



Athletic Eligibility

High School Students
Florida Scholastic Hockey League

General Information

Student Name _____ Today's Date: _____
Sex: _____ Age: _____
Date of Birth: _____
Street Address _____
City: _____ Zip Code: _____
Telephone Number: _____
School Attending _____ Current Grade: _____
School Attended Last Year _____

In order for your son or daughter to be eligible to participate in ice hockey for the Florida Scholastic Hockey League (FSHL) during the upcoming school year, you, your son or daughter must complete and sign where indicated. **Make sure you read each page carefully before signing! Students and Parents need to sign papers in front of a notary.**

- All students must provide a copy of a current and valid school ID, current schedule or report card before being eligible to participate.
- All student obligations must be met before participation in ice hockey.
- All sections of this form must be filled out, signed and **on file with the team manager** ten days prior to the first game.

HIGH SCHOOL

- ALL FRESHMEN must be academically promoted with a 2.0 GPA from middle school.
- A STUDENT MAY participate in the FSHL until reaching the age of 19 years 9 months so far as age is concerned. Upon reaching that age the student is no longer eligible to participate in the FSHL.
- STUDENTS MUST HAVE A MAXIMUM OF (3) THREE consecutive years of opportunity for athletic eligibility from the date of entering tenth grade. Incoming ninth graders will have four consecutive academic years of eligibility.
- STUDENTS ENTERING the 9th grade must maintain a cumulative grade point average of 2.0 or above on a 4.0 unweighted scale, or its equivalent, in the courses required.
- TENTH, ELEVENTH AND TWELFTH GRADERS MUST MAINTAIN a cumulative 2.0 GPA on all courses taken since July 2008 or have a 2.0 GPA in all courses taken since entering the ninth grade.



Athletic Health Examination Pre-participation

This form must be filled out completely before the student is allowed to practice and/or compete.

The following pre-participation evaluation and history us to be completed by the student and/or parent/guardian. Check yes or no in the appropriate line for each of the following questions. A space in the right of the question is provided for clarification. If the space provided in insufficient a separate sheet of paper can be attached. Please do not leave any questions unanswered.

<u>YES</u>	<u>NO</u>	<u>HAVE YOU EVER</u>	<u>EXPLAIN</u>
___	___	chronic or recurrent illness	_____
___	___	had any illness lasting more than a week	_____
___	___	had any hospitalizations	_____
___	___	had any surgery other than tonsillectomy	_____
___	___	had any injuries requiring treatment by a physician	_____
___	___	had any problem with blood pressure or heart	_____
___	___	had any dizziness, fainting, convulsions	_____
___	___	had frequent headaches	_____
___	___	had any knee injuries	_____
___	___	had any knee surgery	_____
___	___	had any ankle injuries	_____
___	___	had any neck injuries	_____
___	___	had any other joint sprain or discoloration	_____
___	___	had any broken bones	_____
___	___	has had heat exuastion or heat stroke	_____
___	___	have been knocked out or had a bad concussion	_____
___	___	are you presently taking any medication	_____
___	___	Do you wear eyeglasses or contact lenses	_____
___	___	Do you were braces or other dental appliances	_____
___	___	Are you allergic to any medication	_____
___	___	Do you have to stop while running around a track	_____
___	___	Have any of your family members had heart problems or heart attack under the age of 50	_____
___	___	Has anyone in your family ever had diabetes	_____
___	___	Has anyone in your family under the age of 50 died suddenly?	_____
___	___	Do you have any organs missing other than tonsils	_____