

GULLIVER ATHLETICS FORMS HELP GUIDE

Student Athlete Eligibility Required Documentation Checklist

All Forms must be Completed, Dated, & with Authorized/Required Signatures & Information

Student Athletes' must turn in and have all form completed, dated, with signatures, before participation in any tryout for a sport.

Student Athlete Name: _____

Grade: _____

FHSAA Preparticipation Physical Evaluation (EL2)

_____ Part 1 & Part 2 filled out completely by Parent and Student Athlete

_____ Student Athlete & Parent Signature (*Bottom, Page 1*)

_____ Physician/Physician Assistant/Nurse Practitioner Signature (*Bottom, Page 2*)

FHSAA Consent & Release from Liability Certificate (EL3)

_____ Health Insurance Company & Policy Number (*Bottom, Page 1*)

_____ Student Athlete & Parent Signature (*Bottom, Page 1*)

_____ Student Athlete & Parent Signature (*Bottom, Page 2*)

_____ Student Athlete & Parent Signature (*Bottom, Page 3*)

_____ Student Athlete & Parent Signature (*Bottom, Page 4*)

FHSAA Registration Form Youth Exchange, International, Immigrant Student (EL4) *{if applicable}*

_____ The entire form must be filled out and copy of Passport/Visa provided (*Entire Document*)

GULLIVER Athletic Participation Agreement (ATHLETIC FORM #3)

_____ Parent Signature (*Bottom Left, Page 1*)

GULLIVER Schools Athletic Participation Waiver & Release (ATHLETIC FORM #4)

_____ Parent Signature/Emergency Contact Information (*Middle Upper Left, Page 1*)



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?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you cough, wheeze or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	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)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been knocked out, become unconscious or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you ever been diagnosed with sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever been diagnosed with having the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	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: _____



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" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

____ / ____ / ____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____ / ____ / ____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____ / ____ / ____
Date



Consent and Release from Liability Certificate (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:

- This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
- 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)
- Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
- 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)
- Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
- 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)
- 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)
- Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
- 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)
- 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)
- 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)
- Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
- 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)
- Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

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

Name of Parent/Guardian (printed) _____
Signature of Parent/Guardian _____
Date

Name of Parent/Guardian (printed) _____
Signature of Parent/Guardian _____
Date



Student Name (clearly print student's full Gulliver registered name, no nick names please)

Last: _____ First: _____

Grade _____ Campus (circle): Academy Montgomery Drive Campus
Preparatory Miller Drive Campus

ATHLETIC FORM #3

Athletic Participation Agreement
Accident Insurance, Transportation, and Special Events

ACCIDENT INSURANCE. Gulliver Schools has a student accident excess insurance policy. Because this insurance is excess coverage, parents must file a claim with their primary insurance provider prior to submitting a claim with Gulliver's policy. Gulliver's insurance is limited to injuries sustained while a student is participating in Gulliver-sponsored and sanctioned activities only.

PLEASE NOTE THAT, TO THE EXTENT YOU DO NOT COMPLY WITH YOUR PRIMARY INSURANCE CARRIER'S REQUIREMENTS (for example, going to an out-of-network provider), THE EXCESS COVERAGE PROVIDED BY GULLIVER'S EXCESS INSURER MAY NOT BE AVAILABLE OR MAY OTHERWISE BE LIMITED.

As with most insurance claims, time is of the essence. Gulliver's policy requires that the written notice of a claim must be given to the insurer within 30 days after a loss occurs or starts. In addition, the insurance company must receive the actual claim form within 45 days after the loss. Therefore, a claim must be filed as soon as reasonably possible in order to insure that it can be processed. Late submissions may be subject to denial by the insurance carrier.

TRANSPORTATION. Gulliver Schools maintains a fleet of vehicles and, whenever possible, Gulliver will provide transportation to and from school-sponsored activities and athletic events, including intercampus programs. Parents must provide written authorization when alternate forms of transportation will be used for their children. This includes students as passengers with student-drivers or adults other than the student's own parents. Parents of student drivers must provide written acknowledgement that their children are taking on other students as passengers. Gulliver Schools cannot assume liability for drivers of non-Gulliver-owned vehicles, except for vehicles leased or rented from approved companies by Gulliver Schools.

