

# ***Bayside High School***

1901 DeGroodt Rd  
Palm Bay Florida 32908  
(321) 956-5000  
Fax (321) 956-5009

**Robin Novelli**  
**Principal**

**Greg McGrew**  
**Athletic Director**

## **Athletics/Activities Parent and Student Forms**

The following forms must be completed and returned to the coach/sponsor prior to **ANY** participation. This includes but not limited to camps, conditioning and tryouts.

1. \_\_\_\_ Application for FHSAA Eligibility.
2. \_\_\_\_ Student/Athlete Code of Conduct.
3. \_\_\_\_ Transportation Waiver.
4. \_\_\_\_ Parent Permission and Responsibility Statement for Off-Campus Activity.
5. \_\_\_\_ EL3 Consent and Release from Liability Certificate.
6. \_\_\_\_ EL2 Preparticipation Physical Evaluation. (Required for Athletics)
7. \_\_\_\_ Statement of Insurance on Private Vehicles (If student will drive to or parent will be transporting other students to off campus activities).
7. \_\_\_\_ Copy of Birth Certificate.

**NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**SCHOOL YEAR** \_\_\_\_\_

**APPLICATION FOR F.H.S.A.A. ELIGIBILITY**

Instructions:

**Part 1:** Read carefully. Please Print. Complete all questions. The form will be returned if all questions are not answered completely. PLEASE GIVE YOUR BIRTH CERTIFICATE NAME!!!

**Part II: DO NOT WRITE IN THIS SECTION**

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**PART I: BIRTH CERTIFICATE NAME**

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Name)                      (Jr,Sr,II)

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_      CHECK ONE:    MALE                      FEMALE

HOME ADDRESS: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City/Zip)

HOME PHONE: \_\_\_\_\_                      EMERGENCY PHONE: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_

CURRENT YEAR IN SCHOOL:    9            10            11            12

SCHOOLS ATTENDED LAST YEAR: \_\_\_\_\_

Are you currently living in the Bayside High School District? \_\_\_ Yes \_\_\_ No

If not do you have an out of area form on file? \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**PART II:**

Entry Date to BHS: \_\_\_\_\_                      Date completed 8<sup>th</sup> grade: \_\_\_\_\_

Date entered 9<sup>th</sup> grade: \_\_\_\_\_                      Date entered 10<sup>th</sup> grade: \_\_\_\_\_

Student Number: \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_      GPA: \_\_\_\_\_                      Elig    Inelig

Sport: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_      GPA: \_\_\_\_\_                      Elig    Inelig

Sport: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_      GPA: \_\_\_\_\_                      Elig    Inelig

\_\_\_ PPA            \_\_\_ Physical            \_\_\_ Birth Certificate            \_\_\_ Transportation Waiver

\_\_\_ Transfer Student            \_\_\_ Foreign Exchange Student            \_\_\_ Hardship Case  
\_\_\_ FHSAA Waiver Needed            \_\_\_ Brevard County Schools Waiver Needed



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: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_  
 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 nonprescription (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, 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?	___	___	<b>FEMALES ONLY (optional)</b>		
25. Have you ever had a stinger, burner, or pinched nerve?	___	___	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 11.8, 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: \_\_\_\_\_



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 below.

**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: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
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 or type): \_\_\_\_\_ 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 or type): \_\_\_\_\_ 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 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 child/ward to participate in the following interscholastic sports that I have **not marked out**:

- |              |  |                        |                   |               |               |
|--------------|--|------------------------|-------------------|---------------|---------------|
| Boys Sports: | Baseball   | Cross Country          | Lacrosse          | Tennis        | Water Polo    |
|              | Basketball                                       | 11-Man Tackle Football | Soccer            | Track & Field | Weightlifting |
|              | Bowling  | Golf                   | Swimming & Diving | Volleyball    | Wrestling     |
|              | Competitive Cheerleading                         |                        |                   |               |               |
|              | Other sports added to this form by school: _____ |                        |                   |               |               |

