

Westpine Middle School
HOME OF THE PANTHERS



STUDENT INFORMATION FORM

Please print clearly in ink

Student Info

Student Athlete Name _____ Grade _____

Student # _____ Date of Birth _____

Home Address _____ Apt. # _____

City, Zip _____ Student Phone # _____

- Soccer Golf Cross Country Basketball Cheerleading Volleyball
 Flag Football Track & Field

Parent/Guardian Info

Parent/Guardian Name _____

Parent/Guardian Phone # _____

Parent/Guardian E-mail _____

Please indicate if you are available to assist the Athletic Department as a parent volunteer (i.e. concession stand duty, game day volunteers, fundraising, etc.):

- I AM interested in volunteering to assist the Athletic Department
 I AM NOT interested in volunteering to assist the Athletic Department

If you are available, please list the days/times of your availability:

- Mondays Tuesdays Wednesdays Thursdays Fridays Weekends
 Mornings Afternoons Evenings

Media Release

Please check one:

- I WILL permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools and its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e. public records request).
- I WILL NOT permit my child to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, class pictures, school and/or District websites, social media, BECON TV, or for other communication tools by Broward County Public Schools and its approved vendors.

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FIELD TRIP AUTHORIZATION FORM

Student Athlete Name _____ Grade _____

Completion of this form grants permission for your student athlete to participate in Westpine Middle School Intramural Athletic activities (try-outs, practices, and meets). Students will be transported to all games and meets via a **SCHOOL BUS**.

Students that attend athletic activities must provide their own transportation home. Please indicate your preferred method of transportation below:

Walker/Biker

Car Rider

YMCA

EMERGENCY CONTACT INFO

In case of an emergency, I may be reached at:

Parent/Guardian Name

Cell Phone

In the event I cannot be reached, please contact:

Parent/Guardian Name

Cell Phone

HEALTH/ACCIDENT INSURANCE INFO

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company _____ Policy Number _____

Please attach a copy of your family insurance card

Health insurance is required for participation in intramural activities. (If you do not have family coverage, please visit www.schoolinsuranceofflorida.com (starting at \$9.00 for the year)

NOTE: If, during any athletic event, your child commits any act that results in being detained by a branch of law enforcement, it is the responsibility of the parent/guardian to arrange for release of the child.

Parent/Guardian Signature

Date

Westpine Middle School
HOME OF THE PANTHERS



SPORTSMANSHIP POLICY

Westpine Middle School is committed to a spirit of good sportsmanship as a means to achieve exemplary citizenship and to enhance the image of our school community among students, patrons, and guests of our district. To enhance and promote sportsmanship and citizenship goals, all student athletes, sponsors and fans representing our school are expected to display exemplary levels of sportsmanship during all school-sponsored events and activities.

OBJECTIVES OF STUDENT'S PARTICIPATION IN THE ATHLETIC PROGRAMS

Each student athlete in the WESTPINE MIDDLE SCHOOL athletic program is expected to:

On the field/court:

1. Be gracious and courteous regardless of whether he/she wins or loses.
2. Abstain from the use of illegal tactics.
3. Abstain from the use of profanity.
4. Abstain from displaying fits of temper, clowning, or other inappropriate behavior.
5. Cooperate with officials, coaches, and fellow athletes.

At school:

1. Maintain a 2.0 GPA
2. Pay respectful attention to classroom activities.
3. Show respect for other students.
4. Avoid horseplay and unnecessary boisterousness.
5. Maintain good attendance record.

In the school building and on the school grounds:

1. Conduct himself or herself so as to provide positive role models for other students.
2. Being respectful to himself/herself and the team he/she represents.
3. Use school equipment with respect and care.
4. Respect the property of others.

REPRESENT WESTPINE MIDDLE SCHOOL WITH HONOR!

STUDENT ATHLETE EXPECTATIONS

1. Student athletes are expected to be at all team practices ON TIME. A student should always consult his/her coach before missing practice. Missing practice or a game without approval is unacceptable.
2. Student athletes are expected to treat all equipment as if it were his/her own. Each student is financially responsible for all equipment and uniforms that are checked out to him/her and will not be allowed to participate in another sport until the obligation is cleared (or item is returned).
3. Student Athletes are expected to conduct themselves in a reasonable, responsible manner in keeping with the School Board of Broward County Code of Conduct.
4. Student athletes are expected to remain on a team until all contests are completed (including playoffs and championships). Dropping out of a sport is a serious matter. No student should quit a team without first consulting with his/her coach and/or the Athletic Director explaining his/her intentions. Any athlete leaving a team voluntarily or being removed from a team will not be permitted to participate in another sport or condition using athletic equipment without specific permission from the Athletic Director.

