## ALONSO HIGH SCHOOL ATHLETICS PAPERWORK DIRECTIONS





#### List of Documents Needed For Athletic Clearance

EL2 (Physical) on approved HCPS EL2
 Birth Certificate

Proof 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

Residential and Enrollment History Form – (school form)

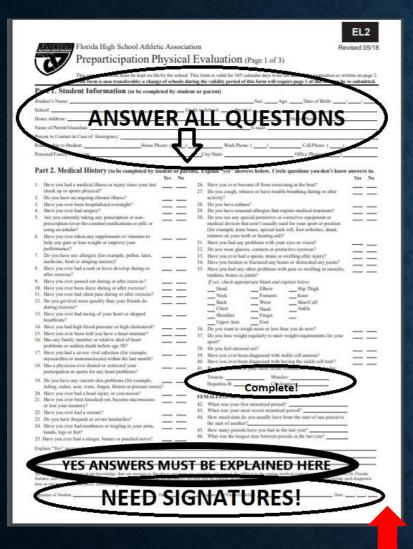
## **DOCUMENTS REQUIRED #1 PHYSICAL**

**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. ( 5/18 form date top right corner). Physicals are good for 365 days
- Please answer all questions. Any yes answers MUST be explained at the bottom of page 1.
  Stockerstee d Devest MUST view the bottom of page 1.
- Student and Parent MUST sign the bottom of page 1.
- MUST include doctor's stamp, signature, printed name and date on page 2.
- Make sure the CLEARED WITHOUT LIMITATIONS box has been checked by your physician.
  - If not cleared without limitations you WILL NEED page 3 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 each page separately under EL2. <u>Page 3 is only necessary</u> if page 2 is marked with recommendations.



FLORIDA Florida High School Athle	tic Association Revised 05/18
Preparticipation	
This completed form must be kept on fi	le by the school. This form is valid for 365 calendar days from the date of the evaluation of the school 2.
	age of schools during the validity period of this form will require page 1 of this form to be re-to-
Part 3. Phy Personal th	nformation MUST be practic physic
Student's Name:	Date of Birth:
Weight % Body	ompleted!!! Blood Pressure
Visual Active Left 20/ Core	ected: Yes No Pupils: Equal Unequal
FIND	ABNORMAL EXPLOSE INITIALS <sup>2</sup>
R.AL	
Appearance     Eyes/Ears/Nose/Throat	
3. Lymph Nodes	
4. Heart	
5. Palses	
6. Lungs	
7. Abdomen	MUST be
8. Genitalia (males only)	
9. Skin	
11. Psychiatric	completed by
MUSCULOSKELETAL	- completed by
12. Neck	
13. Back	doctor!
14. Shoulder/Arm	
15. ElhowForearm	
16. WristHand 17. Hip/Thigh	
18. Knor	
19. Leu/Ankle	
20. Foot	
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Recommendations	
Name of Physician/Physician Assistant/Nurse Practitioner (g	Date: _ / _ /
Address:	
Signature of Physician Physician Assistant Nurse Practition	
	-2-

T I	Florida High School Athletic Association Preparticipation Physical Evaluation (Page 3 of 3)
	his 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. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.
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- ANSWER ALL QUESTIONS!
- COMPLETE PERSONAL
   INFO
- Don't forget shot information!
- Yes answers MUST be

- Student's Information MUST be completed at the TOP!
- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and

Only Necessary if Recommendations were made on page 2 and form MUST be completed by specialist listed on recommendation/precaution

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

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11	FATHER'S NAME:				
No.	Florida Certific signed by C. M				
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#### **DOCUMENTS REQUIRED #3 PROOF 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



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

Your Account Summary	
Previous Amount Due	
Payment(s) Received Since Last Statement	
Current Month's Charges	
Total Amount Due	



\$100.85 -\$100.85 **\$170.91 \$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.

