



Preparticipation Physical Evaluation (Page 1 of 2)

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.

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 devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, 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, to pollen, 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 or blisters)?	___	___	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. Record the dates of your most recent immunizations (shots) for:		
22. Have you ever had a seizure?	___	___	Tetanus: _____ Measles: _____		
23. Do you have frequent or severe headaches?	___	___	Hepatitis B: _____ Chickenpox: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___			
25. Have you ever had a stinger, burner or pinched nerve?	___	___			

FEMALES ONLY (optional)

40. When was your first menstrual period? _____
 41. When was your most recent menstrual period? _____
 42. How much time do you usually have from the start of one period to the start of another? _____
 43. How many periods have you had in the last year? _____
 44. 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 2)

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.

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
___ 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: _____

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
___ 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 2)

This completed form must be kept on file by the school

Part 1. Student Acknowledgement and Release (to be signed by student)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side 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, 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.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

Name of Student (printed) Signature of Student Date

Part 2. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for our child/ward to participate in the following interscholastic sports that I HAVE NOT INDICATED. Indicate all sports your child/ward WILL NOT participate in:

Table with 5 columns for sports: Baseball, Basketball, Bowling, Competitive Cheerleading, Other sports added to this form by school; Cross Country, 11-Man Tackle Football, Golf; Lacrosse, Soccer, Swimming & Diving; Tennis, Track & Field, Volleyball; Water Polo, Weightlifting, Wrestling.

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we 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/we 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/we 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/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we 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/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

E. Please check the appropriate box(es):

My/our child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000. Company: Policy Number:

My/our child/ward is covered by his/her school's activities medical base insurance plan.

I/we have purchased supplemental football insurance through my/our child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

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 2 of 2)

This completed form must be kept on file by the school

Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. Home education students must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 9.2)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth graders, seventh graders and eighth graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 9.4)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must transfer from your previous school prior to the first day of practice. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 9.3).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth grader, seventh grader or eighth grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 9.5)
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. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 9.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 9.8)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time you must successfully undergo another physical evaluation to continue your participation. (FHSAA Bylaw 9.7)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 9.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Policy 26)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
15. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.



Registration of Foreign Exchange/International Student (Page 1 of 2)

This form must be completed, filed with all required documentation on the foreign exchange/international student, and approved by the FHSAA office each year before the student is allowed to participate in interscholastic competition. Forms can be faxed to 352.244.0232.

Name of member school: _____

City: _____ Return Fax #: (_____) _____

SECTION 1. STUDENT RECORD INFORMATION

1. Student's full legal name as it appears on passport/birth certificate: _____
 Foreign exchange student possessing J-1 visa International student possessing F-1 or other type visa

Birthdate (mm/dd/yy): ____ / ____ / ____ Sex: (Male) (Female) Enrolled in grade: (6th) (7th) (8th) (9th) (10th) (11th) (12th)

2. Name of parent(s)/legal guardian(s) in home country: _____

Address of parent(s)/legal guardian(s): _____

Phone number of parent(s)/legal guardian(s): (_____) _____

3. List the following information for all schools attended by student since he/she first entered the 8th grade or the equivalent:

Name of School	City, State, Country	Grade	School Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Address of last school attended: _____

Phone number of last school attended: (_____) _____

Name of principal/headmaster/head administrator of last school attended: _____

5. Did student participate in organized athletics in home country? (Yes) (No)

If yes, list the sports, level of play and organizing authority:

Sport(s) in which the student wishes to participate in your school:

For FHSAA use only

Has student ever received financial compensation as a result of athletic participation in his/her home country? (Yes) (No)

Has student ever been under contract with an agent or other individual who represented the student's interests? (Yes) (No)

6. Name of host person(s) in Florida with whom student now resides: _____

Address of host person(s) in Florida with whom student now resides: _____

Phone number of host person(s) in Florida with whom student now resides: (_____) _____

Did your school make arrangements with host person(s) for student's housing? (Yes) (No) If yes, explain on separate page.

Are host person(s) associated with your school? (Yes) (No) If yes, explain on separate page (i.e., administrator, teacher, coach, parent of student, booster, alumnus, etc.).

Did host person(s) move to U.S. with student? (Yes) (No) If yes, what is relationship of host person(s) to student? _____

7. Is student living in a school dormitory? (Yes) (No)

If yes, provide the address of the dormitory: _____

8. Does student receive financial aid? (Yes) (No) See Policy 36, "Policy on Athletic Recruiting," Section 36.6, "Financial Assistance."

If yes, what independent agency approved the need for financial aid? _____

9. Did anyone affiliated with this school contact the student or anyone representing him/her prior to placement in the school? (Yes) (No)



Registration of Foreign Exchange/International Student (Page 2 of 2)

This form must be completed, filed with all required documentation on the foreign exchange/international student, and approved by the FHSAA office each year before the student is allowed to participate in interscholastic competition. Forms can be faxed to 352.244.0232.