- |               |  |               |                     |                   |               |
|---------------|--|---------------|---------------------|-------------------|---------------|
| Girls Sports: | Basketball                                       | Cross Country | Lacrosse            | Swimming & Diving | Volleyball    |
|               | Bowling  | Flag Football | Soccer              | Tennis            | Water Polo    |
|               | Competitive Cheerleading                         | Golf          | Fast-Pitch Softball | Track & Field     | Weightlifting |
|               | 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. (FHSAA Bylaw 11.1)
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 11.1)
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 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
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 11.3).
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. 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 11.4).
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 11.5)
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 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics. **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 11.8)
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 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
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 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

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.



To the parents of a Bayside Athlete:

This form is a new information sheet that we need to be filled out. Please take your time and fill out the information as accurately as possible. For help follow the steps below for explanation on certain areas.

- 1- Student ID- This is a number that you may not know. If this is left blank, it is alright.
- 2- Grad Year- Write the year in which your child plans to graduate.
- 3- District- Where you are zoned. Do you live in Bayside, Palm Bay, Melbourne, etc?
- 4- Enrolled- When your child first started at Bayside.
- 5- Transfer- When your child transferred if they have.
- 6- From- Where they transferred from.
- 7- Credits Current- LEAVE BLANK
- 8- Credits Previous- LEAVE BLANK
- 9- GPA- Write your child's GPA
- 10- Semester Attendance- Write either "1" or "2" for each school year. This number signifies how many semesters they have completed at Bayside.
- 11- Insured- Just put a "Y" or "N."
- 12- Company- Write the name of the insurance company. If it is school insurance, write school.
- 13- Physician- Write the name of your family physician.
- 14- Preferred Hospital- Where you would prefer your child to go if needed and a choice is given.

These are just a few of the areas that may be confusing. Please fill out and return as soon as possible to your coach. It is vital that we have this information in order to provide the safest environment for your child.

# STUDENT INFORMATION SHEET

Nickname:  First:  Middle:  Last:  Suffix:  Graduation:  Student ID:

Email:  Phone:  Male

Address:  DOB:  Female

City:  State:  Zip:

Student Notes:

District:   
Enrolled:   
Transfer:   
From:

Credits Current:  Credits Previous:  GPA 1<sup>st</sup>:  GPA 2<sup>nd</sup>:  Semester Attendance: 

9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Student Contacts:

Parent/Guardian:  Home:

Email:  Work:

Address:  Alt:

City:  State:  Zip:

Emergency Contact:  Home:

Email:  Work:

Address:  Alt:

City:  State:  Zip:

Insured:   
Insurance Company:

Physician Name:

Physician Phone:

Preferred Hospital Name:

Preferred Hospital Phone:

# BAYSIDE HIGH SCHOOL

## STUDENT – ATHLETE CODE OF CONDUCT AND ELIGIBILITY REQUIREMENTS

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_

Printed Name of Student Athlete: \_\_\_\_\_ Year: \_\_\_\_\_

### Philosophy

The Bayside High School Athletic Program strives to develop a well rounded student-athlete. We view student-athletes as an extension of the classroom where life-lessons are learned. Sportsmanship, scholarship and physical development are promoted and developed through a wide variety and level of interscholastic sports.

### Student Eligibility

- All students who participate in athletic activities are required to have an annual medical evaluation. Student-athletes must submit a (EL2) Physical Evaluation, (EL3) Consent and Release from Liability (Insurance), and the Student medical Release form before being allowed to participate in practice or contests. Physical must be take after June 1<sup>st</sup> for the next school year.
- A copy of the Athlete's Birth Certificate must be on file in the Athletic Director office
- A student-athlete who has a grade point average of less than 2.0 at the end of a semester shall automatically be ineligible to participate in athletic contests and practices during the next semester.
- A student who is ineligible for any reason may not try out, practice, or play during the period of ineligibility.
- **Unexcused absences, chronic tardiness to class or discipline problems may result in declaring a student-athlete ineligible at any time.**
- Student-athletes must be in all of their scheduled classes in order to participate in any athletic practice or contest. However, the principal or principal's designee may excuse an athlete for prescheduled activities such as driver's test, medical appointment, court appearances or an unforeseen emergency. Field trips are part of the school program and are considered excused absences.
- Athletes who are enrolled in physical education class must actively participate in class on the day of a practice or contest.
- Participation in athletic activity will not be permitted when a student is serving a suspension. A suspension ends the next school day morning after the last day of a suspension.
- If a student is suspended from school twice during the season, he/she will be deemed ineligible for the remainder of the season