#### **DOCUMENTS REQUIRED #4: FHSAA VIDEO CERTIFICATES**

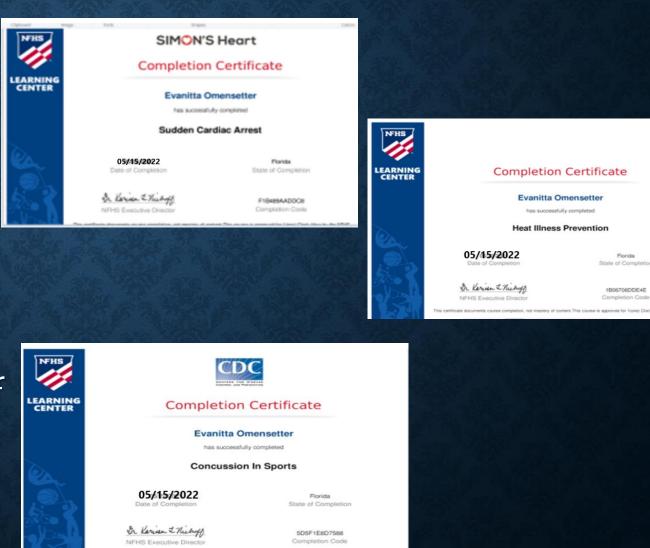
- Viewing the videos is required each year. For the 2021-21 school year, videos must be viewed AFTER May 15, 2021.
- <u>www.nfhslearn.com</u>
- Have the student log in or create an account. <u>Be sure when asked for the name on</u> the certificate the <u>STUDENT'S NAME</u> is entered and NOT the parent. 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 Sports 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, 2022 of the current year to be accepted for the 2022-2023 school year



ion, not mastery of content. This course is approved for filone) Clock Hour by the NFHS

#### **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 <u>clearly</u> <u>visible</u> 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.

School Insurance of Florida Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023	School Insurance of Florida 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 <u>WWW.HCPSATHLETICPROTECTION.COM</u> 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://hcpsathletic protection.com/) Download/print and/or Save your insurance ID card provided after purchase. Upload to your athletic clearance account

tudent's Name:	Date of 1	Birth:	Current Grade:	
urrent Home Address**:				
umber of Years Resided at	Current Home Address: _			
lost Recent Previous Home	Address:			
oes the student ever reside	at another address during t	he school year? (Split	t families) (check <u>one)</u>	Yes No
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address

DOCUMENT # 7 Required Additional Form for Athletic Participation

Please complete
 appropriate areas of
 the form
 Signature Required

## **DOCUMENT CHECKLIST:**



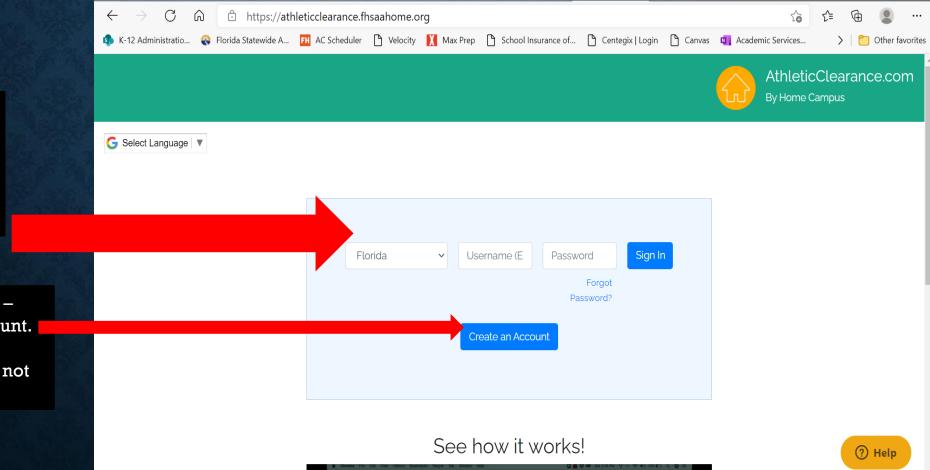
Before logging in or creating an account on athletic clearance make sure you have all the following