School: _____ City: _____

Student: _____

SECTION 2. ELIGIBILITY VERIFICATION

1. Is a complete transcript(s) for this student translated into English on file in school? (___ Yes) (___ No)

Who translated, analyzed and evaluated the transcript(s)? _____

2. Has the student completed his/her home high school (grades 9-12 or equivalent) program? (___ Yes) (___ No)

3. Date of first successful completion of 8th grade or its equivalent (month/year): ____ / ____

4. Date entered 9th grade or its equivalent (month/year): ____ / ____

5. Date of first successful completion of 10th grade or its equivalent (month/year): ____ / ____

6. Last date previously attended home high school (month/date/year): ____ / ____ / ____

7. First date of class attendance at present high school (month/date/year): ____ / ____ / ____

8. Has student previously attended high school in the United States? (___ Yes) (___ No)

If yes, name of school: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

9. Does student meet all other FHSAA eligibility requirements (see FHSAA Bylaws)? (___ Yes) (___ No)

SECTION 3. EXCHANGE PROGRAM SPONSORSHIP

(Foreign Exchange students only must complete)

1. Is student sponsored by foreign exchange program recognized by Council on Standards for International Educational Travel? (___ Yes) (___ No)

Name of CSIET program: _____

Address of CSIET program: _____

Phone number of CSIET program: _____

Name of exchange program representative: _____

SECTION 4. VERIFICATION BY PRINCIPAL

1. Have all provisions of "FHSAA Policy on Foreign Exchange and Other International Students" been followed? (___ Yes) (___ No)

2. Photocopy of student's birth certificate or passport is submitted to FHSAA Office with this form? (___ Yes) (___ No)

3. Photocopy of student's "Consent and Release From Liability Certificate" (EL 3 Form) submitted to FHSAA Office with this form? (___ Yes) (___ No)

4. Photocopy of the student's U.S. Visa is submitted to FHSAA Office with this form? (___ Yes) (___ No)

5. Photocopy of student's complete original and untranslated transcript since entering 8th grade is submitted to FHSAA Office with this form? (___ Yes) (___ No)

6. Photocopy of translation and analysis of student's transcript since entering 8th grade is submitted to FHSAA Office with this form? (___ Yes) (___ No)

7. The response to each of questions 1 through 6 must be "yes." If not, provide explanation: _____

Student's signature: _____ Date: _____

Host parent/guardian signature: _____ Date: _____

Member school principal's signature: _____ Date: _____



Affidavit of Compliance with Policy on Athletic Recruiting (2009-10 school year)

For:	A student who transfers attendance to your school at any time during his/her high school career after having begun the 9th grade in another school, regardless of whether the transfer occurs during the school year or during the summer period between school years.
Action:	Must be read and signed in the presence of a notary public by the student and his/her parent(s)/guardian(s), as well as the principal and athletic director of the school to which the student transfers.
Due date:	Must be received in the FHSAA Office BEFORE the student is permitted to represent the school in interscholastic competition at fax no. 352.373.1528.
Required by:	FHSAA Policy on Athletic Recruiting.
Purpose:	To heighten the awareness of and compliance with rules prohibiting athletic recruiting on the part of student-athletes, their parents/guardians, and member schools.
Verification:	Page 3 will be checked for completeness and approval. Approval of this form DOES NOT grant eligibility.

TO: STUDENT-ATHLETE

This school that you have chosen to attend is a member of the Florida High School Athletic Association (FHSAA). The FHSAA has rules that prohibit a member school from making any effort to encourage or entice a student to attend there for athletic purposes. This is called athletic recruiting, and it is not permitted on the high school level. The Florida Legislature, in fact, has directed the FHSAA to “adopt bylaws that specifically prohibit the recruiting of students for athletic purposes.”

What follows is an explanation of athletic recruiting rules and the penalties for violating them. You and your parent(s) or legal guardian(s) must read this document and declare that you were not recruited to attend the school for athletic purposes by signing the attached “Affidavit of Compliance with Policy on Athletic Recruiting” in the presence of a notary public. The school’s principal and athletic director must do the same. The signed affidavit must be submitted to the FHSAA Office before the school can permit you to participate in interscholastic athletic competition.

Please read this information carefully. Sign the affidavit truthfully and honestly. Do not sign the affidavit if you have any questions about these rules or believe that a violation of these rules may have occurred. Instead, contact the FHSAA Office by phone at 352.372.9551 ext. 110 or by e-mail at compliance@fhsaa.org. Violations of athletic recruiting rules can and do result in severe penalties for the school and the student-athlete. Making an inaccurate statement by signing the affidavit when you know you should not will only make these penalties worse for all involved if violations are later determined to have occurred.

What is athletic recruiting?

Athletic recruiting is any attempt by any employee or athletic department staff member of an FHSAA member school, or a representative of the school’s athletic interests, to pressure, urge or entice a student who does not attend that school to transfer his/her attendance there for the purpose of athletic participation. This occurs when the school employee, athletic department staff member or representative of the school’s athletic interests makes improper contact with the student or a member of his/her family in an effort to pressure or urge the student to go to that school OR promises, offers or gives the student an impermissible benefit in an effort to entice the student to go to that school.

