exists in three co-equal persons – Father, Son, and Holy Spirit – each being a distinct person and with a distinct function, but all of one essence and all possessing the same nature, perfection, and attributes. The triune God is the creator and sustainer of all things, the source of all truth, and is worthy of worship, confidence, and obedience. (Deuteronomy 6:4-5; Genesis 1:31)

JESUS CHRIST: I/We believe that Jesus Christ is God. He was conceived by the Holy Spirit; born of a virgin, lived a sinless life, performed many miracles, shed His blood on the cross to pay the debt for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father; and will return literally, visibly, and personally in glory and power. (John 1:13, 14; Matthew 1:18-25; Philippians 2:5-9; Colossians 1:15; 1 Corinthians 15:1-8; Acts 1:11)

HOLY SPIRIT: I/We believe that the Holy Spirit is God, co-equal and co-existent with the Father and the Son. He is the chief convictor of sin, the chief agent of regeneration and sanctification. The Holy Spirit lives within every believer and empowers every believer to live a godly life. (John 14:16-19; 16:7-15; 1 Corinthians 6:19-20; Romans 8:9-11; Titus 3:5)

MANKIND: I/We believe that in the beginning God created mankind in His image, and man is not in any sense the product of evolution. Mankind was originally created with the ability to live perfectly for God's glory. (Genesis 1:27, 31)

SIN: I/We believe that Adam, the first man, sinned by disobedience. This act resulted in the fall of all mankind; therefore, all people have sinned and lost their ability to live for the glory of God. Every person's sin incurs both physical and spiritual death until there is forgiveness and salvation by the grace of God. (Genesis 3:1-24; Romans 3:10-23, 5:12-21, 6:23)

SALVATION: I/We believe the salvation of lost and sinful people is a free gift of God's grace apart from human works, based solely upon Christ's vicarious and atoning death, effected by the regenerating work of the Holy Spirit, and received only through faith in the person and finished work of Jesus Christ on the cross and His resurrection from death. (Ephesians 2:8-10; 2 Corinthians 5:21)

THE CHURCH: I/We believe that the church is the body of Christ and the family of God. It is made up of saved and baptized believers, who regularly join together for worship, fellowship, and ministry. (Matthew 16:18; 1 Corinthians 12:12-14; Hebrews 10:25)

EVANGELISM: I/We believe that it is the responsibility and privilege of every Christian to proclaim the good news of Jesus Christ and to seek to make growing disciples. (Matthew 28:18-20; Acts 1:8)



Parent/Guardian Statement of Support

- I/We have received and read the “Statement of Doctrinal Beliefs” of the School and desire to have our student educated in accordance with them.
- I/We agree to abide by and support the terms and conditions outlined in the Parent-Student Handbook as published at the School’s website and as amended from time to time.
- I/We will regularly and earnestly pray for Central Florida Christian Academy and its staff.
- I/We will worship the Lord regularly at a Bible-believing church.
- I/We will fully cooperate in the educational activities of Central Florida Christian Academy by doing my/our best to make Christian education effective in the life of our student.
- I/We will require the student to support the spiritual activities of the School (chapel, Bible classes, Scripture memory, etc.).
- I/We will pay all of our financial obligations to Central Florida Christian Academy by the date due, and if I/we are ever unable to do so, I/we will immediately contact the School’s Finance Office to make arrangements for payment which are satisfactory to me and to the School.
- I/We understand that the School has full discretion in the discipline of the student in accordance with the “discipline policy” as published.
- I/We understand that the School reserves the right to place the student at the appropriate grade level and designate the appropriate teachers, coaches and other staff.
- I/We understand that the School reserves the right to dismiss the student when either the parents/guardians or the student does not cooperate with the policies of the School.
- I/We will volunteer for duties and responsibilities for Central Florida Christian Academy as opportunities arise and God provides the time and strength.
- I/We will be faithful to attend all parent functions at Central Florida Christian Academy as best we can.
- If I/we become dissatisfied with Central Florida Christian Academy in any way, I/we will strive to resolve the matter with the person(s) involved as privately and lovingly as possible, rather than spreading criticism and negativism. (Matthew 18:15-17; 5:23-24)
- I/We will seek to support and advance Central Florida Christian Academy in every area possible – spiritually, academically, physically, and financially.