List of Documents Needed For Athletic Clearance

- □ EL2 (Physical) on approved HCPS EL2
- 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
- Residential and Enrollment History Fom

## LOGGING IN

## https://athleticclearance.fhsaahome.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.

### AFTER LOGGING IN

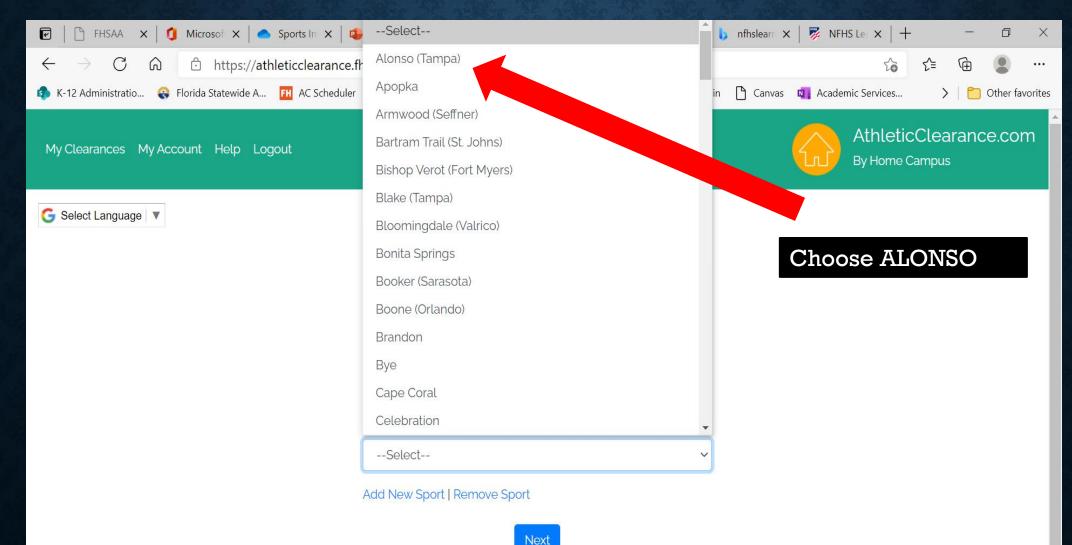
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Clearance Here"		Start Clearance Here	
	Filter Search		
	Year:	Status:	
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		You have no clearances available	

#### **SELECT SCHOOL YEAR**

AthleticClearance.com My Clearances My Account Help Logout By Home Campus My Clearances Start Clearance Here Archived Clearances **Filter Search** Status: Year: -- Select --Search 2022-23  $\sim$ × You have no clearances available Choose 2022-23

