

MIDDLETON HIGH SCHOOL ATHLETICS PAPERWORK DIRECTIONS



LIST OF DOCUMENTS NEEDED FOR ATHLETIC CLEARANCE

- ☐ EL2 (PHYSICAL) ON NEW APPROVED FHSAA EL2 FORM (4/24)
- ☐ BIRTH CERTIFICATE
- ☐ 2 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 DATED MAY 15 2024 OR LATER
- ☐ GOVERNMENT ISSUED ID OF PARENT SIGNING FORMS WITH MATCHING ADDRESS
- ☐ SCHOOL HEALTH OF FLORIDA INSURANCE ID CARD
- ☐ RESIDENTIAL AND ENROLLMENT HISTORY FORM



DOCUMENTS REQUIRED #1 PHYSICAL

PRIOR TO STARTING, YOU WILL NEED THE FOLLOWING DOCUMENTS

❖ FHSAA EL2 PHYSICAL - USE NEW FHSAA EL2 ON SDHC ATHLETICS WEBSITE –

[HTTPS://WWW.SDHC.K12.FL.US/DOC/LIST/ATHLETICS/STUDENT-FORMS/39-285/](https://www.sdhc.k12.fl.us/doc/list/athletics/student-forms/39-285/)

❖ MUST BE ON THIS FORM. PHYSICALS ARE GOOD FOR 365 DAYS

❖ ONLY PAGE 4 MUST BE UPLOADED UNLESS STUDENT NOT CLEARED WITHOUT LIMITATIONS

❖ MUST INCLUDE DOCTOR'S STAMP, SIGNATURE, PRINTED NAME AND DATE ON PAGE 4.

❖ MAKE SURE THE CLEARED WITHOUT LIMITATIONS BOX HAS BEEN CHECKED BY YOUR PHYSICIAN.

❖ IF NOT CLEARED WITHOUT LIMITATIONS – YOU WILL NEED PAGE 5 (SUPPLEMENT) OF THE EL2. THIS IS THE CLEARANCE AND WILL NEED TO BE MARKED CLEARED WITHOUT LIMITATIONS AFTER THE VISIT TO THE REFERRED DOCTOR/SPECIALIST

❖ UPLOAD PAGE 4 ONLY IF CLEARED WITHOUT LIMITATION. IF RECOMMENDATIONS WERE MADE AND STUDENT ATHLETE WAS REFERRED PAGE 5 WILL NEED TO BE UPLOADED. PRIOR TO STARTING, YOU WILL NEED THE FOLLOWING DOCUMENTS PAGE MUST BE FILLED OUT COMPLETELY IN ORDER FOR EL2 TO BE VALID.

PAGE MUST BE FILLED OUT COMPLETELY IN ORDER FOR EL2 TO BE VALID.

FLORIDA
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: _____ Sports: _____
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, or (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 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance shall be reported, 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.

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 the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram, and/or cardiac stress test.

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

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Association of Sports Medicine. Permission is granted to reprint.

Student and parent signature and date

New Form – dated 4/24

- THIS Information MUST be completed at the TOP!
- IMPORTANT: Please tell doctors office NOT to place the stamp here! The stamp CANNOT cover ANY Information!
- Doctor's Name MUST be Printed
- Doctor's Signature & Date of Exam, Credentials and License #
- PRINT/Type Doctors Office Address and Phone #
- ONLY place stamp HERE

This section is if you need to let our Certified Athletic Trainer (ATC) know any pertinent information. Check No if no pertinent information. Information such as allergy, asthma can go here so our ATC is aware.

FLORIDA
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

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: _____ Sports: _____
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 conclusion 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)

PAGE 5 is ONLY Necessary if Recommendations were made on page 4 and form MUST be completed by specialist listed on recommendation/precaution etc...

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 4, 2013

C. Meade Grigg, State Registrar

REQ: _____

WARNING: THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE.

2011 FORM 1344 (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 i in

Statement Date:
Account:

Current month's charges:
Total amount due: \$170.91
Payment Due By: 04/30/2022

Your Account Summary

Previous Amount Due	\$100.85
Payment(s) Received Since Last Statement	-\$100.85
Current Month's Charges	\$170.91
Total Amount Due	\$170.91

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
ORGANIZED 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
XXXXXXX

BILL DATE: 05/05/2022
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 2024-2025 SCHOOL YEAR, VIDEOS MUST BE VIEWED ON OR 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).

