

**Westminster Academy®**

5601 N. Federal Highway

Ft. Lauderdale, FL 33308

954-771-4600

**ATHLETIC TRIP PERMISSION AND RELEASE FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

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

Address (If different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Guardian's Name** (If applicable):

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY/MEDICAL INFORMATION**

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Time and direction for dispensing medication \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Serious Illness:** Diabetes \_\_\_ Asthma \_\_\_ Seizures \_\_\_ Heart \_\_\_ Headaches \_\_\_ Other \_\_\_\_\_

**I verify that this information is correct, and agree to contact the school in the event of any changes. In the event my child requires medical/surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the school representative to furnish on my behalf such written or oral authorization as may be required. It is understood the best possible care will be given to my child and that the Westminster Academy® official(s) will make a conscientious effort to locate the emergency contact, the student's physician, and follow his/her instructions before any action will be taken. I/We will accept the expense of emergency medical or surgical treatment if this is not covered by our insurance or if we do not carry family health insurance.**

**TRAVEL INFORMATION**

(Student Name) \_\_\_\_\_ has my permission to travel on a school sponsored trip for interscholastic sports as a member of an athletic team for the purpose of playing, practicing, or managing an interscholastic sport. When transportation is not provided by the school, I, \_\_\_\_\_ as parent or legal guardian of \_\_\_\_\_ do hereby grant my consent and waiver of liability of Westminster Academy®, Coral Ridge Presbyterian Church, the Athletic Department and all coaches of team sports in transportation matters under the following criteria:

1. My child is permitted to go directly to the sporting event location, games, and/or practices through their own means of transportation by a licensed adult or student with a valid license provided said driver is authorized by the parent and the coach is notified.
2. Or, in the alternative, the student is a licensed driver and may drive directly to the location.
3. Under certain circumstances, when necessary, a coach with a valid license may provide private passenger services.

I, individually, and on behalf of my student, hereby release, indemnify and hold harmless Westminster Academy®, it's agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Westminster Academy® students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned nor leased by Westminster Academy® whether caused in whole or in part by the negligence of Westminster Academy®, it agents or employees.

**PROHIBITION**

No student may provide transportation to any athletic event or practice for another student unless the parent and/or guardian has requested same in writing to the Athletic Director and permission has been granted. As a matter of policy, Westminster Academy® provides bus transportation as necessary except under the above cited exceptions.

Printed Name of Mother/Father/Guardian \_\_\_\_\_

Signature of Father/Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

This form will be in the possession of the coaching staff during the duration of the trip. It will facilitate contacting you and obtaining medical assistance if necessary for your child.

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**Parent's Assurance of Compliance for  
Participation in Athletics  
at Westminster Academy®  
(students entering grades 6-12)**

Student's Name \_\_\_\_\_  
(print)

**I understand and affirm that the participation of my child in activities and athletics at Westminster Academy® is a tool for the general spiritual, emotional and social development of my child, and that continued participation is made possible through the following agreement that I affirm. (Please initial each box.)**

1. I understand that the role of activities and athletics in the development of my child is to be a tool to assist in the spiritual, physical, emotional and social areas of growth, and that participation in athletics at Westminster is not primarily about getting him or her "ready for the Big Leagues."
  
2. I understand that teachers and coaches are helpers to assist me in the rearing of my child, but also are those who have been especially entrusted with the authority to manage, organize, lead and make other decisions necessary for the progress of the activities. They select who participates and the extent of that participation, and otherwise have the invested authority to lead. The parent is not the coach or director of the activity nor of the child who participates.
  
3. If I have questions that must be asked about schedules, policies, procedures or the specific involvement of my child in this particular activity, I will ask those questions of the teacher or coach personally. If it involves a matter about which there is disagreement and if we cannot resolve the matter, I will, if necessary, follow the next step in the chain of command by bringing the matter personally to the athletic director or principal for his involvement. Furthermore, I will not criticize the teacher or coach in the presence of my child, in the presence of other parents nor in any other way violate the clear biblical principles for personal interaction. (cf. Matthew 5; Matthew 18; Ephesians 4:1-3)
  
4. If my child has questions that must be asked about schedules, policies, procedures or his or her specific involvement in this particular activity, I will assist him or her in how to ask those questions of the teacher or coach personally. If it involves a matter about which there is disagreement and if my child and the teacher or coach cannot resolve the matter, I will go with my child to meet with the teacher or coach seeking resolution, thus establishing in my child those principles that follow biblical teaching.
  
5. I understand that participation in activities and athletics is a privilege and an honor, and that the rules of the Florida High School Activities Association and the school as they impact academic grades, attendance and good conduct must be maintained.
  - (1) Must maintain a 2.0 cumulative grade point average in all course work attempted with a minimum load of five subjects.
  - (2) May not be failing two or more subjects at the end of any report period and retain eligibility. (Incomplete grades are counted as F's until work is completed.)
  - (3) May not have an "Unsatisfactory" conduct grade in any class for the report period and retain eligibility.
  - (4) May not have an effort grade of "4" in two or more subjects at the end of any report period and retain eligibility.
  - (5) Must be in attendance for at least half of the day of an event and be eligible to participate.
  - (6) Must maintain good sportsmanship on the field or court with regard to teammates, opposing players and /or referees (umpires) in order to be allowed to continue participating.
  - (7) Must maintain compliance with the policies of the school for students in general in order to remain eligible.
  
6. I will personally, and strive with great diligence in the conduct of my child, to maintain good standards of sportsmanship at all athletic contests. Game officials and parents, coaches and players of other teams will be treated with respect and honor, as befits the conduct of a godly man or woman.

7. Recognizing that granting financial assistance to a high school student who also participates in athletics involves compliance with rules and regulations of the Florida High School Activities Association, and understanding the commitment of Westminster Academy® to fully comply with those rules and regulations, I confirm that:

- I was not recruited to Westminster Academy® through the promise of financial assistance as an inducement to enrolling my child in the school.
- I have not been given any promise of financial assistance by the school's administration or staff other than normally provided through the school's regular financial assistance program.
- I further understand that all financial assistance granted by the Financial Assistance Committee of the School Board is based on an analysis of the family's proven financial need, and must be verified by a third party agency stipulated by the school's Financial Assistance Committee.



Father's Signature \_\_\_\_\_

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

Mother's Signature \_\_\_\_\_

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

*Westminster Academy admits students of any race, color, national origin, ethnicity, disability or sex to all of the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, national origin, ethnicity, disability or sex in the administration of its educational policies, admission policies, financial assistance, athletics, or any other school administered programs, unless a particular status protected by federal, state, or local laws contradicts the deeply held religious convictions of the school or Coral Ridge Presbyterian Church..*

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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 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 CROSSED OUT. Cross out all sports your child/ward WILL NOT participate in:

Table with 2 columns: Boys Sports and Girls Sports. Each column lists various sports like Baseball, Basketball, Cross Country, etc., and includes a line for 'Other sports added to this form by school:'.

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 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.