Who is “a representative of the school’s athletic interests?”

Any person, business or organization that participates in, assists with, and/or promotes a school’s athletic program is considered to be a representative of the school’s athletic interests. This includes, but is not limited to:

- A student-athlete or other student participant in the athletic program (i.e. student manager);
- The parents or other family members of a student-athlete or other student participant in the athletic program;
- Relatives of a coach or other member of the athletic department staff;
- A volunteer worker in the school or athletic program;
- A booster club or member of a booster club;
- Anyone who contributes to the school’s athletic department or its booster club; or
- Anyone else who is involved in promoting the school’s athletic program.



Affidavit of Compliance with Policy on Athletic Recruiting (2009-10 school year)

What is improper contact with a student who does not attend a school?

Any contact or communication of any kind with a student who does not attend a particular school, or a member of the student's family, in attempt to pressure, urge or entice the student to transfer attendance to that school for athletic reasons is improper. The improper contact can either be in person, through written or electronic means such as letters, flyers, emails or text messages, or through a third person relaying the message. Did someone talk you into transferring to this school to play athletics? Did someone urge you to transfer to this school to play athletics? If so, you may have been athletically recruited.

What is an impermissible benefit?

An impermissible benefit is any benefit that is promised, offered or given to a student or a member of his/her family to entice the student to attend a school to participate in athletics or is given to a student-athlete who already attends the school, but is not offered or generally made available to all students who apply to or attend the school.

Did someone promise, offer or give you anything more than what any other student who attends this school is generally promised, offered or given that caused you to decide to transfer to this school? If so, it probably is an impermissible benefit.

What are the penalties for violations of athletic recruiting rules by a member school?

A member school that violates athletic recruiting rules will be assessed one or more of the following penalties:

- A public reprimand;
- A financial penalty;
- Forfeiture of all contests and awards won in which the student who was athletically recruited or received an impermissible benefit participated or contributed;
- One or more forms of probation (administrative, restrictive or suspension) for one or more years;
- Prohibition against participating in certain competitions, including state playoffs, for one or more years in the sport(s) in which the violation(s) occurred;
- Prohibition against participating in any competitions for one or more years in the sport(s) in which the violation(s) occurred;
- Restricted membership for one or more years during which some or all of the school's membership privileges are restricted or denied; and
- Expulsion from membership in the FHSAA.

What are the penalties for a student who is found to have been athletically recruited or receives an impermissible benefit?

A student who is athletically recruited or receives an impermissible benefit will be ineligible for athletic competition for one or more years at the school where the violation occurred, and may be declared ineligible for athletic competition at all FHSAA member schools for one or more years.



Affidavit of Compliance with Policy on Athletic Recruiting (2009-10 school year)

Obtain all applicable signatures before a notary public and submit to the FHSAA Office BEFORE allowing this student to represent your school in interscholastic athletic competition and to fax 352.373.1528. Approval of this form DOES NOT grant eligibility.

We, the undersigned, being sworn, certify that the following statements are true:

1. Student {full legal name} _____ ("THIS STUDENT"), who was born on {date} _____, 19 _____, and who is in the {number} _____ th grade, transferred from {school last attended} _____ to {school now attended} _____ ("THIS SCHOOL"), on {date of enrollment} _____, 20 _____. THIS STUDENT has previously attended {list all other schools attended since beginning of 9th grade} _____.

2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit".

3. No employee, athletic department staff member or representative of the athletic interests of THIS SCHOOL, or any person or organization acting on their behalf, has had communication, directly or indirectly, through intermediaries, or otherwise with THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to transfer attendance to THIS SCHOOL for the purpose of participation in interscholastic athletics.

4. No employee, athletic department staff member or representative of the athletic interests of THIS SCHOOL, or any person or organization acting on their behalf, is giving, has given, or has offered or promised to give, directly or indirectly, through intermediaries, or otherwise any impermissible benefit to THIS STUDENT or any member of his/her family in an attempt to pressure, urge or entice THIS STUDENT to transfer attendance to THIS SCHOOL for the purpose of participation in interscholastic athletics.

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment. I further understand that the penalties for knowingly making a false statement may subject THIS SCHOOL to fines, forfeitures, probations and possible expulsion from membership in the FHSAA, and may subject THIS STUDENT to a loss of athletic eligibility.

FOR STUDENT/PARENT(S)/LEGAL GUARDIAN(S):

Signature of Student / Date

Printed Name of Student

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian / Date

Printed Name of Parent/Legal Guardian

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____

[Notary Seal:]

Signature of Notary

Printed Name of Notary

NOTARY PUBLIC

My commission expires: _____, 20 ____.

FOR SCHOOL:

Signature of Principal / Date

Printed Name of Principal

Signature of Athletic Director / Date

Printed Name of Athletic Director

() / Fax Number

STATE OF FLORIDA, COUNTY OF _____

Sworn to or affirmed before me on {date} _____

[Notary Seal:]

Signature of Notary

Printed Name of Notary

NOTARY PUBLIC

My commission expires: _____, 20 ____.