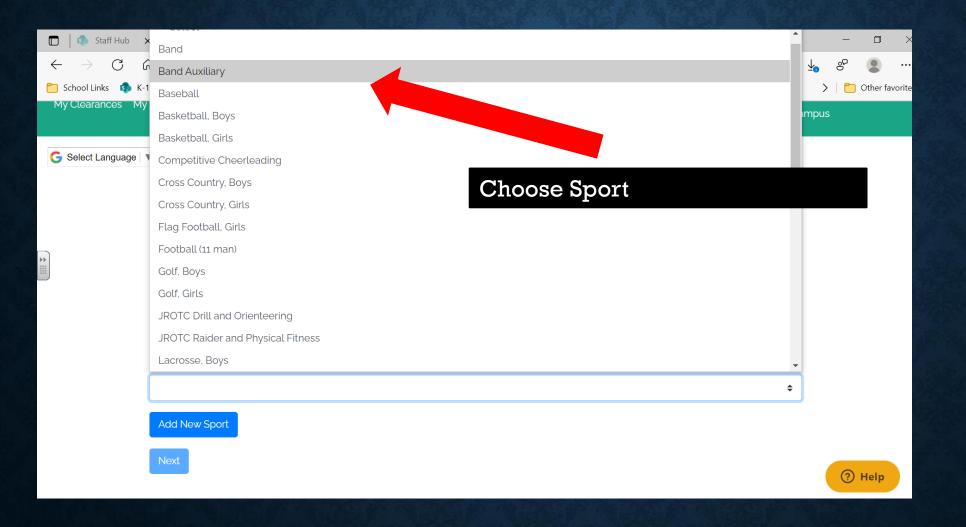
Athletics

## **SELECT SCHOOL**

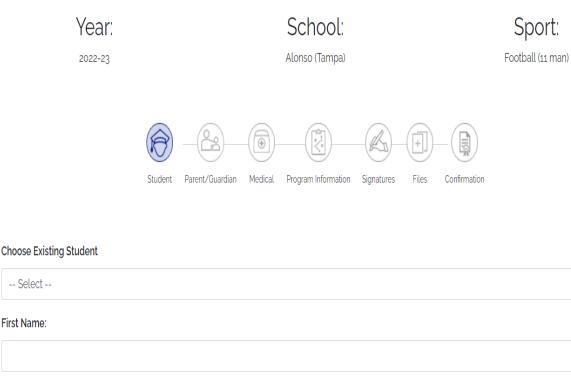




#### SELECT SPORT



Athletics



Last Name: Grade: Date of Birth: Athletics

> 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

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		Student Parent/Guar	rdian Medical Program Information	Signatures Files	D		
Choose Existin	ng Student						÷
First Name:							(?) Help

#### 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

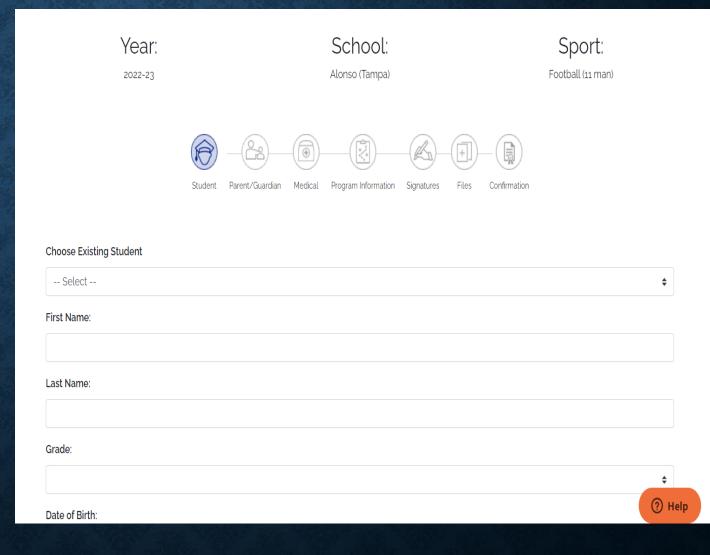
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Year:		School:			Sport:	
2021-22		Alonso (Tampa)			Football (11 man)	
	Student Parent/Guardian	Medical Program Information	Signatures Files			
Choose Parent/Guardian						
Select						÷
Parent Guardian	#1					⑦ Help

#### 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
 Chick on save and continue



#### STUDENT MEDICAL HISTORY INFORMATION

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

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⊖ Yes	s 🔿 No					(?) Help
Acthma						

#### STUDENT SIGNATURE FORMS: MUST SIGN FULL NAME

#### NOTE:

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

FOR EXAMPLE: JOE ALONSO, AND JOE ALONSO JR. OR JOE B. ALONSO, AND JOE S. ALONSO

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#### Student Signature Forms

#### Usage of Personal Equipment

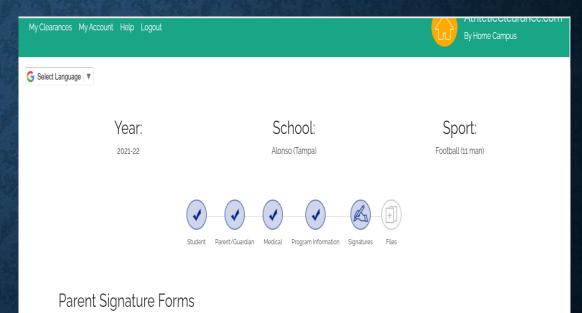
Purchase of Equipment and Supplies by Individual or Organization Other than HCPS – It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased 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.