The School agrees to provide the best it can for the student in the way of facilities, curriculum, faculty, athletics, social functions, and instruction. The School further pledges to do all possible to support our home in growing our student in the nurture and admonition of the Lord. As the parents/guardians of the student, I/we covenant to support the School in its efforts at Christian education. I/We agree that it is my/our responsibility to strive diligently toward the observance of the “Parent/Guardian Statement of Support” as God enables me/us by the power of the Holy Spirit. If for some reason I/we become dissatisfied, I/we promise to handle the matter as privately and lovingly as possible. If support or resolution cannot be reached, I/we recognize it is my/our responsibility to leave the School and seek a school in alignment with our personal convictions. Together, as a school and as parents/guardians, I/we pledge to submit our lives to one another and to the final authority of the Word of God.

As it is imperative that the School know the backgrounds of parents who volunteer to work with our students, I/we understand and agree that the School shall have the right to perform a background review or check on me/us at any time and the right to perform a motor vehicle records review if I/we am/are required to transport students.



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.



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



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, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. 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



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 be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (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



Florida High School Athletic Association

Registration Form for Home Education Student

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **by the deadline established on the FHSAA Calendar** for the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

SECTION A:

- Name of student _____ Birth Date {mm/dd/yy} ____/____/____ Grade in school ____th
Home address _____ Home phone number (____) _____
- Student resides in and is legally registered as a home education student in the _____ County School District
- Student wishes to participate in interscholastic athletics at {name of school} _____
This is the public school the student is zoned to attend [____ Yes][____ No]
Student wishes to participate in the following sport(s) at this school _____
(list all)
- Student was enrolled in the ____th grade during the previous school year at {check and complete the one that applies}:
____ {name of school} _____ in {city} _____
____ A home education program in the _____ County School District
- Student first entered the 9th grade on, if applicable {mm/dd/yy} ____/____/____
This student has maintained a cumulative GPA of 2.0 or above on a 4.0 unweighted scale since entering 9th grade **OR** the previous semester for (for grade 6 – 8) [____ Yes][____ No]

Transcript or Record of Grades Must be Attached. Transcripts or records must include all schools attended whether public, private, online, home education or other. Grades must be calculated using the “alpha” system (A, B, C, D and F). In determining the cumulative grade point average (GPA) for purposes of academic eligibility for interscholastic athletic competition, the following grading scale as mandated by s. 1003.437, Florida Statutes, must be used: grade “A” is 90 to 100 percent and has a GPA value of 4; grade “B” is 80 to 89 percent and has a GPA value of 3; grade “C” is 70 to 79 percent and has a GPA value of 2; grade “D” is 60 to 69 percent and has a GPA value of 1; and grade “F” is 0 to 59 percent and has a GPA value of 0. If the student has not yet entered the 9th grade, attach a copy of the previous semester transcript or record of grades.

SECTION B:

The above student is enrolled in the following courses for the [____] first semester of the current school year (**for fall and winter sports**) **OR** for the [____] second semester of the current school year (**for spring sports**):

Subject (list each)

Location where each course is taken

- _____ [____] solely by parent [____] public or private school _____
(identify school)
[____] FLVS or Dist. Virtual School [____] dual enrollment _____ [____] other _____
(identify college/university) (identify)
- _____ [____] solely by parent [____] public or private school _____
(identify school)
[____] FLVS or Dist. Virtual School [____] dual enrollment _____ [____] other _____
(identify college/university) (identify)
- _____ [____] solely by parent [____] public or private school _____
(identify school)
[____] FLVS or Dist. Virtual School [____] dual enrollment _____ [____] other _____
(identify college/university) (identify)
- _____ [____] solely by parent [____] public or private school _____
(identify school)
[____] FLVS or Dist. Virtual School [____] dual enrollment _____ [____] other _____
(identify college/university) (identify)
- _____ [____] solely by parent [____] public or private school _____
(identify school)
[____] FLVS or Dist. Virtual School [____] dual enrollment _____ [____] other _____
(identify college/university) (identify)



Florida High School Athletic Association Registration Form for Home Education Student

The student and parent/guardian must complete, sign in the presence of notary public and submit this form to the school at which the student wishes to participate **by the deadline established on the FHSAA Calendar** for the sport(s) in which the student wishes to participate and only needs to be submitted one time per school. **Address questions to eligibility@fhsaa.org.**

6. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
7. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)
8. _____ [] solely by parent [] public or private school _____ (identify school)
 [] FLVS or Dist. Virtual School [] dual enrollment _____ (identify college/university) [] other _____ (identify)

Is the student receiving any form of educational services from any other school (i.e. a correspondence school, “umbrella school”, other online school, etc.) other than home education as defined in s. 1002.41, Florida Statutes? [___ Yes][___ No]

If yes, answer the following (*use reverse side if more than one school*):

(a) Name, address and phone number of the school providing the student with these services:

(b) Are attendance records kept for this student? [___ Yes][___ No]

(c) Are transcripts kept for this student? [___ Yes][___ No]

(d) Will this student be awarded a diploma? [___ Yes][___ No]

Section C:

I/we understand that through this document that I/we are registering our intent to participate in interscholastic athletics only in the sport(s) listed above for this member school of the Florida High School Athletic Association (FHSAA). I/we, therefore, agree that this student will be subject to and abide by all FHSAA rules, as well as the regulations of the school, pertaining to interscholastic athletic participation. I/we understand that if this student attends one school and participates in the interscholastic athletic program sponsored by another school, the student may be ineligible and may cause the team of which he/she is a member to forfeit contests and honors won. I/we understand that a student is considered to represent a team in competition if the student is dressed in uniform and available to participate in a contest. **I understand that I am swearing or affirming under oath to the truthfulness of the information provided and statements made on this form and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

<p>_____ Signature of Student / _____ Date</p> <p>_____ Printed Name of Student</p> <p>_____ Signature of Parent/Legal Guardian / _____ Date</p> <p>_____ Printed Name of Parent/Legal Guardian</p>	<p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to or affirmed before me on {date} _____. [Notary Seal:]</p> <p>_____ Signature of Notary</p> <p>_____ Printed Name of Notary</p> <p>NOTARY PUBLIC My commission expires: _____, 20 ____.</p> <p>Personally known to me _____</p> <p>OR Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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Signatures of student and parent/legal guardian must be notarized. Student transcripts or records of grades must be attached.



Florida High School Athletic Association

EL7V

Revised 06/15

Verification of Student Registration with Public School District Home Education Office

Section A of this form must be completed by student's parent/legal guardian. **Section B** must be completed by the School District Home Education Office Coordinator and the completed form must be presented to the school at which the student wishes to participate. **This form must be completed each year. Address questions to eligibility@fhsaa.org.**

Section A: To Be Completed By the Parent/Legal Guardian (please print)

TO: Florida High School Athletic Association Office of Eligibility and Compliance Services

FROM: _____ County School District Home Education Office

DATE: _____, 20____

RE: Student {student's full name} _____

Student's Date of Birth {mm/dd/yy} ____/____/____

Home Address _____
Street Address City Zip Code

Daytime Telephone Number (____) _____

Student wishes to participate at {name of school} _____

Section B: To Be Completed By the School District Home Education Office Staff

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} _____, 20____

This student's annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

[____ Yes][____ No] Date: _____, 20____

☐ This student is a new Home Education student, the date of his/her annual evaluation will be: _____, 20____

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (_____) _____

FOR DISTRICT OFFICE USE ONLY

Signature of District Home Education Coordinator

Date

Printed Name of District Home Education Coordinator

Explanation of the FHSAA EL7 Form

1. The FHSAA is an enforcement/governing organization. Its job is to create a “level playing field” for all high school athletes, so that every student has an opportunity to play high school sports in a fair and competitive environment. If there were no Bylaws governing eligibility, recruiting would be rampant and there would be little opportunity for relatively good players to develop their skills on a high school athletic team. Schools that recruit players are penalized and fined for breaking the Bylaws.

The FHSAA Bylaws and the enforcement of them protect home education students and their teams. Having a level playing field allows students to develop their talents and have the opportunity to compete for state championships. Enforcement is difficult, and often misunderstood, but is necessary to protect the integrity of high school athletics.

2. The FHSAA is trying to lessen the number of hours it takes to determine eligibility for each individual home education student. The FHSAA asks for additional information to make those determinations easier. Some of the educational services or vendors that have been reviewed are listed in this document. It takes time to make these determinations on a fair and equitable basis. The EL7 form is not designed to require additional information from home education students, rather to simplify the process and obtain enough information to verify their compliance with state statute and the FHSAA Bylaws.

