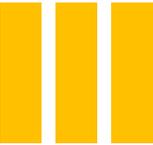




LENNARD HIGH SCHOOL Athletic Paperwork Directions



List of Documents Needed For Athletic Clearance

- EL2 (Physical) on approved HCPS EL2 DATE 4/24
- Birth Certificate
- Proofs of Residence (TECO/water bill within 30 days of athletic clearance application, If using lease student MUST be listed as an occupant)
- 3 FHSAA Required Videos
- Government Issued ID of parent signing forms
- School Health of Florida Insurance ID card
(hcpsathleticprotection.com)

Documents required #1 physical

Prior to starting, you will need the following documents

- ❖ FHSAA EL2 Physical - use EL2 on SDHC Athletics website - <https://www.sdhc.k12.fl.us/doc/list/athletics/student-forms/39-285/>
- ❖ MUST be on this form. Physicals are good for 365 days
- ❖ Please answer all questions. Any yes answers MUST be explained at the bottom of page 4.
- ❖ Student and Parent MUST sign the bottom of page 4.
- ❖ MUST include **doctor's stamp, signature, printed name and date** on page 4.
- ❖ Make sure the ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION box has been checked by your physician.
 - ❖ If not cleared without restriction – you WILL NEED page 5 of the EL2. This is the clearance and will need to be marked cleared without restriction after the visit to the referred doctor/specialist
 - ❖ Upload each page separately under EL2. Page 4 is only necessary if page 5 is marked with recommendations.

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 4/23

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 FHSA 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.

Modified from © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

- Student's Information MUST be completed at the TOP!

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

MUST be signed and completed!

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 4/23

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 of Exam: ____/____/____
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp (if required by school)

Only Necessary if Recommendations were made on page 5 and form MUST be completed by specialist listed on recommendation/precaution etc....

- ANSWER ALL QUESTIONS!
- COMPLETE PERSONAL INFO
- Don't forget shot information!
- Yes, answers MUST be explained at the bottom.

DOCUMENTS REQUIRED #2 CERTIFIED COPY OF STUDENT ATHLETE'S BIRTH CERTIFICATE

STATE OF FLORIDA
OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: _____ DATE FILED: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

SEX: _____

COUNTY OF BIRTH: MIAMI-DADE COUNTY

MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____

[Florida Certification of birth acceptable for apostille signed by C. Meade Grigg State Registrar](#)

DATE ISSUED: August 9, 2013

C. Meade Grigg, State Registrar

REQ: _____

VOID IF ALTERED OR ERASED

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1346 (04-10)

CERTIFICATION OF VITAL RECORD

HEALTH

DOCUMENTS REQUIRED #3 (2) PROOFS OF RESIDENCE

- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school

❖ Examples: (Acceptable proofs of residence):

- ❖ TECO Bill
- ❖ Water Bill
- ❖ Lease (with occupants listed)
- ❖ Mortgage Statement

❖ Not Accepted:

- ❖ Cable Bill
- ❖ Phone Bill
- ❖ CC Bill

TECO TAMPA ELECTRIC
AN EMERA COMPANY

ACCOUNT INVOICE
tampaelectric.com | f t p g i n

Statement Date: 04/09/2020
Account:

Guardian/Parent Name
Address that matches DL
And Address on File @ School

Current month's charges: \$170.91
Total amount due: \$170.91
Payment Due By: 4/30/2020

Go paperless!
Goodbye clutter. Hello convenience.

There's never been a better time to go paperless. It's touch-free and good for the environment.

City of Tampa Florida
INCORPORATED JULY 15 1887

City of Tampa Utilities
P.O. Box 30191
Tampa, FL 33630-3191

Amount Now Due \$161.73
Make Check Payable: City of Tampa Utilities
Your Account Number XXXXXXXX

BILL DATE: 05/25/2022
PAY NEW CHARGES BY: AUTO PAY

NAME OF LEGAL GUARDIAN
ADDRESS
CITY, FL ZIP - XXX

00 000000 0000 0000

Documents required #4: FHSAA Video certificates

- Viewing the videos is required each year. For the 2024-25 school year, videos must be viewed **AFTER May 15, 2024**.
- www.nfhslearn.com
- Have the student log in or create an account. Be sure when asked for the **name on the certificate the STUDENT'S NAME** is entered and **NOT** the parent. The student is responsible for watching the videos, not the parent.
- Order the following courses (**they are FREE**). Once you have completed checkout, the student can access the courses in their Dashboard.
 - ❖ **Concussion in Students – What You Need to Know**
 - ❖ **Heat Illness Prevention**
 - ❖ **Sudden Cardiac Arrest**
 - ❖ Once the student has completed all **three courses**, download the certificates.
 - ❖ Use the upload tips for multiple pages to upload the certificates.