5. Student athletes must have a completed Athletic Participation Packet approved by the Athletic Director BEFORE participating in the athletic program in ANY capacity. This includes try-outs, conditioning, practices, or contests. The student will be issued a clearance card to present to the coach when Athletic Participation Packet has been approved.
6. Student athletes are to be dressed in the official team uniform when representing Westpine Middle School in a contest. Deviations from or additions to the uniform are not permitted.
7. Players and coaches are expected to travel as a team to and from all contests except in the case of emergency (injury or illness) or if special prior arrangements are made.
8. Student athletes are expected to attend and participate in all classes and put forth their best effort at all times.
9. If a student athlete is injured during a practice or a game, he/she should inform the coach/trainer IMMEDIATELY. This especially pertains to dizziness or not feeling well that may not be immediately visibly noted by a coach. Please DO NOT wait until getting home.

PENALTIES

- First Infraction – WARNING, Phone call to parent
 Second Infraction – 2 game Suspension
 Third Infraction – Removal from team

APPEALS

If a student athlete suspended by a coach wishes to appeal the suspension, he/she must notify the Athletic Director to set up a meeting with the Athletic Rules Committee. The Committee is made up of the Principal (and/or designee), and the Athletic Director. The coach, athlete and parent/guardian will be present for appeal, as necessary.

COACHES DISCRETION

A coach may, if he/she desires, add to the above additional training rules and regulations and additional penalty at their discretion. These additional guidelines will be made available to athletes and parents for that sport.

ADDITIONAL INFORMATION

If you have additional questions, regarding participation guidelines, feel free to contact the Athletic Director, Precious Howard, at 754-322-4950 or Precious.Howard@browardschools.com.

ACKNOWLEDGEMENT OF SPORTSMANSHIP POLICY

I have read, understand, and agree to comply with the above rules of conduct and ethics as required as a member of the WESTPINE MIDDLE SCHOOL Athletic Program.

Student Name (print)	Student Signature	Date
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

**MSAA INTERSCHOLASTIC SPORTS
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: _____, Principal
_____ School

PART I

I, _____ (Parent or Guardian), hereby grant permission for my son/daughter _____, (Birthdate: Mo. _____ Day _____ Year _____), to participate in interscholastic sports during the _____ school year.

(Please circle the sports in which your son/daughter **MAY NOT** participate.)

Soccer, Cross Country, Golf, Basketball, Flag Football, Volleyball, Track

My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.

The original physical is attached with doctor's stamp of approval.

I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips; also: I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.

We have accident insurance with _____ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

A photocopy of the front of the Insurer's policy card is attached.

(Signed) _____
Parent or Guardian

NOTARIZATION

NOTE

**A COPY OF VALID
INSURANCE I.D. CARD
MUST BE ATTACHED TO
THIS FORM**

STATE OF FLORIDA
COUNTY OF _____
Sworn to and subscribed before me

this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

PART II

INSTRUCTIONS TO PARENT OR GUARDIAN

1. Complete, sign and have the document notarized.
2. Attach proof of Insurance AND proof of Student Physical WITH Doctor's Stamp.



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 4/24

MEDICAL HISTORY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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			Yes	No
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
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?			
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.

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EL2

Revised 4/24

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

BONE AND JOINT QUESTIONS		Yes	No	MEDICAL QUESTIONS (continued)		Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEDICAL QUESTIONS		Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
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?						

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 4/24

PHYSICAL EXAMINATION FORM

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

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • 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 • 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 4/24

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Biological Sex: _____ 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: (____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- 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, or a clinician under my direct supervision, 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 of Exam: ___/___/___
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 4/24

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: _____ Biological Sex: _____ 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 of Exam: ___ / ___ / ___

Address: _____ Phone: (____) _____

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

Provider Stamp *(if required by school)*

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HOME OF THE PANTHERS



PROOF OF INSURANCE

Please attach a copy of your family insurance card. Health insurance is required for participation in intramural activities. If you do not have family coverage, please visit www.schoolinsuranceofflorida.com (starting at \$8.00 for the year)

Copy of FRONT of valid insurance card