

Horizon High School

Athletic Physical Check Sheet 2023-2024



Check the box for each form when it is completed:

- ☐ Complete student-athlete profile registration at:
www.AthleticClearance.com
 - *Sign all digital forms:*
 - *Participation in Extracurricular/Co-Curricular Activities*
 - *Procedures for Removal from Participation*
 - *Annual Sports Activity Participation*
 - *Horizon High School Student-Athlete Contract*
 - *EL3 – Consent and Release from Liability Certificate*
 - *EL3 – Consent and Release from Liability Certificate for Concussions*
 - *EL3 – Consent and Release from Liability Certificate for Sudden Cardiac Arrest & Heat-Related Illness*
 - *EL3 –FHSAA Established Rules and Eligibility*
- ☐ **EL2- FHSAA Physical Form** (03/23)
 - *Completed and signed by a doctor.*
 - *Upload scanned or photo file of ***PAGE 4 ONLY*** to Athletic Clearance profile under 'FILES' tab. Pages 1-3 of the EL2 form are to be kept on file with each family or medical provider.*
 - *If the doctor refers the student for additional evaluation, families must upload the 'PREPARTICIPATION PHYSICAL EVALUATION – SUPPLEMENT' form in addition to page 4 of the EL2.*
- ☐ **ECG Test Results**
 - *Upload scanned results and/or documentation to Athletic Clearance profile.*
 - **Need to Only Complete One ECG Which Will Suffice for All Four Years in High School**
- ☐ **OCPS Cardiology (ECG) Form** (4/23)
 - *Upload scanned form to Athletic Clearance profile.*



HORIZON HAWKS



Athletic Clearance – Online Portal Registration

1. Visit AthleticClearance.com
2. Select Florida
3. **First Time Users:**
 - Create an Account. PARENTS/GUARDIANS will register with a valid email username and password.
4. **Returning Users:**
 - Enter login information and click “Sign In”
5. Sign In using your email address that you registered with.
6. Select “Start Clearance Here” to start the process.
7. Choose:
 - School Year in which the student plans to participate. *Example: Football in August 2023 would be the 2023-2024 School Year.*
 - Select [HORIZON HIGH SCHOOL](#) as the school your student attends and will compete at.
 - Sport/s (*We recommend that if the student will be participating in multiple sports, that those sports are added all at once*).
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable.
 - (*If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill*)
9. Once you reach the Confirmation Message you have completed the online registration process.
10. The student is not ‘Cleared’ yet! This data will be electronically filed with your school’s athletic department for review. When the student has been cleared for participation, an email notification will be sent.

Questions? Use the yellow Help option on the bottom right of the screen and submit a ticket.

Online Athletic Clearance FAQ

What is my Username?

- Your username is the email address that you registered with.

How do I register for multiple Sports?

- If you know you are going to play multiple sports when registering, it is best to add all sports on the first step where you also select the school year and school. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

What is the 'Physicals' Page?

- This is where you will submit your EL2 physical form for clearance. The physical form can also be downloaded on the Medical History page should you need to access it later. Our school will accept a physical uploaded to this section without a hard copy submission, but if you wish to turn in the hard copy physical as well please drop it off in the athletic office on campus.

What is 'Your Files'?

- This area is meant to store your files so they can be accessed later in the year or perhaps years following. Files do not carry over year to year automatically. You will be asked to click on the files tab when creating a new clearance to carry over your EL2 (athletic physical), birth certificate, and ECG results each year for each clearance submitted.

Why haven't I been cleared?

- The HHS athletic department will review the information you have submitted before clearing you for participation. Once they review your clearance they will change the status. You will receive an email when you have been cleared for participation. Please allow up to 48 hours for a staff member to review

I was "Denied" clearance, now what?

- You should have received an email with the reason for denial. Please update your clearance accordingly then contact your school's athletic department and ask them to review your information again.



PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

MEDICAL HISTORY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____



PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

<ul style="list-style-type: none">Do you feel stressed out or under a lot of pressure?	<ul style="list-style-type: none">Do you ever feel sad, hopeless, depressed, or anxious?
<ul style="list-style-type: none">Do you feel safe at your home or residence?	<ul style="list-style-type: none">During the past 30 days, did you use chewing tobacco, snuff, or dip?
<ul style="list-style-type: none">Do you drink alcohol or use any other drugs?	<ul style="list-style-type: none">Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
<ul style="list-style-type: none">Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

- ☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)

EXAMINATION

Height:	Weight:	
BP: / (/)	Pulse: Vision: R 20/ L 20/ Corrected: Yes No	
MEDICAL - healthcare professional shall initial each assessment	NORMAL ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph Nodes		
Heart <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

This form is not considered valid unless all sections are complete.

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____/____/____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date: ____/____/____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*

☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

This form is not considered valid unless all sections are complete.



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.

EL2

Revised 3/23

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

MEDICAL ELIGIBILITY FORM - Referred Provider Form

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Sex Assigned at Birth: _____ Age: _____ Date of Birth: ____ / ____ / ____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- ☐ Medically eligible for all sports without restriction as of the date signed below
- ☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date: ____ / ____ / ____

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*



CARDIOLOGY REPORT: ELECTROCARDIOGRAM (ECG) CLEARANCE

Parents/Guardians: An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. In accordance with [School Board Policy JJ: Extracurricular Activities](#), The School Board of Orange County, Florida is requiring each student athlete wishing to participate in high school athletics to have 1 electrocardiogram (ECG) screening prior to participating in his or her first athletic sport in high school. **The initial ECG may be completed by any licensed physician, including a primary care physician, pediatrician, licensed physician assistant, or certified advanced registered nurse practitioner. If the ECG comes back ABNORMAL, the student may only participate after being cleared by a cardiologist or a pediatric cardiologist.**

STUDENT INFORMATION: (Please Print)

Student Name: _____ Student ID#: _____ DOB: _____

Parent/Legal Guardian Signature

Parent/Legal Guardian Name Printed

Date

- ☐ If your ECG was completed by Who We Play For, Orlando Health, Advent Health, or Nemours, you can STOP here. Submit the email you received from the organization to Athletic Clearance, along with the top portion of this form completed. Both the email and this form with the top completed must be submitted.

ECG's performed by a PCP, Urgent Care Center, or Walk-in Clinic must complete the form below

PHYSICIAN INSTRUCTIONS: This form is to be completed by an appropriate health care provider (AHCP) trained in the latest ECG interpretation guidelines. It is recommended to interpret ECG readings based on the International Criteria (<https://uwsportscardiology.org/>). After completing and interpreting the ECG, select the appropriate box below. If the ECG is interpreted as NORMAL, complete the Normal Electrocardiogram Clearance. If the initial ECG is interpreted as ABNORMAL, the student must be referred to a cardiologist. Only a cardiologist can clear a student with an ABNORMAL ECG interpretation.

NORMAL Electrocardiogram Clearance:

(To be completed in full by a licensed physician, PA or ARNP)

I hereby certify that an ECG was performed by myself or an individual under my direct supervision with the following conclusion:

- ☐ Low Risk/Cleared for Participation

Physician/PA/ARNP Signature

Name of Physician/PA/ARNP (print)

Date

Stamp of Physician Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____

- ☐ An ABNORMAL ECG was found and student has been referred to cardiology. Physician name: _____ Date: _____

ABNORMAL Electrocardiogram Clearance:

(To be completed in full by a cardiologist or pediatric cardiologist)

An abnormal ECG screening was found and the student was subsequently evaluated by a cardiologist or pediatric cardiologist.

- ☐ I hereby certify that the student above has had a cardiac evaluation and is cleared for athletic participation from a cardiac perspective.