**Student- Athlete Standards**

1. Maintain academic and scholastic eligibility according to BHS and FHSAA policies.
2. Display behavior that will add to the good name of the Bayside High Athletic Department.
3. Maintain good school and community relations.
4. Comply with **all** school rules and policies.
5. Display good sportsmanship at all times.
6. Dress appropriately at all times. All student- athletes are expected to follow their coach’s guidelines on dress.
7. Follow any additional team specific standards.

**Alcohol/Tobacco/Controlled Substances Policy**

The use of alcohol, tobacco, illegal drugs and controlled substances including steroids is an extremely serious health issue. Such use places the quality of life for the student-athlete in jeopardy. If the student-athlete is using alcohol, tobacco or drugs he/she is placing herself/himself at risk and may compromise the safety of team members. Mandatory discipline action will occur when a student is determined to be in violation of school policy related to the use of alcohol, tobacco, illegal drugs and controlled substances including steroids. If the illegal use, distribution or possession of alcohol or drugs is verified, he/she will be subject to suspension, exclusion, police referral and expulsion.

**Care of Team Equipment, Uniforms and Locker Rooms**

- All athletic gear is on loan to the athlete and he/she is personally responsible for its care and return.
- Lost uniforms and equipment must be reported immediately and if not found the athlete will be charged the replacement cost for it.
- It is the student-athlete’s responsibility to maintain a neat locker room.
- Only players are allowed in the locker rooms

Your signature below indicates that you have read all parts of the agreement. Failure to comply with the above guidelines may result in the student-athlete’s suspension or dismissal from the team.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

HighSchoolSports.net has accurate, complete, and up-to-date scheduling information directly from your school's athletic office.

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You can access your school's site on HighSchoolSports.net directly from your school's web site, or you can go to [www.HighSchoolSports.net](http://www.HighSchoolSports.net) and choose your state and school.

At the top of the main page of your school's site is the school name and contact information, as well as the local weather report.

2-DAY is a list of events happening in your school today and tomorrow.

To see this week's events, click on the **WEEK** tab. To see the entire current month and to view other months, click on the **MONTH** tab. To view a team's schedule, click on **SEASON**.

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**RSS** adds sports schedules to your RSS Reader or to your own web page.

**SYNC** adds sync your schedules to your handheld by way of your desktop calendar including Outlook, Palm, and iCal.

When you click on **SEASON** to choose your team; only sport is required. Gender and level are optional.

When the team's schedule is displayed, you can print it by clicking on **PRINT SCHEDULE**. Clicking on any school's name or facility underlined in blue will take you to MapQuest.com for directions to that school or facility.

To view game stats, click on **stats** next to a game.

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Get an email or a message on your cell phone letting you know that a game has been changed, postponed, or cancelled and when scores and stats have been entered by signing up for *Change Notifications*.

The first step is to sign up and choose the team you want to receive notices for. You will get an email with an "activate" link. You must click on it before you can receive notifications.

Please be sure that you have set your SPAM filter to allow email from both HighSchoolSports.net and from ScheduleStar.com

You can also add your cell phone or pager number to receive notices.

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To print a calendar, please sign up. Then you will have a "View My Calendar" option to view and print a customized calendar with the sports and schools you need to see.

To see a complete list of free HighSchoolSports.net features, please go to HighSchoolSports.net.