- ❖ CONCUSSION FOR STUDENTS! (MUST BE THIS COURSE)
- ❖ HEAT ILLNESS PREVENTION
- ❖ SUDDEN CARDIAC ARREST
- ❖ ONCE THE STUDENT HAS COMPLETED ALL THREE COURSES, DOWNLOAD THE CERTIFICATES.

DOCUMENTS REQUIRED #4 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: EVANITTA OMENSETTER	Student Name: EVANITTA OMENSETTER
School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL	School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL
Date Paid: 05/15/2024 Amount Paid: \$60.00	Date Paid: 05/15/2024 Amount Paid: \$60.00
Coverage: FBLA Group A Football Lacrosse Termination Date: 05-30-2025	Coverage: FBLA Group A Football Lacrosse Termination Date: 05-30-2025
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

HCPS Student-Athlete Enrollment & Residential History

Student's Name: _____ Date of Birth: _____ Current Grade: _____

Current Home Address*: _____

Number of Years Resided at Current Home Address: _____

Most Recent Previous Home Address: _____

Does the student ever reside at another address during the school year (split families)? (check one) ☐ Yes ☐ No
If yes, please explain: _____

If yes, address of other residence: _____

Name of School that student attended and Completed 8th Grade: _____

Has the student ever attended another high school? (check one) ☐ Yes ☐ No
(Fill in below for every other high school student has attended. If more lines are needed, write in available space.)

If yes, name of prior high school: _____ Reason for transfer: _____

If yes, name of prior high school: _____ Reason for transfer: _____

If yes, name of prior high school: _____ Reason for transfer: _____

Enrollment Type (circle one): Attendance Zone District Assignment Choice Other

If Other, please explain: _____

List all sports student has played in high school: (If incoming freshman – only list sports interested in for 9th grade. N/A for all other grades.)

9 th Grade:	10 th Grade:	11 th Grade:	12 th Grade:
_____	_____	_____	_____
_____	_____	_____	_____

List the LAST school student participated in high school athletics: _____

Prior High School Athletics Participation:

An FHSAA EL6 (Change of Schools) Form will need to be submitted electronically by the current school to any prior High School in which student participated. The following information is needed:

Prior High School Athletic Director's Name: _____

Prior High School Athletic Director's Email Address: _____

Prior High School City: _____ Prior High School State: _____

My signature below states that I have provided the most up-to-date and accurate information.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Relationship to Student	Date
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**The school is required to be notified within 10 days of moving when a change of address occurs and provided with documentation of the new address.*

DOCUMENT # 7 Required

- ❖ Form **MUST** be completed in it's entirety.
- ❖ List **ALL** schools previously attended.
- ❖ Last school participated in high school athletics **MUST** be complete if you participated
- ❖ Original Signature Required – **NO PRINTED** signatures allowed

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 FHSAA EL2
- ☐ Birth Certificate
- ☐ Two (2) Proof of Residence
 - ☐ Eg: (teco or water bill within 30 days of athletic clearance application)
 - ☐ Mortgage
 - ☐ Lease (Student MUST be listed as an occupant)
 - ☐ Homestead ONLY Property Record
- ☐ 3 FHSAA Required Videos
- ☐ Government Issued ID of parent signing forms
- ☐ School Health of Florida Insurance ID card
- ☐ Residential and Enrollment History Form

LOGGING IN

HTTPS://ATHLETICCLEARANCE.FHSAHOME.ORG/

If you have ever had an account, log in here. If you have forgotten your info, DO NOT create a new account. Use the reset or HELP options.

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.


The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org>. The page has a green header with the AthleticClearance.com logo and the text "By Home Campus". Below the header is a "Select Language" dropdown menu. The main content area is a light blue box containing a login form. The form has a state dropdown menu set to "Florida", a "Username (E)" input field, a "Password" input field, and a "Sign In" button. Below the password field is a link that says "Forgot Password?". At the bottom of the form is a "Create an Account" button. Two red arrows are overlaid on the image: one points from the text box on the left to the "Sign In" button, and the other points from the text box on the left to the "Create an Account" button. At the bottom of the page, there is a link that says "See how it works!" and a "Help" button with a question mark icon.