Cardiologist/Pediatric Cardiologist Signature

Cardiologist/Pediatric Cardiologist Name (Print)

Date

Stamp of Cardiology Office: _____ Phone: _____

Address: _____ City: _____ Zip: _____



ORANGE COUNTY PUBLIC SCHOOLS INTERSCHOLASTIC ATHLETICS INSURANCE

Student Name: _____	Student ID#: _____
Parent/Legal Guardian: _____	Parent/Legal Guardian Phone #: _____
OCPS School Name: _____	

NOTICE TO PARENT/LEGAL GUARDIANS

A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM FOR ALL STUDENTS WHO PLAN TO PARTICIPATE IN ANY KIND OF SPORTS ACTIVITY WHEN ENTERING AN OCPS MIDDLE SCHOOL OR HIGH SCHOOL. ANY STUDENT PARTICIPATING IN A SPORTS-RELATED ACTIVITY IS STRICTLY VOLUNTARY.

OCPS Schools offer students the opportunity to participate in sports-related activities throughout the school year. Sports-related activities could include, but are not limited to FHSAA sanctioned sports season practices and games, off-season practices and scrimmages, weight training and conditioning, extracurricular or intramural sports, competitions, tournaments, fundraisers involving a sport.

OCPS allows student athletes to use school facilities, such as gymnasiums, weight training rooms and equipment, locker rooms, sports tracks and fields to train for their sport. Supervision by OCPS staff is required.

The School Board of Orange County Florida pays for student accident coverage for students participating in FHSAA sanctioned sports and summer conditioning. See reverse side for the dates of coverage a student athlete may be covered by the district purchased accident insurance policy.

The School Board of Orange County Florida shall not accept financial responsibility for payment of any medical expenses incurred by a student or parent/guardian for injuries incurred while participating in sports or sports-related activities. You are encouraged to maintain insurance (health insurance or accident insurance) on your child/ward, covering injuries or illness your child may incur on District Property.

The School Board of Orange County Florida shall not accept financial responsibility for payment of any medical expenses incurred by a student or parent/guardian for injuries incurred while participating in sports or sports-related activities. You are encouraged to maintain insurance (health insurance or accident insurance) on your child/ward, covering injuries or illness your child may incur on District Property.

Need insurance or assistance with deductible and co-payments?

Contact School Insurance of Florida for
supplemental insurance for premium
as low as \$12.00 annually.

www.schoolinsuranceofflora.com

I further confirm the following: ([Please select one & complete form](#))

☐ My child/ward does **NOT** have insurance.

☐ I do carry insurance for my child/ward:

Insurance CompanyName: _____; Policy Number: _____.

If any insurance on my child/ward denies any medical expenses or cancels such insurance mid-term, then I further agree that I will replace it or be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs.

I, the parent/legal guardian, named herein, acknowledge receipt of this notice and give permission for my child/ward to participate in sport-related activities supervised by OCPS and/or held on District Property. I understand and agree to be financially responsible for any medical expenses incurred for any injuries or illness incurred by myself or my child from participating in sports-related activities.

Signature and Acknowledgement by Parent/Guardian

Date



ORANGE COUNTY PUBLIC SCHOOLS INTERSCHOLASTIC ATHLETICS INSURANCE

For a claim to be considered eligible, the following apply:

- Injured student athlete must seek medical treatment by a Florida licensed physician within 30 days of incident.
- Incident must be reported immediately to Athletic Trainer or Nurse/Clinic at student's school.
- Completed claim form must be remitted to School Insurance of Florida no later than 90 days.
- Injury caused by accident, not prolonged over-exertion or exacerbated injury due to overuse or failure to seek proper treatment.
- Accident occurs during covered season and dates as listed below.

Maximum Benefit limits per covered injury: \$25,000.00

Any other insurance available to student will be primary and this accident insurance will be supplemental in accordance with the terms and conditions and limits of the policy.

Dates of coverage listed below for the referenced sport shall be used to determine if this insurance applies to student athlete injury.