Documents required #2 FHSAA VIDEO Certificates

- ❖ Certificates for the three required FHSAA videos (**in student's name**) from nfhslearn.com.
- ❖ Upload each certificate in the appropriate places in the files section.
- ❖ Videos must be completed after May 15, 2024, of the current year to be accepted for the 2024-2025 school year



Documents required #5 Government issued ID

- ❖ Government issued photo identification of parent or legal guardian signing the forms.
- ❖ Address **MUST** match address on file and proof of residence for athletic clearance
- ❖ When scanning this document, make sure all information is **clearly visible** in the picture.



DOCUMENT # 6: INSURANCE ID CARD

School Insurance of Florida Student Accident Insurance

Please cut your insurance card out and retain for your records.

<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023	<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023
Student Name:	Student Name: OWEN BEACH
School District: Hillsborough Public Schools, School: ALONSO HIGH	School District: Hillsborough Public Schools, School: ALONSO HIGH
Date Paid: 05/24/2022 Amount Paid: \$60.00	Date Paid: 05/24/2022 Amount Paid: \$60.00
Coverage: FBLA Group A Football Lacrosse Termination Date: 05-28-2023	Coverage: FBLA Group A Football Lacrosse Termination Date: 05-28-2023
For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.	For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.
This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.	This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.

Please visit our website WWW.HCPSATHLETICPROTECTION.COM to view answers to frequently asked questions, or to download another summary of the insurance benefits. Thank you. We appreciate your business!

Sincerely,

School Insurance of Florida

- ❖ Log into your school insurance of Florida account
(<https://hcpsathleticprotection.com/>)
- ❖ Download/print and/or Save your **insurance ID card** provided after purchase.
- ❖ Upload to your athletic clearance account

DOCUMENT CHECKLIST:



Before logging in or creating an account on athletic clearance make sure you have all the following

List of Documents Needed For Athletic Clearance

- EL2 (Physical) on approved HCPS EL2 **Date 4/24**
- Birth Certificate
- Proof of Residence (TECO/water bill within 30 days of athletic clearance application)
- 3 FHSAA Required Videos
- Government Issued ID of parent signing forms
- School Health of Florida Insurance ID card (hcps athletic protection)

Logging In

https://athleticclearance.fhsaahome.org/

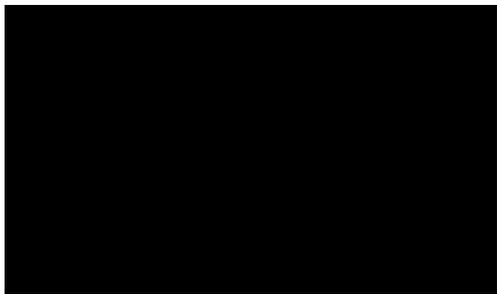
Florida Username (E) Password Sign In

Forgot Password?

Create an Account

See how it works!

Help



If you have never logged in – click here to create an account. The parent must create the account using THEIR email, not the student's.

After Logging In

[My Clearances](#) [My Account](#) [Help](#) [Logout](#)



AthleticClearance.com

By Home Campus

Select Language ▼

Click “Start Clearance Here”



My Clearances

Start Clearance Here

Filter Search

Year:

2021-22 ▼

Status:

-- Select -- ▼

Search

You have no clearances available

Help

SELECT SCHOOL YEAR

[My Clearances](#) [My Account](#) [Help](#) [Logout](#)



AthleticClearance.com

By Home Campus

My Clearances

[Start Clearance Here](#)

[Archived Clearances](#)

Filter Search

Year:

2022-23



Status:

-- Select --



Search

Choose 2024-25

You have no clearances available

SELECT SCHOOL

The screenshot shows the AthleticClearance.com website interface. At the top, there is a navigation bar with links for "My Clearances", "My Account", "Help", and "Logout". Below this is a "Select Language" dropdown menu. The main content area features a large dropdown menu for selecting a school, with a red arrow pointing to it. The dropdown menu lists the following schools: Alonso (Tampa), Apopka, Armwood (Seffner), Bartram Trail (St. Johns), Bishop Verot (Fort Myers), Blake (Tampa), Bloomingdale (Valrico), Bonita Springs, Booker (Sarasota), Boone (Orlando), Brandon, Bye, Cape Coral, and Celebration. Below the dropdown menu are links for "Add New Sport" and "Remove Sport", and a blue "Next" button. In the bottom right corner, there is a yellow "Help" button. A black text box with white text says "Scroll and Choose Lennard High School".