WE UNDERSTAND THAT FROM TIME TO TIME TEACHERS, COACHES, OTHER EMPLOYEES, STUDENTS, PARENTS, AND THOSE ASSOCIATED AND/OR NOT ASSOCIATED WITH GULLIVER, MAY DECIDE ON THEIR OWN TO HOST OR PARTICIPATE IN EVENTS WHICH ARE NOT GULLIVER SANCTIONED OR SPONSORED, AND YOU UNDERSTAND THAT GULLIVER CANNOT AND DOES NOT ASSUME ANY RESPONSIBILITY, LIABILITY OR OBLIGATION FOR ANY EVENT THAT IS NOT EXPRESSLY SANCTIONED OR SPONSORED BY GULLIVER. PARTICIPATION IN THESE EVENTS IS NOT ENDORSED OR SANCTIONED BY GULLIVER AND IS VOLUNTARY AND SOLELY WITHIN THE DISCRETION OF THE PARTICIPANT'S PARENTS. ALL GULLIVER-SANCTIONED EVENTS REQUIRE PARENT AUTHORIZATION SLIPS TO BE SIGNED BY PARENTS OF PARTICIPATING CHILDREN. Parents are responsible for ensuring that responsible adults properly supervise activities that their child attends. We recommend that parents call the hosting family to ensure that any such activity has been planned for their home and that they plan to personally supervise the event. GULLIVER UNDERTAKES NO DUTIES WITH RESPECT TO EVENTS WHICH ARE NOT OFFICIALLY SPONSORED BY GULLIVER.

ACKNOWLEDGEMENT. I have read and understand this agreement and I freely and voluntarily accept and agree to its terms and conditions. I have also read the student and parent handbook and have acknowledged in writing that I have agreed to abide by the policies and procedures therein.

Date _____

WITNESS SIGNATURE

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE



ATHLETIC PARTICIPATION
WAIVER AND RELEASE

Student Name (print) Last: _____ First: _____
 Grade _____ Campus (circle): Academy Montgomery Drive Campus
 Preparatory Miller Drive Campus
 Event: Gulliver Student Athletic Participation

ATHLETIC FORM #4

IN CONSIDERATION OF (print name of student on this line) _____ (the "Participant") being allowed to participate in the activity and/or event described on Schedule 1 (which is incorporated by reference herein) (the "Event") and understanding and acknowledging that Gulliver Schools, Inc. (the "School") is a non-profit, educational corporation, we, the parent(s) and/or legal guardian(s) of the Participant, jointly and severally, and intending to legally bind ourselves, our child and our respective spouses, ex-spouses, other family members, guardians, heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (all of the foregoing, collectively the "Releasors"), do hereby waive, release and discharge, and covenant not to sue, the School, School Management Systems, Inc. and all of their respective officers, directors, trustees, shareholders, members, managers, partners, employees, members, staff, volunteers and supervisors and their successors and assigns (collectively, the "Releasees") from any and all liability and/or claims for illness, personal or bodily injuries, disability, death and/or damages that may arise directly or indirectly as a result of Participant's participation in the Event, including, without limitation, any rights, claims, causes of action, suits, liabilities, simple negligence, property damage, loss of consortium, costs and expenses whatsoever, whether arising at law or in equity, reasonably related to the Event, including transportation to and from the event, and whether caused by the sole or joint simple negligence or tortious act or omission of the Releasees or any of them (collectively, the "Claims"). Notwithstanding any provision herein to the contrary, the gross negligence and/or willful misconduct of the Releasees is expressly excluded from the scope and application of this Waiver and Release. The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule or common law which may limit the scope of this Waiver and Release.