**Acceptable and Prohibited Vehicles for the Transportation of Students**  
(Subject to requirements of Section 1006.22, FS)

Vehicles listed in sections 1 and 2 below are acceptable means of transporting students. Vehicles in section 3 may be used if they meet the criteria found in F.S. 1006.22(1) (d). The criteria for approving vehicles for section 3 can be found in appendix A below. Administrators shall verify that all small or medium size SUV's used to transport students are in compliance with the criteria found in section 3 and appendix A. prior to use. Section's 4 through 7 are vehicles that are prohibited for student transport. Sections 1 to 7 are vehicle types classified by their manufacturer under the following federal definitions:

1. **School Bus** – Meeting all Federal Motor Vehicle Safety Standards and Florida Specification applicable to School Buses.
2. **Passenger Car** – Any wheelbase; includes in part, sedans, coupes, hatchbacks, wagons. **Principals and Administrators are encouraged to use medium to full size vehicles as much as possible. See appendix B. below for further clarification on passenger car occupancy limits.**
3. **Multipurpose Passenger Vehicle** – **Includes** minivans and large sport utility vehicles. **Excludes** MPVs such as the ones listed below, commonly known as “sport utility vehicles” or SUVs that have a wheelbase of 110 inches or less. These short-wheelbase, utility vehicle MPVs are required, federally, to contain a rollover warning label under \*Title 49 CFR, Part 575.105, affixed to either the driver’s side door jamb or the driver’s sun visor. These vehicles may not be owned, leased or operated by school districts or charter schools for student transportation under Section 1006.22, FS.

**Prohibited Sport Utility Vehicles – Partial Listing of Prohibited Vehicles**  
(With wheelbase of  $\geq 110$ ” required to have rollover warning label)

Chevrolet Blazer (2 and 4 door)	Land Rover Discovery
Chevrolet Tracker	Land Rover Range Rover
Ford Escape	Lexus RX300
Ford Explorer	Mazda Tribute
GMC Jimmy (2 and 4 door)	Mitsubishi Montero
Honda CR-V	Mitsubishi Montero Sport
Honda Passport	Nissan Pathfinder
Hyundai Santa Fe	Nissan Xterra
Infinity QX4	Oldsmobile Bravada
Isuzu Amigo	Pontiac Aztek
Isuzu Rodeo	Subaru Forester
Isuzu Trooper	Suzuki Vitara
Isuzu VehiCross	Suzuki Grand Vitara
Jeep Cherokee	Jeep Grand Cherokee
Jeep Wrangler	Toyota RAV4
Kia Sportage	Toyota 4Runner

**Note:** the above list is intended as a guide to identify Multipurpose Passenger Vehicles (MPVs) that are not statutorily permitted to be owned, leased or operate by school districts or charter schools for student transportation (section 1006.22, 2005 Florida Statutes, available at <http://www.leg.state.fl.us/statutes/index.cfm>.) The list has not been verified as accurate or all-inclusive and may not apply to other year models of these or other vehicles. **School or District Administrators should use appendix A. below to verify that all SUV’s used for student transportation is in compliance with this section prior to use.**

## Prohibited Vehicle Types

Other prohibited vehicle types (as defined in \*Title 49 CFR, Part 571.3) that **may not** be owned, leased or operated by school districts or charter schools for student transportation include:

4. **Truck** – Light trucks, such as small or large pickups; medium – duty trucks; heavy trucks.
5. **Bus** – any non-school bus vehicle designed to transport more than ten persons; examples include full-size vans, shuttle buses, and other types of buses that are not School Buses meeting all Federal Motor Vehicle Safety Standards and Florida Specifications for School Buses.
6. **Motorcycle** – Any or all.
7. **Trailer** – Any or all.