3. Participation in FHSAA athletics is a privilege, not a right, as determined by the courts. Home education students are given the opportunity to participate, but they must meet the same eligibility requirements as other students in public and private schools. As an example, any public, private or home education student who does not have the required GPA is ineligible to participate in extracurricular activities. All students have to comply with the Florida Statutes and the FHSAA Bylaws to be eligible to participate.

Guide for Completing the FHSAA EL7 Form {Address questions to eligibility@fhsaa.org}

Please read this information very carefully and in its entirety. This is very important and needs to be done correctly for your child to participate in any FHSAA sport program even if they are in a Home Education Cooperative. **All forms must be completed and submitted to the Athletic Director**, along with any applicable transcript or record of grades. The “Registration Form” is one of the forms used for registering the intent to participate in interscholastic athletics at an FHSAA member school. The forms must be submitted to the school before your child can participate in ANY **official practice** session.

It is highly recommended that the student begin participating on the first day of practice, to be conditioned, trained and ready to play. You can locate the date of the first practice and first week of regular season competition on the FHSAA Calendar for each sport. However, all information must be submitted to the school **BY THE DEADLINE ESTABLISHED ON THE FHSAA CALENDAR** for the sport(s) in which the student wishes to participate.

You will need one form for each child who is participating and the form only needs to be submitted one time per school at which the student participates.

“Registration Form”

Section A:

1. Give correct information including your child’s school grade level for the school year in which he/she is going to participate.
2. Provide the name of the county in which the student resides and is registered with as a home education student.

Attach the completed “Verification of Student Registration with Public School District Home Education Office” form (EL7V Form), and if applicable, the “Verification of Student Controlled Open Enrollment Option with Public School District School” form (EL14 Form).

Note: Controlled Open Enrollment is an option whereby any student can choose to attend a different public school without having to obtain a waiver and provided a seat would be available for the student. Home education students must meet the same criteria as a traditional student would to take advantage of this option. Not every county has such an option. Each county that does provide this option must file a plan with the Florida Department of Education each year.

3. Provide the public or private school name or home school cooperative name for which your child will be participating.

List the sport(s) that your child is interested in participating in this year. Make sure to consider all of the sports your child might consider participating in as once this form is completed and notarized the sport(s) listed is/are the only sport(s) your child can participate in without having to re-do this form at a later date.

4. Provide the school grade level for the previous school year.
 - a. If your child attended a public or private school last year, select the first choice and give the requested information.
 - b. If your child was registered in a home education program last year, select the second choice and provide the name of the county (or state if different from Florida)
5. Enter the date he/she started 9th grade for the first time. If student is a middle/junior high school student, leave this blank.

A high school student has only 4 years of eligibility. The FHSAA Bylaws do not allow a student to be retained for any reason after 6th grade. And since no student is eligible for high school athletics upon becoming 19 years 9 months of age*, retention most certainly will jeopardize the student's eligibility at the end of his school career.

* for students entering 9th grade for the first time in 2014-15, the student must not turn 19 before September 1st of that school year.

Answer "Yes" or "No" about maintaining a cumulative GPA of 2.0 or above in all their subjects since entering 9th grade or earning a 2.0 or higher the previous semester for middle/junior high school students.

Section B:

Indicate whether the courses being listed are for the first semester (for the fall and winter sports) or the second semester (for the spring sports).

List each subject the student will be taking and check where the courses/services are originating from.

- a. solely by the parent (i.e. the parent/legal guardian is doing all of the teaching)
- b. from a public or private school (identify the school)
- c. through Florida Virtual School (FLVS) or a District Virtual School (this is not the Florida Virtual School-Full Time Public Program)
- d. through Dual Enrollment with a college or university (identify the college or university; the student must be registered as a home education student with the college or university)
- e. or other (i.e. out of state correspondence schools, "umbrella schools", other out of state online schools, etc. and identify)

VERY IMPORTANT!!!!

