

Athletic Participation

The Diocese of St. Petersburg's Athletic Participation packet is mandatory for all athletes in fifth through eighth grade who will participate in extra-curricular sporting events during the school year.

The packet includes:

- 1. Athletic Events Consent and Release
- 2. FHSAA Preparticipation Physical Evaluation
- 3. Statement of Compliance

All forms should be submitted to Coach Daily or Coach Wickett.



ATHLETIC EVENTS CONSENT AND RELEASE

Name of Sport(s)	
2020-	School Year
understand that reasonable care and my child's well-being during practice for also understand that there are certain assume all risks inherent with these allowed to participate. I release, context of the service of t	participate in the above-named event(s). supervision will be exercised to provide for for the event and the event itself. However in risks inherent with this athletic event(s). e events and consent to my child being ovenant not to sue, and save harmless composed in the second control of school of the supervision of school of school or supervision of school of school or supervision or
Petersburg, all clergy, employees, st	gory Parkes, Bishop of The Diocese of St taff, agents, and volunteers for the event nd all harm arising to my child as a result o
child to and from the sports events.	sporting, or arranging transportation for, my ESPIRITU SANTO CATHOLIC School will executing transportation for the events.
	Catholic School representative to obtain unlikely event of injury or illness during the es incurred for such treatment.
Student Name:	Grade
Signature of Parent/Guardian:	
	formation particularly in regards to any fected by, participation in this sport (e.g :





Signature of Student: _

Florida High School Athletic Association

Revised 03/16

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.

1. Have you had a medical illness or injury since your last check up or sports physical? 2. Do you have an ongoing chronic illness? 3. Have you ever been hospitalized overnight? 4. Have you ever had surgery? 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? 8. Have you ever had a rash or hives develop during or after exercise? 9. Have you ever had a rash or hives develop during or after exercise? 10. Have you ever had chest pain during or after exercise? 11. Have you ever had racing of your heart or skipped heartbeats? 12. Do you get tired more quickly than your friends do during exercise? 13. Have you ever had racing of your heart or skipped heartbeats? 14. Have you had high blood pressure or high cholesterol? 15. Have you had high blood pressure or high cholesterol? 16. Has any family member or relative died of heart problems or sudden death before age 50? 17. Have you had any family member or relative died of heart problems or sudden death before age 50? 18. Have you had high blood pressure or high cholesterol? 19. Have you ever been told you have a heart murmur? 20. Do you want to weigh more or less than you do now? 21. Do you get litred more quickly than your friends do during exercise? 22. Do you get litred more litred more or less than you do now? 23. Have you ever bad a rash or hives develop during or after exercise? 24. Have you had high blood pressure or high cholesterol? 25. Have you ever beace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? 26. Have you ever had a sprain, strain or swelling after injury? 27. Have you ever had a rash or hives develop during or after exercise? 28. Have you had high hidp hidp hidp hidp hidp hidp hidp hid		rt 1. Student Information (to be comple						
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Personal fo Contact in Case of Emergency: Relationship to Student: Home Phone:								
Relationship to Student: Home 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. The provided the p								
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	Ехр	lain "Yes" answers here:						





Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name:										
rieigiit.	Weigh	nt:	% Body Fat (o	ptional):		F	ulse:	Blood Pressure:		//
Temperature:		Hearing: right: P	F	left: P_	F					
Visual Acuity: Righ	t 20/	Left 20/	Corrected:	Yes	No	Pupils: F	Equal	Unequal		
FINDINGS		NORMAL				ABNOR	MAL FINDI	NGS		INITIALS
MEDICAL										
1. Appearance										
2. Eyes/Ears/N	ose/Throat									
Lymph Node	es									
4. Heart										
5. Pulses										
6. Lungs										
7. Abdomen										
8. Genitalia (m.	ales only)								·	
9. Skin	,									-
MUSCULOSKELET	ΓΑΙ.									*
10. Neck										
11. Back										
12. Shoulder/Am	***	***************************************								
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	arm		1							
14. Wrist/Hand										
15. Hip/Thigh			-							
16. Knee			(-
17. Leg/Ankle										
18. Foot			:							
* - station-based exa	mination o	only								
ASSESSMENT OF	EYAMIN	INC DUVSICIAL	N/DUVCICIANI.	ACCICTA	A NITE/NI	UDSE DD	ACTITION	ED.		
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Not cleared for:								Reason:		
Referred to								For:		
Recommendations: _										
Name of Physician/Physician Assistant/Nurse Practitioner (print):								Date:		
Name of Physician/P										
Address:										





Florida High School Athletic Association

dic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

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)					
	Diagnosis:				
Not cleared for:	Reason:				
Cleared after completing evaluation/rehabilitation for:					
Recommendations:					
Signature of Physician:					
Rased on recommendations developed by the American Academy of Family	Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopae-				

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STATEMENT OF COMPLIANCE

The Catholic School is unique because of its total commitment to the three-fold purpose of Christian education: message, community and service. It creates an atmosphere where Catholic Faith can be integrated with life and learning. All those involved in a Catholic school - parents, pastors, faculty and staff, administrators and students - must strive to make it a community of faith which indeed is living, conscious, and active.

As a student-participant in sports, and as parents of a student-athlete, we understand and agree to abide by the guidelines and regulations of the Diocesan Guidelines for Interscholastic Athletics: Elementary and Middle Catholic Schools and the Regulations and Policies of the League.

I/We understand this means that the student will strive to:

- √ be on time for all practices and games
- √ stay for the entire practice/game
- √ encourage all team players to develop their full potential
- √ play by the rules of fair play
- √ act in a Christian manner toward all
- √ maintain a school average that will allow me to fully participate in sports

I agree to follow the regulations of our diocese, the school sports guidelines and the directives of the coaches:

Student Signature		Date	
Cidacili Oigridioi	- Africa	Date	

PARENT / GUARDIAN

SPECTATOR ETIQUETTE:

Spectators at school athletic events are asked to refrain from "coaching from the sidelines." Cheering is encouraged - loud and vigorously. But, please refrain from calling out directions to a particular child or yelling at the team about what they should have done or not done with the ball. That is the coach's task.

Thank you for understanding, your cooperation and your presence at our games!

I understand that I am responsible for providing or arranging for transportation for my student-athlete to/from all games and practices. I agree to provide the opportunity for my child to be present at all practices and games. I will try to attend games as my schedule allows. Further, I will strive to model appropriate sports courtesy and will refrain from any form of "sideline coaching."

Parent Signature	A CONTRACTOR OF THE PARTY OF TH	Date
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