https://athleticclearance.fl

My Clearances My Account Help Logout

Select Language

--Select--

Alonso (Tampa)

Apopka

Armwood (Seffner)

Bartram Trail (St. Johns)

Bishop Verot (Fort Myers)

Blake (Tampa)

Bloomingdale (Valrico)

Bonita Springs

Booker (Sarasota)

Boone (Orlando)

Brandon

Bye

Cape Coral

Celebration

--Select--

Add New Sport | Remove Sport

Next

Help

Athletics

Scroll and Choose Lennard High School

SELECT SPORT

The screenshot shows a web application interface for selecting a sport. A dropdown menu is open, listing various sports and activities. A red arrow points to the 'Band Auxiliary' option. A black box with the text 'Choose Sport' is overlaid on the menu. Below the menu are buttons for 'Add New Sport', 'Next', and 'Help'.

- Band
- Band Auxiliary
- Baseball
- Basketball, Boys
- Basketball, Girls
- Competitive Cheerleading
- Cross Country, Boys
- Cross Country, Girls
- Flag Football, Girls
- Football (11 man)
- Golf, Boys
- Golf, Girls
- JROTC Drill and Orienteering
- JROTC Raider and Physical Fitness
- Lacrosse, Boys

Buttons: Add New Sport, Next, Help

Year:
2022-23

School:
Alonso (Tampa)

Sport:
Football (11 man)



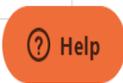
Choose Existing Student

First Name:

Last Name:

Grade:

Date of Birth:



- If you are an existing student select your name from the drop down.
- Note: This is a form of communication, the more accurate it is the better we can communicate.
- If you are a new student start entering your information, click save and continue

Student Information

- This page is for information about your STUDENT.
- Complete the form and click on save and continue
- Accurate information is needed here

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The page has a green header with the text "AthleticClearance.com By Home Campus" and navigation links for "My Clearances", "My Account", "Help", and "Logout". Below the header is a "Select Language" dropdown menu. The main content area contains three input fields: "Year:" with the value "2021-22", "School:" with the value "Alonso (Tampa)", and "Sport:" with the value "Football (11 man)". Below these fields is a horizontal navigation bar with icons and labels for "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files". The "Student" icon is highlighted. Below the navigation bar is a "Choose Existing Student" section with a dropdown menu showing "-- Select --". At the bottom, there is a "First Name:" label and a text input field. A yellow "Help" button is located in the bottom right corner.

Parent guardian information – this serves as our emergency card – please be accurate

- Complete Parent/Guardian Information. This **SERVES AS YOUR STUDENTS EMERGENCY CARD** – please complete this section with accurate information
- Click on save and continue

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The page has a green header with navigation links: "My Clearances", "My Account", "Help", and "Logout". The "AthleticClearance.com" logo is in the top right, with the tagline "By Home Campus". Below the header is a "Select Language" dropdown menu. The main content area contains three input fields: "Year:" with the value "2021-22", "School:" with the value "Alonso (Tampa)", and "Sport:" with the value "Football (11 man)". Below these fields is a horizontal progress bar with six icons: a checkmark (Student), a person (Parent/Guardian), a medical cross (Medical), a clipboard (Program Information), a hand writing (Signatures), and a plus sign (Files). The "Parent/Guardian" icon is highlighted. Below the progress bar is a "Choose Parent/Guardian" dropdown menu with "-- Select --" as the current selection. At the bottom, there is a text input field labeled "Parent Guardian #1" and a yellow "Help" button with a question mark icon.

PARENT GUARDIAN INFORMATION – THIS SERVES AS OUR EMERGENCY CARD – PLEASE BE ACCURATE

- Complete Parent/Guardian Information.
- If you are returning student – you should be able to select your parents name from the drop down menu.
- This serves as your student’s emergency card – please complete this section with accurate information
- Click on save and continue

Year: 2022-23 School: Alonso (Tampa) Sport: Football (11 man)

Student Parent/Guardian Medical Program Information Signatures Files Confirmation

Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

Athletics

Help

STUDENT MEDICAL HISTORY INFORMATION

- This is your student's medical history information.
- Please complete as accurately as possible.
- Click on save and continue

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The browser's address bar and tabs are visible at the top. Below the browser, there is a green navigation bar with the text "My Clearances My Account Help Logout" on the left and the "AthleticClearance.com By Home Campus" logo on the right. A "Select Language" dropdown menu is located below the navigation bar. The main content area displays the following information:

Year:	School:	Sport:
2021-22	Alonso (Tampa)	Football (11 man)

Below this information is a progress bar with six steps: Student, Parent/Guardian, Medical, Program Information, Signatures, and Files. The "Student" and "Parent/Guardian" steps are marked with a blue checkmark, indicating they are completed. The "Medical" step is currently active, indicated by a blue circle with a white plus sign. The "Program Information", "Signatures", and "Files" steps are indicated by white circles with icons.