AFTER LOGGING IN

Click "Start
Clearance Here"



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

 **AthleticClearance.com**
By Home Campus

Select Language ▼

My Clearances

Start Clearance Here


Filter Search

Year:
2021-22 ▼

Status:
-- Select -- ▼

Search

You have no clearances available

 Help

SELECT SCHOOL YEAR

[My Clearances](#) [Inbox](#) [My Account](#) [Receipts](#) [Injuries](#) [Help](#) [Logout](#)



AthleticClearance.com
By Home Campus

 Select Language ▼

Clearance - Setup

Choose Which Year, School & Sport

Year *

2024-25

School *

-- Select --

Next

Choose 2024-2025

SELECT SCHOOL

[My Clearances](#) [Inbox](#) [My Account](#) [Receipts](#) [Injuries](#) [Help](#) [Logout](#)



AthleticClearance.com

By Home Campus

 Select Language ▼

Clearance - Setup

Choose Which Year, School & Sport

Year *

2024-25

School *

-- Select --

Next

Scroll and Choose Plant
High School

SELECT SPORT

The screenshot shows a web application interface for selecting a sport. A red arrow points to the 'Band Auxiliary' option in a list of sports. A black box with the text 'Choose Sport' is overlaid on the list. The list includes the following options: 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, and Lacrosse, Boys. Below the list is an empty search bar. At the bottom left are buttons for 'Add New Sport' and 'Next'. At the bottom right is a 'Help' button with a question mark icon.

Staff Hub

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

Choose Sport

Add New Sport

Next

Help

Year:

2024-25

Student:

School:

Ace Academy

Sport:

Baseball

Student

Parent/Guardian

Medical

Program Information

Signatures

Files

Confirmation

Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

No date selected

Student ID:

☐ Student ID not known

Gender:

-- Select --

Graduation Year:

2037

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Is the Student Covered by Insurance?

☐ Yes
 ☐ No

Does the student possess a US or US Territory Birth Certificate?

☐ Yes
 ☐ No

Physician Information

☐ N/A

Primary Physician/Family Doctor:

Physician Phone #:

Preferred Hospital:

Please enter the preferred hospital you would like your student to be transported to in the case of an emergency. This field is required. It cannot be left blank. If none, enter "Nearest Hospital".

Education History:

☐ My student has never attended a different high school
 ☐ Student is entering 9th grade
 ☐ Student is in elementary or middle school
 ☐ Student has previously attended a different high school
 ☐ Student attends academic classes at a different school

Back to Clearances


Save & Continue


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


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


Year: 2024-25	Student: Evanita Omonsoffer	School: Ace Academy	Sport: Baseball
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 Student


 Parent/Guardian

 Medical

 Program Information

 Signature

 File

 Confirmation

Choose Parent/Guardian

-- Select --

Parent Guardian #1

First Name:

Last Name:

Cell:

Email:

Parent Guardian #2

☐ N/A

First Name:

Last Name:

Cell:

Email:

Student is Living With:

Emergency Contact

First Name:

Last Name:

Relationship to Student:

Contact Number:

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

The screenshot shows a web form titled "College Recruiting Process" with the NCSA logo. At the top, there are four fields: "Year:" (2024-25), "Student:" (Evanetta Omenualtur), "School:" (Joplin Academy), and "Sport:" (Basketball). Below these is a progress bar with icons for Student, Parent/Guardian, Medical, Program Information, Signature, Photo, and Confirmation. The "Parent/Guardian" step is currently active. The form includes a "Choose Parent/Guardian" dropdown menu with "Evanetta Omenualtur" selected. Below this are fields for "Parent Guardian #1" (First Name: Evanetta, Last Name: Omenualtur, Cell: +1 930 000-0000, Email: evanetta.omenualtur@joplinacademy.com). There is a section for "Parent Guardian #2" with a "W/A" checkbox and a "Student is Living With:" dropdown menu (Mother). The "Emergency Contact" section has fields for First Name (Mother), Last Name (High School), Relationship to Student (School), Contact Number (+1 930 000-0000), and Who is filling out this form? (Mother). At the bottom, there is a "College Recruiting Process" section with the NCSA logo and a brief description of the service, followed by a list of benefits: "Receive a FREE recruiting profile visible to over 35,000 college coaches" and "An NCSA recruiting expert will reach out to offer a FREE recruiting assessment".

