



## Sports Physical Packet

The FHSAA (Florida High School Athletic Association) requires athletes to have a new sports physical every year. **The physical is valid for 365 days.** Attached are the six forms that are required **BEFORE** your child can participate in **ANY** practices or games:

- 1) **Parental Approval Form** (below)
- 2) **Medical Release form** (over). **Note:** We have four notaries in the office who will notarize this for free. Make sure you completely fill in this form!!
- 3) **FHSAA Pre-participation Physical Evaluation** (pg 1 of 2) that YOU complete
- 4) **FHSAA Pre-participation Physical Evaluation** (pgs 2-3) that the PHYSICIAN must complete at the time of the physical
- 5) **FHSAA Consent and Release from Liability Certificate** (front and back)
- 6) **Payment of Fines for Unsportsmanlike Conduct**

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### 2011 – 2012 STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

#### Parent's or Guardian's Permission

“I hereby give my consent for the above-named student: (1) to represent this school in athletic activities as indicated by the authorized physical exam completed and signed by his or her physician, Dr. \_\_\_\_\_ and on file in the school office and (2) to accompany any school team of which he or she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf or the Florida High School Athletic Association responsible for any injury occurring to the above-named student in the course of such athletic activities or travel.”

Signature of Parent of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_



# Athletic Medical Release Form

This form must be completed for each student who plans to play any sport. **The form must be signed and notarized in front of a licensed Notary Public.** NOTE: The school offers free notary service in the main office.

We, the undersigned as the parents and/or legal guardians of \_\_\_\_\_ hereby consent to any and all emergency medical and surgical treatments, including anesthesia and operations, which may be deemed advisable by a qualified physician selected by agents or officials of Bayshore Christian School. The intention thereof is to grant authority, through our witnessed signatures below, to begin emergency medical treatment in the event that we, as parents and/or legal guardians, have not yet arrived at the medical facility. It is understood that agents and officials of Bayshore Christian School will make every attempt to reach us at the telephone numbers listed below before emergency medical treatment is started.

We also agree not to hold Bayshore Christian or anyone acting in its behalf or the Florida High School Athletic Association responsible for any injury occurring to the above-named student in the course of athletic activities or travel.

WITNESS of our consent and agreement to the matters stated above, we have subscribed our signatures:

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

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

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_

AFFIX NOTARY  
SEAL

\_\_\_\_\_  
Signature of Florida Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Personally known to me \_\_\_\_\_ OR

Produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_

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Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Preferred local hospital \_\_\_\_\_

Student's Physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

Allergies or special medical conditions \_\_\_\_\_

Student's address \_\_\_\_\_

Father's phones: (home \_\_\_\_\_) (work \_\_\_\_\_) (cell \_\_\_\_\_)

Mother's phones: (home \_\_\_\_\_) (work \_\_\_\_\_) (cell \_\_\_\_\_)