If the student must register with a school in order to be able to take a course at a school then that school becomes the only school that student can represent (this school may not meet the requirements of the statute and might render the student ineligible). Additionally, a student cannot be registered at more than one school at a time; this would render the student ineligible. If your child is taking 50% or more of their courses at a single school, public or private, or an online service other than Florida Virtual School, or if your records are being kept by any other type school, umbrella school, etc., that has a Florida DOE school number, then your child is may not be a home education student. The child is a student of that school and may not be eligible to participate in any FHSAA activities. It is not based on whether the school supplies curriculum, but on whether they are keeping your records for attendance, transcripts, diplomas, and have a Florida DOE school number as private school.

Some families have made the decision to withdraw their students from programs that are "600, umbrella schools," or schools that provide other services in order for their children to be able to continue in athletics.

If you are receiving Educational Services (not just curriculum) from any of the following programs, please answer 'yes' and provide the information requested for (a).

- A Beka Academy (home education option, only);
- Any out-of-state correspondence schools (e.g., American School, Calvert, Alpha Omega Academy, Bob Jones Academy)

For all schools or programs listed above, the answer to (b) will be 'no' and (c) will be 'yes'; and (d) will be 'yes' if you will be receiving a diploma from them.

Section C:

Notarized Signatures: Both student and a parent/legal guardian must have their signatures on the EL7 Form notarized. Read this section carefully. Notice that when you sign, you are swearing that the information you are providing is accurate. Please read and correctly fill out everything on this form. **YOU MUST SIGN THIS FORM IN THE PRESENCE OF THE NOTARY.**

Documentation from school district: The official FHSAA “Verification of Student Registration with Public School District Home Education Office” form (EL7V Form) and the “Verification of Student Controlled Open Enrollment Option with Public School District” (EL14 Form) can be downloaded from the FHSAA website along with the EL7 form. These forms should be printed out by the parent/legal guardian and authorized by the school district. Contact your school district to find out the quickest way to get this form authorized (e.g., deliver it in person or fax it to them along with your request). However, you may need to send your request and the form by mail with a self-addressed stamped envelope for them to return the authorized form to you. Be sure you get this form to them as soon as you know your child wants to participate in FHSAA athletics, so that you can meet the deadline for submission of the required forms.

Transcripts or Records of Grades:

A transcript, record or grade report must contain a list of courses taken at a specific school, or through home education, at certain grade levels, and the grade the students earned in that course.

Florida Statute 1006.15(3)(a)(1) does require a 2.0 GPA for all students participating in extracurricular activities. The cumulative GPA in grades 9 – 12 is tied to the requirements for high school graduation in s. 1003.43(1) for public school students. A GPA is calculated by converting all grades to a numerical system. The grading scale is set by s.1003.437, F.S., and the FHSAA is required to follow that statute.

For the purpose of athletic participation the regular grading **unweighted** system must be used (bonus points for honors, AP or IB courses is not permitted). There is a sample “transcript” or “High School Record” at the end of this document for use for grade 9 – 12. Make it neat and easy to read. For students in grades 6 – 8 and for reporting grades for the 1st semester of grades 9 – 12, use the EL 9 Form (available from the FHSAA website).

Generally, the parent will give a grade in the subjects taught in a home education program, unless they use a curriculum or are taking classes through a public or private school, dual enrollment, a distant learning program or the FLVS, which provides grades. Most grading in traditional schools is subjective and comparative, except for math. To determine the standard for an “A,” the teacher generally has to read 5 to 10 papers or assignments. For an individual home educated student that is not possible. The parent usually knows whether the student is an A, B, or C student. If a student completes all assignments correctly and quickly, he is probably an “A” student. Students who get most of the assignment correct the first time are probably “B” students. If your child is struggling academically, perhaps he/she needs to spend their time on academics and not extracurricular activities. That is the legislative rationale behind requiring a 2.0 GPA for participation in high school athletics.

If your child is currently in high school, you will need to provide their high school subjects, grades, and GPA for each grade level since the student entered the 9th grade. A **cumulative** GPA of 2.0 is required for juniors and seniors according to s. 1006.15(3)(a)(3) F.S. A sample is provided at the end of this document. Students entering 9th grade for the first time need not submit any transcript or record of grades until the conclusion of the first semester; use the EL9 Form to report grades for the 1st semester.

If your child is currently in the 6th through 8th grades, you will need to provide their middle/junior high school subjects, grades, and GPA for the previous semester only. Students entering 6th grade for the first time need not submit any transcript or record of grades until the conclusion of the first semester. Use the EL 9 Form to report these grades.