Year: 2024-25 Student: Evanetta Omenualtur School: Joplin Academy Sport: Basketball

Student Parent/Guardian Medical Program Information Signature Photo Confirmation

Choose Parent/Guardian: Evanetta Omenualtur

Parent Guardian #1

First Name: Evanetta

Last Name: Omenualtur

Cell: +1 930 000-0000

Email: evanetta.omenualtur@joplinacademy.com

Parent Guardian #2

☒ W/A

Student is Living With: Mother

Emergency Contact

First Name: Mother

Last Name: High School

Relationship to Student: School

Contact Number: +1 930 000-0000

Who is filling out this form? Mother

College Recruiting Process

NCSA
NATIONAL COLLEGE SPORTS ASSOCIATION


Home Campus Teams with NCSA College Recruiting to help with the dream of competing in college


- Receive a **FREE** recruiting profile visible to over 35,000 college coaches
- An NCSA recruiting expert will reach out to offer a **FREE** recruiting assessment


STUDENT MEDICAL HISTORY INFORMATION


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


Year: 2024-25	Student: Evanitta Omensetter	School: East Bay (Gibsonston)	Sport: Baseball
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Student Parent/Guardian Medical Program Information Signatures Files Confirmation

Choose Parent/Guardian

-- Select --

Parent Guardian #1

First Name:

Last Name:

Cell:

Email:

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 JOHN S.
DOE

Year:

2024-25

Student:

Evanitta Omensetter

School:

East Bay (Gibsonton)

Sport:

Baseball



Student



Parent/Guardian



Medical



Program Information



Signatures



Files



Confirmation

Student Signature Forms

FHSAA Policy 36 on Recruiting

FHSAA Administrative Policy States:

36.2.1 Athletic Recruiting. "Athletic recruiting" is any effort by a school employee, athletic department staff member or representative of a school's athletic interests to pressure, urge or entice a student to attend that school for the purpose of participating in interscholastic athletics.


36.2.1.1 Representative of a School's Athletic Interests. "Representative of a school's athletic interests" refers to any independent person, business or organization that participates in, assists with and/or promotes that school's interscholastic athletic program. This includes:

- (a) A student-athlete or other student participant in the athletic program, such as a team manager, student trainer, etc., at that school;
- (b) The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- (c) Relatives of a coach or other member of the athletic department staff at that school;
- (d) A volunteer worker in that school or that school's athletic program;
- (e) An athletic booster organization of that school;
- (f) A member of an athletic booster organization of that school;
- (g) A person, business or organization that makes financial or in-kind contributions to the athletic


NOTE:

**FOR EXAMPLE:
JOHN DOE, AND JOHN DOE
JR.
OR
JOHN C DOE, AND JOHN S.
DOE**


Year:	Student:	School:	Sport:
2024-25	Evanitta Omensetter	East Bay (Gibsonston)	Baseball




Student




Parent/Guardian




Medical




Program Information



Signatures



Files



Confirmation

Parent Signature Forms

Affidavit of Compliance with Recruiting and Non-Traditional Student Participation