IN THE EVENT THAT THIS WAIVER AND RELEASE IS FOUND TO BE INVALID, UNENFORCEABLE OR VOID, IN WHOLE OR IN PART, FOR ANY REASON, THEN THE RELEASORS ACKNOWLEDGE AND AGREE THAT IN NO EVENT SHALL THE RELEASEES' AGGREGATE LIABILITY TO RELEASORS EXCEED ANY APPLICABLE LIMITS OF ANY INSURANCE COVERAGE MAINTAINED BY ANY OF THE RELEASEES, PROVIDED THAT THE FOREGOING LIMITATION SHALL NOT APPLY TO GROSS NEGLIGENCE AND/OR WILLFUL MISCONDUCT. IN NO EVENT SHALL RELEASEES, OR ANY OF THEM BE LIABLE TO ANY OF RELEASORS FOR PUNITIVE DAMAGES OR LOST EARNINGS, LOST REVENUES OR LOSS OF CONSORTIUM OR COMPANIONSHIP.

Notwithstanding any provision herein to the contrary, this Waiver and Release does not release, is not intended to release and does not in any way apply or relate to the release and/or discharge of any claims Releasors may have against any person and/or party other than Releasees.

The Releasors are aware of, and understand fully, the potential risks involved in connection with the Event and that serious injury and death may occur. Releasors assume and accept such risks which may flow from simple negligence, or tortious acts or omissions. They specifically do not assume or accept any such risks attributable to the gross negligence or willful misconduct of the Releasees.

By their execution below, understanding that the Releasees are relying on this Waiver and Release in allowing Participant to participate in the Event, the Releasors hereby represent and warrant to the Releasees, that to the best of Releasors' knowledge, information and belief: (i) Participant's custodial parents and/or legal guardian(s), as applicable, have signed this Release and Waiver; and (ii) Participant has no medical condition (physical or mental) which could impact on the ability of the Releasees to allow Participant to participate in the Event and that the Participant is physically able to participate in the Event except as otherwise set forth on Schedule 1 hereto, and (iii) the Participant has provided to the School all information regarding any herbal or medical supplement or prescription that could impact Participant's participation in the Event on Schedule 1 hereto.

Furthermore, the Releasors acknowledge that the Releasors have received the opportunity (and been strongly encouraged) to review this Release and Waiver, that the Releasors have carefully read and fully understand the contents of this Release and Waiver and have asked and received answers to all questions she/she/they may have, and that the Releasors have duly executed this Release and Waiver freely and voluntarily, intending and agreeing to be fully bound by the terms hereof.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, have executed this General Release and Waiver this _____ day of _____ (year).

Parent(s) and/or Legal Guardian(s)
(MUST be signed by custodial parents and/or All Legal Guardians)

By: _____ **By:** _____

Print Name: _____ **Print Name:** _____

Participant's Name: _____
Participant's Address/Emergency Phone No.

SCHEDULE 1 EVENT

I/we herby give consent for my child to participate in the following sports that I have *not marked out*. Participation includes, without limitation, practices, games (both at Gulliver and at other sites), and transportation to and from practice and game sites, awards ceremonies, trips, and related activities. I understand that participation may necessitate an early dismissal from classes.

- | | | | | | | |
|------------------------|---------------|---------------|------------|---------------|----------|----------|
| Baseball | Basketball | Cross Country | Golf | Lacrosse | Soccer | Swimming |
| Tennis | Track & Field | Volleyball | Water Polo | Weightlifting | Softball | Bowling |
| 11-man Tackle Football | | Cheerleading | | | | |

MEDICAL CONDITION/MEDICATION¹

1. Please describe any pertinent medical condition or other similar facts that could have an impact on Participant's ability to engage in the Event:

1. Please list any herbal or medical supplements or prescription(s) which could have an impact on Participant's ability to engage in the Event: _____

¹ Information on this Schedule will be treated as confidential and will not be publicly disclosed except for purposes of providing emergency medical treatment, if required by Participant.

This completed and signed document is to be placed in the named student's cumulative file.