MIDDLE SCHOOL SPORTS – BOYS & GIRLS TEAMS		
Sport	Coverage Begins	Coverage Ends
Soccer	Mid-August	Mid-October
Volleyball	October	Mid-December
Basketball	January	Mid-March
Track & Field	March	Mid-May

HIGH SCHOOL SPORTS		
Sport	Coverage Begins	Coverage Ends
FHSAA Sanctioned Sports (see www.fhsaa.org for sanctioned sport and season) Example: Football	FHSAA Specific Date for when Practice is allowed to begin Jul. 31st	FHSAA Specific Date for when Regular Season Begins Nov 4.
Only teams participating in FHSAA state series will be covered until eliminated.		
Sideline Cheer	Same Week as Football	Same Week as Competitive Cheer
Crew/Rowing	Mid-October	End of May
Fall League Baseball & Softball	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (10 weeks from start date)
Fall Basketball (boys)	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (2 weeks prior to FHSAA start date)
Fall Basketball (girls)	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (2 weeks prior to FHSAA start date)
Injuries incurred while "Conditioning" as defined by FHSAA are also covered.		
Summer break coverage for "Conditioning"		

Summer non-contact, non-competitive off-season 'conditioning' programs on member school premises that are exclusively scheduled, organized, directed, and supervised by a member school employed coach in compliance with the High School Athletic/Activities Association rules defining 'conditioning' as:

- Weight training is the use of free weights and stationary apparatus.
- Cardiovascular conditioning is distance and interval training.
- Plyometrics is the use of pre-set conditioning programs.

Conditioning does not include teaching sport-specific skills and drills and does not involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, balls, rackets).



Student-Athlete Name _____



Horizon High School Student-Athlete Contract **2023-2024**

To participate and represent Horizon High School as a student-athlete, you must:

- Be an enrolled student of Horizon H.S, or approved through OCPS as a home school or non-traditional student zoned for HHS.
- Be under the age of 19 years old on or after July 1st, 2023.
- Have entered ninth grade in August 2019 or later.
- Have a minimum cumulative unweighted GPA of a 2.0 or higher. Ninth graders are automatically eligible for the first semester of high school, but must maintain the minimum 2.0 unweighted GPA by the beginning of their 2nd semester of ninth grade.
- Complete a physical packet to include a signed EL2 by a state approved medical professional as well as a cleared Electrocardiogram (only one cleared ECG is required for all four years in high school) submitted to and cleared by the athletic department on AthleticClearance.com.
- *(If a **transfer** student)* Must submit a GA4 Form (FHSA recruiting affidavit) to the athletic office.
- *If you are not a US citizen or did not complete two full years of middle school in the United States, the parent of the student-athlete must contact the athletic director to submit FHSA International Student paperwork.*

Standards of a Horizon Student-Athlete:

- Student-athletes must be present in school to participate in any practice or games following the completion of the school day. A student who is absent (*unexcused*), or reports to school after ½ of the school day is completed (*without being excused by the attendance office*) is not permitted to participate in team activities that day. The only exception to this rule is for approved absences or prior arrangements made with the principal or athletic director.
- Horizon student-athletes are expected to display positive and mature behavior during the school day. Any student-athlete that receives school discipline due to an infraction may also be issued additional discipline in the form of missing athletic events. If poor behavior is shown as a continual trend, the principal reserves the right to remove a student-athlete from a sports activity for the course of a season or school year.
- Any student that receives an 'F' in a class has the possibility of being placed on academic probation through the school and may be removed from extracurricular activities until the grade has been improved.
- Student-athletes are expected to return any equipment or materials issued to them by coaches and/or athletic trainers at the conclusion of their season; any equipment not returned or returned damaged must be paid for before participating in another sport.
- If a student-athlete chooses not to finish a sport season, all responsibilities and obligations to that sport must be cleared, and they cannot participate in another sport (including off season workouts) until the completion of the current sport regular season. Extenuating circumstances can be granted exceptions with approval of the HHS administration team.
- Student-athletes are permitted to participate in one sport per season (fall, winter, or spring).
 - Exceptions to this include the sports of: Sideline Cheerleading (Fall/Winter), Dance (Fall/Winter), Girls Weightlifting (Winter) and Boys Weightlifting (Spring). In order to participate in one of the listed exception sports and another team sport, both coaches must agree and communicate this through the athletic office before the start of the sports season.
- Being a part of a competitive high school team is a huge commitment for a student athlete and their family. In order for our sports programs to take the next step in making our school one of the best in the State of Florida, it is imperative that all student-athletes and families display 100% buy in and commitment. In-season team practices are not optional but rather a required part of being a Hawk athlete. We completely understand unexpected situations arise where a student may have to be away from their team for a day, but in such cases the athlete must communicate the absence with head coach ahead of time to let them know of the circumstance. Multiple or consistent absences may affect the student-athletes place on the roster, starting line-up, or varsity letter opportunity.