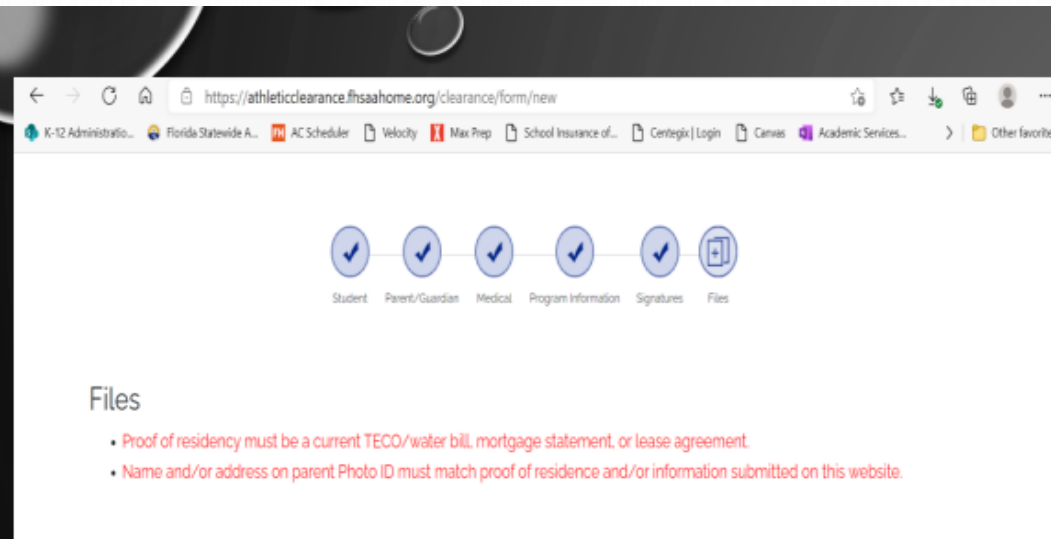
IMPORTANT! READ HOW TO UPLOAD FILES:

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:

- ONLY 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 only upload page 4 of the EL2. Page 5 will only be uploaded if the student-athlete has been referred for additional evaluation.


Choose Existing File


Drop file here or [click to upload](#)

[Need help reducing the size of your files?](#)

FHSAA Concussion Video Certificate *

Choose Existing File


Drop file here or [click to upload](#)

FHSAA Concussion Video Certificate *

Choose Existing File



Drop file here or click to upload

Need help reducing the size of your files?

FHSAA Heat Illness Video Certificates *

Choose Existing File



Drop file here or click to upload

Need help reducing the size of your files?

FHSAA Sudden Cardiac Arrest Video Certificate *

Choose Existing File

Birth Certificate *

Choose Existing File



Drop file here or click to upload

Need help reducing the size of your files?

Proof of Residency *

Choose Existing File



Drop file here or click to upload

Need help reducing the size of your files?

Proof of Insurance *

Choose Existing File

➤ FILE UPLOADS:

➤ NFHS Video Certificates

- MUST be in STUDENTS NAME
- MUST BE DATED May 15th 2023 or later for 2023-2024 school year
- Concussion – to watch click on link
- Heat Illness – to watch click on link
- Sudden Cardiac Arrest – to watch click on link

➤ Birth Certificate

- Proof Residence (2 of them – SEE LIST OF APPROVED FORMS)
- Proof of Insurance (School Health Insurance ID Card – NOT RECEIPT)
- Parent signing forms Government Issued ID – DL must have matching address to student address on file at school
- Residential and Enrollment History Form
- Scroll down and click on submit your completed clearance

Clearance submitted successfully!

Year:

2024-25

School:

East Bay (Gibsonston)

Sport:

Baseball

Confirmation Message

Dear Evanitta Omensetter,

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Baseball for East Bay (Gibsonston) in 2024-25.

This email does not mean that your student is cleared to participate in sports at East Bay (Gibsonston) 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 East Bay (Gibsonston) 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,

East Bay (Gibsonston) High School

[Return to Home](#)

[Print](#)

[Donations/Shop](#)

Confirmation ONLY – this does not mean that you are CLEARED. Be Patient. Clearances are done in order of sport season and in the order they are received. DO NOT email Mr. Scurry.

My Clearances

Start Clearance Here

Your Files

[Archived Clearances](#)

Filter Search

Year:

2022-23



Status:

-- Select --



Search

Make sure this says
PENDING! If it says IN
PROGRESS – YOU
DID NOT SUBMIT!
DENIED – means you
have to make
corrections!!!



Plant (Tampa)

Year	Sport	Participant							
2022-23	Football (11 man)	Evanitta Omensetter	STUDENT	PARENT/ GUARDIAN	MEDICAL	PROGRAM INFORMATION	SIGNATURES	FILES	CONFIRMATIONDONATIONS/SHOP

Pending

IT CAN TAKE UP TO 15 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 EMAIL MR. SCURRY @ HENRY.SCURRY@HCPS.NET OR STUDENTS SHOULD SEE MR. SCURRY OUTSIDE OF CLASS TIME.