### Appendix

#### A. **Identifying the Vehicle Type** (And wheelbase, if an MPV sport utility vehicle)




The only positive method for determining whether a particular vehicle falls within the allowable statutory exceptions to the use of a School Bus is to confirm the vehicle type (\*Title 49 CFR, Part 567.4 and Part 571.3) listed on the manufacturer's data plate or label, usually located on the driver's door or door jamb. Any vehicle that has a roll-over warning label on the driver's sun visor, door jamb or vehicle operator manual is not to be used. For the sport utility vehicle subcategory of the MPV vehicle type with a wheelbase of  $\leq 110$ ", such as those listed above, may not be owned, leased or operated by a school district or charter school for student transportation. For other vehicle types, the wheelbase is not a factor in their acceptability for use. The vehicle type and wheelbase can be confirmed either by physical observation of the vehicle's federal certification label and physical measuring of the wheelbase (distance from the centerline of the front wheels to the centerline of the rear wheels), or by requiring that the manufacturer or dealer verify these items.

\*Title 49 CFR references are available at <http://www.access.gpo.gov/nara/cfr/index.html>

- B.** When the transportation of students is necessary or practical in a motor vehicle owned or operated by a district school board other than a school bus, such transportation must be provided in designated seating positions in a passenger car not to exceed 8 students or in a multipurpose passenger vehicle designed to transport 10 or fewer persons which meets all applicable federal motor vehicle safety standards. Multipurpose passenger vehicles classified as utility vehicles with a wheelbase of 110 inches or less which is required by federal motor vehicle standards to display a rollover warning label may not be used.

*For further clarification please contact Rick Management (Mark Langdorf – Director of Risk Management - 321.633.1000 Extension 620*

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 <b>WARNING: HIGHER ROLLOVER RISK</b>		
	<p><b>Avoid Abrupt Manoeuvres and Excessive Speed.</b></p> <p><b>Always Buckle Up.</b></p> <p><b>See Owners Manual For Further Information.</b></p>	

ARTWORK AND REMAINING TEXT IN BLACK AND WHITE

# ***Bayside Athletics***

1901 DeGroot Rd. S.W.  
Palm Bay Florida 32908  
(321) 956-5000  
Fax (321) 956-5009

**Robin Novelli**  
**Principal**

**Greg McGrew**  
**Athletic Director**

## **TRANSPORTATION WAIVER**

By signing this form I understand that my son/daughter will not always be provided transportation by Bayside High School to athletic practices and contests. I agree not to hold Bayside High School responsible for the following issues;

1. My son / daughter will be responsible for their own transportation to practices that are held at off campus facilities. They must provide transportation by their own means or find another way to get there.
2. My son / daughter are responsible for their own transportation to all contests that are held in the Melbourne / Palm Bay / Viera area where athletes are asked to meet at the playing facility for a contest.
3. My son / daughter may ride with an adult that has provided the school with driver, automobile insurance and vehicle information on Brevard County Schools approved vehicles list to events that are outside of the Melbourne / Palm Bay / Viera area.

Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**SCHOOL BOARD OF BREVARD COUNTY, FLORIDA  
STATEMENT OF INSURANCE ON PRIVATE VEHICLES**

**Required by F.S. 234.03(4)**

School Year: \_\_\_\_\_

School: Bayside High School

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

The School Board of Brevard County, Florida requires proof of insurance coverages in force on all private vehicles used for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups that may be transported include, but not limited to, students, coaches, sponsors, faculty and chaperones.

This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

**DRIVER INFORMATION**

Driver's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Florida Driver's License: *Type:* \_\_\_\_\_ *Number:* \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle ***must*** meet Acceptable Vehicle Types (Subject to requirements of F.S. 234.02). See attached list.

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

License Tag: \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Period: \_\_\_\_\_ To \_\_\_\_\_

Yes  No This policy provides for Personal Injury Protection in a sum not less than \$10,000.00.

Insurance Agent: \_\_\_\_\_

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

I certify that insurance policies, subject to their terms, conditions and exclusions are at present in force with the company indicated and that the information above is correct.

\_\_\_\_\_  
Signature of Owner/Insured

\_\_\_\_\_  
Date

The above information has been verified.

\_\_\_\_\_  
Principal's Signature or Designee

\_\_\_\_\_  
Date