Sportsmanship:

Horizon High School expects all parties in attendance at a contest to display the highest level of sportsmanship. Players, coaches, parents and spectators should treat opponents, game officials, visiting spectators and school officials with respect. Cheer for your team, never against the opponent.

Student-athletes that act in an unsportsmanlike, improper, or inappropriate manner may be subject to game suspension, disciplinary action, or dismissal from the team depending on severity and number of occurrences. Subsequent discipline will be decided by a committee that includes the head coach of the sport, athletic director, and school principal.

Sportsmanship is having pride in your school, your team, and yourself. Sportsmanship is respect for the game and for those who play it. We remind you to always take on the responsibility of good sportsmanship when representing Horizon High School. Good sportsmanship is also expected by all fans and spectators at all sporting events. Everyone plays an important role in treating all participants and officials with respect in the athletic arena.

- Some examples of good sportsmanship may include: a student-athlete helping another player up after a play, seeking out a player or coach after a game to wish them well and say good game, greeting other teams and visiting officials with a handshake, ect.

Social Networks:

Any student-athlete utilizing online mediums such as *(but not limited to)*: Facebook, Instagram, Twitter, YouTube, Snapchat, or other communicative mediums are expected to use positive judgment with any post and always remember that they are representing the mission and values of OCPS and Hawks Athletics. Student-athletes should not use such online sources to threaten, intimidate, harass, or communicate in a negative nature about other students, coaches, or athletic programs of any school, or make posts that are of poor taste. Student-athletes that use such online mediums in a previously mentioned manner may be subject to school disciplinary action which could include dismissal from a team.

Representation of Horizon High School:

- All student-athletes are visible representatives of Horizon High School and are expected to act in a first class manner. If a student-athlete is ejected from a contest, he/she must meet with the athletic director before they are allowed to return to team activities. Any student-athlete who shows poor judgement in their behavior while attending an athletic event or who is ejected from a facility may be subject to additional school disciplinary action.
- Student-athletes are expected to refrain from using profanity at any time during a practice, game, or in any other instance where they are representing Hawks Athletics. Represent your school in a positive manner!
- When wearing a team uniform on or off campus, it is expected that student-athletes will still follow the expectations of the athletic department, and all rules and policies apply for Horizon High School and Orange County Public Schools.

Acknowledgement & Acceptance of Horizon High School Athletic Rules and Policies:

I acknowledge that I have read, agree with and will abide by all of the aforementioned policies and rules of the Horizon High School Athletic Department.

Student-Athlete Name _____

Grade _____ Sport(s) _____

Signature _____

Date _____

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN FOR ALL STUDENTS ENTERING AN OCPS MIDDLE SCHOOL OR HIGH SCHOOL WHO PLAN TO PARTICIPATE IN ANY KIND OF SPORTS ACTIVITY.

OCPS Schools offer students the opportunity to participate in sports-related activities throughout the school year. Sports-related activities could include, but are not limited to FHSAA sanctioned sports season practices and games, off-season practices and scrimmages, weight training and conditioning, extracurricular or intramural sports, competitions, tournaments, fundraisers involving a sport.

Any student participating in a sports-related activity is strictly voluntary.

OCPS allows student athletes to use school facilities, such as gymnasiums, weight training rooms and equipment, locker rooms, sports tracks and fields to train for their sport. Supervision by OCPS staff is required.