Do you have or have had any of the following?
Allergies (drug, food, insects, etc)

Yes No

Asthma

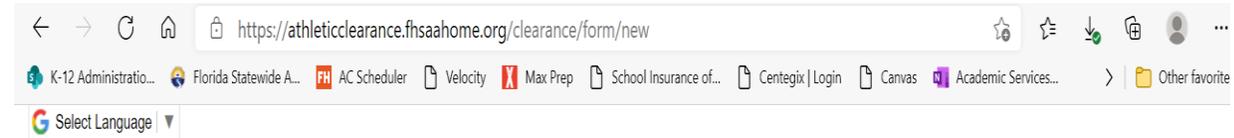
At the bottom right of the page, there is a yellow button with a question mark icon and the text "Help".

STUDENT SIGNATURE FORMS: MUST SIGN FULL NAME

NOTE:

IF STUDENT HAS THE SAME
NAME AS PARENT SIGNING THE
FORMS, DIFFERENTIATION
MUST BE MADE.

FOR EXAMPLE:
JOHN DOE, AND JOHN DOE JR.
OR
JOHN C DOE, AND JOHNS. DOE



Year:
2021-22

School:
Alonso (Tampa)

Sport:
Football (11 man)



Student Signature Forms

Usage of Personal Equipment

Purchase of Equipment and Supplies by Individual or Organization Other than HCPS - It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased or donated to an individual or the program will become property of HCPS. There shall be no special uniform or equipment fundraising projects for purchase of uniforms or equipment that is provided by the school district. The school district will not provide budget for fill-in items for uniforms purchased by individuals, organizations, or donations. The Director of Athletics must approve all donations or purchases of uniforms.

 Help

PARENT SIGNATURE FORMS: MUST SIGN FULL NAME

NOTE:

IF STUDENT HAS THE SAME
NAME AS PARENT SIGNING THE
FORMS, DIFFERENTIATION
MUST BE MADE.

FOR EXAMPLE:
JOHN DOE, AND JOHN DOE JR.
OR
JOHN C DOE, AND JOHNS. DOE

The screenshot shows a web portal interface. At the top, there is a green navigation bar with links for "My Clearances", "My Account", "Help", and "Logout". On the right side of the bar, there is a home icon and the text "By Home Campus". Below the navigation bar, there is a "Select Language" dropdown menu. The main content area displays the following information:

Year:	School:	Sport:
2021-22	Alonso (Tampa)	Football (11 man)

Below this information is a horizontal progress bar with six icons: a checkmark in a circle (Student), a checkmark in a circle (Parent/Guardian), a checkmark in a circle (Medical), a checkmark in a circle (Program Information), a hand writing in a circle (Signatures), and a plus sign in a circle (Files). The "Signatures" icon is highlighted with a blue background.

Under the progress bar, the text "Parent Signature Forms" and "Usage of Personal Equipment" is visible. At the bottom of the page, there is a text box containing the following text: "Purchase of Equipment and Supplies by Individual or Organization Other than HCPS - It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased or donated to an individual or the program will become property of HCPS. There shall be no special uniform or equipment fundraising projects for purchase of". A yellow "Help" button is located in the bottom right corner.

IMPORTANT! READ HOW TO UPLOAD FILES:

OPTION 1: USING PDF FILES TO UPLOAD

- Click on choose existing files
- Upload files in appropriate places.
- Scroll down to the bottom of the page and click on Save and Continue.
- If you have uploaded all required forms – you will receive a confirmation screen after you click on save and continue and a status of pending.
- If you are missing any uploads – you will get an in-processing status. If you get this screen – you are not done, and I cannot see any of your documents.