At any time a student earns a grade through a source other than that solely by the parent/legal guardian, private tutor, or home education group, this must be documented from the issuing institution (i.e. public or private school, FLVS, college or university, correspondence school, etc.) and noted on the transcript or “High School Record”.

District documentation must match the institution providing the transcript. For example, if courses were taken in a home education program, then the district documentation must confirm registration in a home education program for those grade levels. Official transcripts from a private or public school will document enrollment in those schools.



High School Record

EL7

Revised 06/15

If subjects were taken at an institution which provides transcripts, those transcripts must be provided.

Student's full name: _____ Birth Date {mm/dd/yy}: ____/____/____

Address: _____

Street Address

Apt. #

City

Zip Code

Phone: (_____) _____

Grade/Year	Subject	Grade Earned	Point Value
------------	---------	--------------	-------------

9th / _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value
------------	---------	--------------	-------------

10th / _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cum. GPA: _____

Where were subjects taken: _____

Grade/Year	Subject	Grade Earned	Point Value
------------	---------	--------------	-------------

11th / _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cum. GPA: _____

Where were subjects taken: _____

Signed: _____ Date {mm/dd/yy}: ____/____/____

(Parent/Guardian signature)



Florida High School Athletic Association
**Verification of Student Registration with
Public School District Home Education Office**

EL7V

Revised 06/15

Section A of this form must be completed by student's parent/legal guardian. Section B must be completed by the School District Home Education Office Coordinator and the completed form must be presented to the school at which the student wishes to participate. **This form must be completed each year.** Address questions to eligibility@fhsaa.org.

Section A: To Be Completed By the Parent/Legal Guardian (please print)

TO: Florida High School Athletic Association Office of Eligibility and Compliance Services

FROM: _____ County School District Home Education Office

DATE: _____, 20____

RE: Student {student's full name} _____

Student's Date of Birth {mm/dd/yy} ____/____/____

Home Address _____
Street Address City Zip Code

Daytime Telephone Number (____) _____

Student wishes to participate at {name of school} _____

Section B: To Be Completed By the School District Home Education Office Staff

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} _____, 20____

This student's annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

[____ Yes][____ No] Date: _____, 20____

☐ This student is a new Home Education student, the date of his/her annual evaluation will be: _____, 20____

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (_____) _____

FOR DISTRICT OFFICE USE ONLY

Signature of District Home Education Coordinator

Date

Printed Name of District Home Education Coordinator



Athletic Homeschool Financial Worksheet

Student Name: _____

Parent(s): _____

FBCCF Member Fees

<input type="checkbox"/> ALL SPORTS**	\$500
<input type="checkbox"/> FOOTBALL	\$450
<input type="checkbox"/> SPRING FOOTBALL	\$100
<input type="checkbox"/> CHEER***	\$450
<input type="checkbox"/> GOLF	\$200
<input type="checkbox"/> VOLLEYBALL	\$250
<input type="checkbox"/> BASKETBALL	\$350
<input type="checkbox"/> BASEBALL	\$300
<input type="checkbox"/> SOCCER	\$250
<input type="checkbox"/> SOFTBALL	\$250
<input type="checkbox"/> TRACK	\$200

NON-FBCCF Member Fees

<input type="checkbox"/> ALL SPORTS**	\$650
<input type="checkbox"/> FOOTBALL	\$500
<input type="checkbox"/> SPRING FOOTBALL	\$100
<input type="checkbox"/> CHEER***	\$500
<input type="checkbox"/> GOLF	\$250
<input type="checkbox"/> VOLLEYBALL	\$300
<input type="checkbox"/> BASKETBALL	\$400
<input type="checkbox"/> BASEBALL	\$350
<input type="checkbox"/> SOCCER	\$300
<input type="checkbox"/> SOFTBALL	\$300
<input type="checkbox"/> TRACK	\$250

TOTAL of FEES: _____

TOTAL of FEES: _____

**Covers all sports in which a student might wish to compete for the academic year.

***Cheerleading includes both Fall and Spring. Half price will be applied for one season only.

****All student-athletes must be approved through FHSAA before participation can begin****

I agree to the following cost and understand that ALL payments are non-refundable. Athletic Fees must be paid prior to first game of the season, unless other arrangements are made with the Finance office.

Parent Signature _____ Date: _____