The School Board of Orange County Florida pays for student accident coverage for students participating in FHSAA sanctioned sports and summer conditioning. See reverse side for the dates of coverage a student athlete may be covered by the district purchased accident insurance policy.

The School Board of Orange County Florida shall not accept financial responsibility for payment of any medical expenses incurred by a student or parent/guardian for injuries incurred while participating in sports or sports-related activities. You are encouraged to maintain insurance (health insurance or accident insurance) on your child/ward, covering injuries or illness your child may incur on District Property.

I further confirm the following: (Please select one & complete form)

_____ My child/ward does not have insurance.

_____ I do carry insurance for my child/ward with insurance company; _____ policy number: _____. If any insurance on my child/ward denies any medical expenses or cancels such insurance mid-term, then I further agree that I will replace it or be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs.

I, the parent/legal guardian, named herein, acknowledge receipt of this notice and give permission for my child/ward to participate in sport-related activities supervised by OCPS and/or held on District Property. I understand and agree to be financially responsible for any medical expenses incurred for any injuries or illness incurred by myself or my child from participating in sports-related activities.

Signature and Acknowledgment by Parent/Guardian

Date

STUDENT NAME

STUDENT ID #

SCHOOL

PARENT NAME

PARENT PHONE #

Need insurance or assistance with deductible and co-payments?

Contact School Insurance of Florida for supplemental insurance for premium as low as \$12.00 annually.

www.schoolinsuranceofflorida.com

Retention of this form is the responsibility of Athletic Director.

OCPS PURCHASED ACCIDENT INSURANCE SUMMARY – STUDENT ATHLETES

For a claim to be considered eligible, the following apply:

- Injured student athlete must seek medical treatment by a Florida licensed physician within 30 days of incident.
- Incident must be reported immediately to Athletic Trainer or Nurse/Clinic at student's school.
- Completed claim form must be remitted to School Insurance of Florida no later than 90 days.
- Injury caused by accident, not prolonged over-exertion or exacerbated injury due to overuse or failure to seek proper treatment.
- Accident occurs during covered season and dates as listed below.

Maximum Benefit limits per covered injury: \$25,000.00

Any other insurance available to student will be primary and this accident insurance will be supplemental in accordance with the terms and conditions and limits of the policy.

Dates of coverage listed below for the referenced sport shall be used to determine if this insurance applies to student athlete injury.

MIDDLE SCHOOL SPORTS – BOYS & GIRLS TEAMS		
Sport	Coverage Begins	Coverage Ends
Soccer	Mid-August	Mid-October
Volleyball	October	Mid-December
Basketball	January	Mid-March
Track & Field	March	Mid-May

HIGH SCHOOL SPORTS		
Sport	Coverage Begins	Coverage Ends
FHSAA Sanctioned Sports (see www.fhsaa.org for sanctioned sport and season) Example: Football	FHSAA Specific Date for when Practice is allowed to begin Aug. 1st	FHSAA Specific Date for when Regular Season Begins Nov 4.
Only teams participating in FHSAA state series will be covered until eliminated.		
Sideline Cheer	Same Week as Football	Same Week as Competitive Cheer
Crew/Rowing	Mid-October	End of May
Fall League Baseball & Softball	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (10 weeks from start date)
Fall Basketball (boys)	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (2 weeks prior to FHSAA start date)
Fall Basketball (girls)	As determined by Athletic Director for District (Tuesday following Labor Day)	As determined by Athletic Director for District (2 weeks prior to FHSAA start date)
Injuries incurred while "Conditioning" as defined by FHSAA are also covered.		
Summer break coverage for "Conditioning" begins effective 6/1/2023 and ends 7/30/2023		

Injuries occurring outside of the dates provided above for any other sports-related injury are **not** eligible for benefits under this OPCS purchased policy for student athletes.

This is just a summary. The policy terms, conditions, restrictions, and exclusions will be used to determine if claim is eligible for benefits.