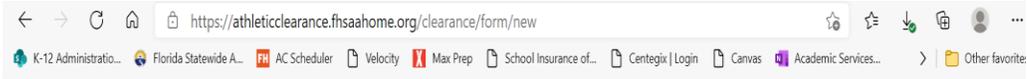
OPTION 2: USING PICTURES to UPLOAD:

- Click on browse
- This will give you an option to take a picture
- Click on Take a picture
- Take a CLEAR PICTURE – DON'T CUT OFF THE EDGES OF THE PAGE. (Don't worry about the size)
- Click on Use picture.
- Do this for each document that you need to upload.
- Scroll down to the bottom of the page and click on Save and Continue.
- You will get a confirmation screen and a status that says pending.
- If you are missing any uploads – you will get an in-processing status. If you get this screen, you are not done, and I cannot see any of your documents.

FILE UPLOADS:

➤ EL2:

- Page 4 – Make sure student and parent sign. Make sure that shot record information is completed. Must be dated.
- Page 4: Must be cleared without limitation
- Doctors printed and signature **MUST** be on form
- Doctors' office address and phone number **MUST** be on form
- Page 5: **ONLY** needed if recommendations were made on page 4.



Files

- Proof of residency must be a current TECO/water bill, mortgage statement, or lease agreement.
- Name and/or address on parent Photo ID must match proof of residence and/or information submitted on this website.

EL2 - PreParticipation Physical * (Download File)

Please try to upload just one file for the EL2

Choose Existing File

No file chosen Browse

No file chosen Browse

No file chosen Browse

Birth Certificate *

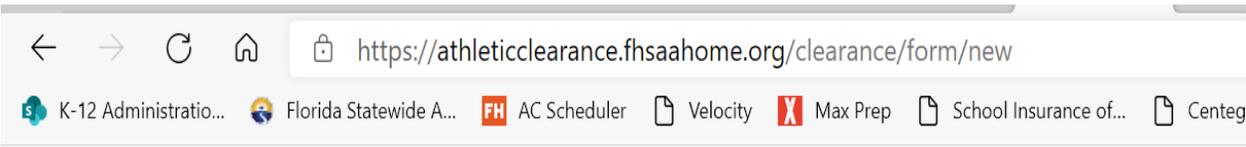
Choose Existing File

No file chosen Browse

Proof of Residency *

Choose Existing File

No file chosen Browse



FHSAA Concussion Video Certificate *

Choose Existing File

No file chosen

Browse

FHSAA Heat Illness Certificate *

Choose Existing File

No file chosen

Browse

FHSAA Sudden Cardiac Arrest Certificate *

Choose Existing File

No file chosen

Browse

Government Issued Photo Identification *

Choose Existing File

No file chosen

Browse

Proof of Insurance *



➤ FILE UPLOADS:

➤ NFHS Video Certificates

- MUST be in STUDENTS NAME
- MUST BE DATED May 15th 2024 or later for 2024-2025 school year
- **Concussion** – to watch click on link
- Heat Illness – to watch click on link
- **Sudden Cardiac Arrest** – to watch click on link



➤ FILE UPLOADS:

- Parent signing forms Government Issued ID – with matching address to student address on file at school
- Scroll down and click on save and continue

Select Language ▼

Clearance submitted successfully!

Year:
24-25

School:
Lennard (Tampa)

Sport:
Football (11 man)

Confirmation Message

Dear Evanitta Omensetter,

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Football (11 man) for Alonso (Tampa) in 2021-22.

This email does not mean that your student is cleared to participate in sports at Alonso (Tampa) High School. The final step in this process requires clearance from the Assistant Principal for Administration before your student will be permitted to tryout, practice, condition or train with Alonso (Tampa) High School Athletics. Notification of clearance will be sent electronically to the email address provided in your Home Campus account. Once you receive your confirmation email, your student needs to bring the confirmation email and report to their respective coach to participate.

Thank You,

[? Help](#)

My Clearances

Start Clearance Here

Your Files

[Archived Clearances](#)

Filter Search

Year:

2022-23

Status:

-- Select --

Search

Plant (Tampa)

Year	Sport	Participant	STUDENT	PARENT/ GUARDIAN	MEDICAL	PROGRAM INFORMATION	SIGNATURES	FILES	CONFIRMATION DONATIONS/SHOP	Status
2022-23	Football (11 man)	Evanitta Omensetter	●	●	●	●	●	●	○	Pending 

It can take up to 10 days to be cleared. Please be patient and **DO NOT** wait until the **LAST** minute.

TECHNICAL ISSUES - should be directed to athletic clearance – click on the help tab and submit a ticket.

If you have any questions –
Please contact our **Athletic Department** or students should stop by the **Athletic Office** outside of class time.

GO LONGHORNS!