#### PARENT SIGNATURE FORMS: MUST SIGN FULL NAME

#### NOTE:

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

FOR EXAMPLE: JOE ALONSO, AND JOE ALONSO JR. OR JOE B. ALONSO, AND JOE S. ALONSO



#### 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

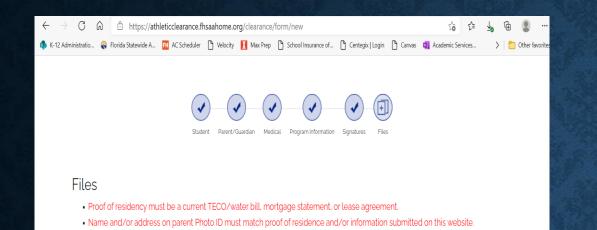
## **IMPORTANT! READ HOW TO UPLOAD FILES:**

#### **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.

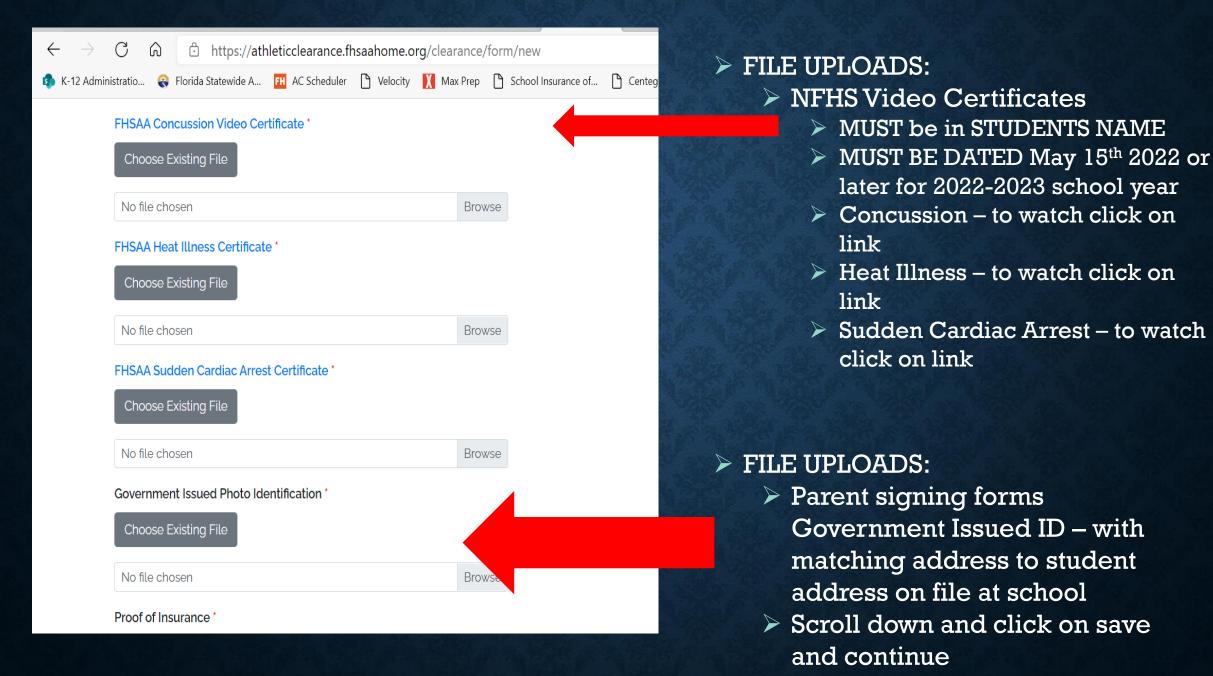


FILE UPLOADS:

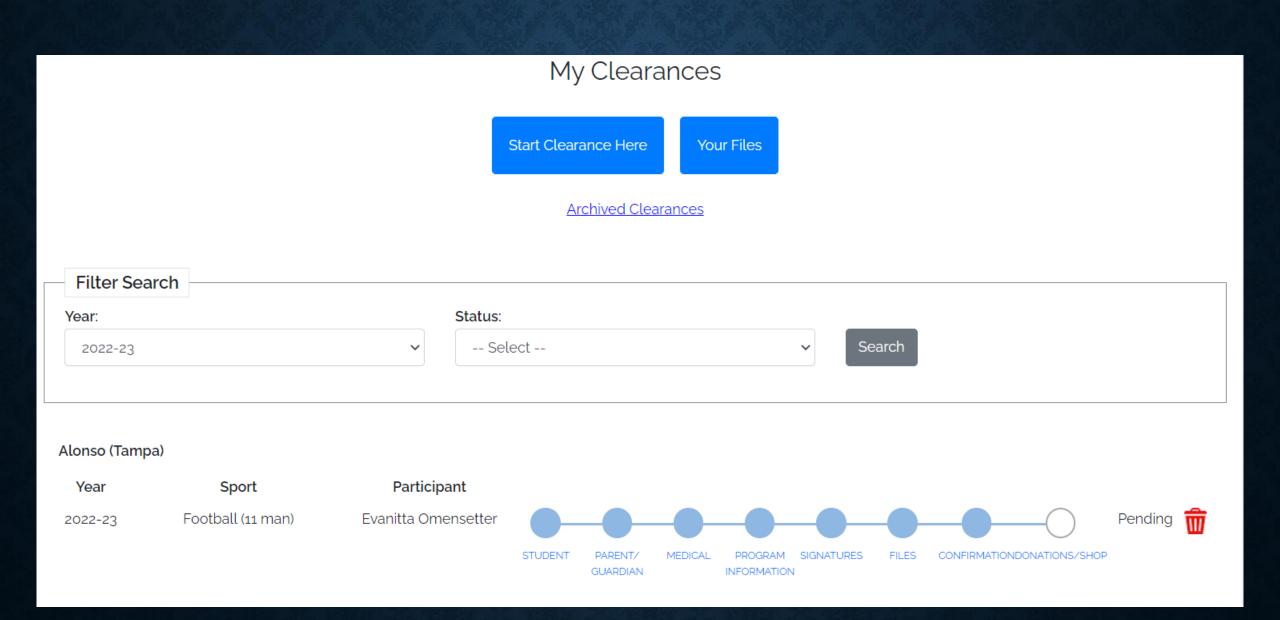
#### ➢ EL2:

- Page 1 Make sure student and parent sign. Make sure that shot record information is completed. Must be dated.
- > Page 2: Must be cleared without limitation
- Doctors printed and signature MUST be on form
- Doctors office address and phone number MUST be on form
- Page 3: ONLY needed if recommendations were made on page 2.

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🦚 K-12 Adm	ninistratio 😪	Florida Statewide A	FH AC Scheduler	P Velocity	XN	Ľ	School Insurance of
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	fhsaahome.org/clearance/form/confirmation r 🗅 Velocity 🚺 Max Prep 🗅 School Insurance of	Centegix   Login       Canvas       Image: Academic Services       >	<ul><li>Other favorites</li></ul>
G Select Language ∣ ▼			
Clearance submitted successfully!			
Year: 2021-22	School: Alonso (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



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 contact your coach or students should see Mr. Warner during their lunch in the cafeteria.

