

PLANT HIGH SCHOOL
ATHLETICS PAPERWORK
DIRECTIONS



List of Documents Needed For Athletic Clearance

- EL2 (Physical) on approved HCPS EL2
- 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
- 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/](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 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. PAGE 3 IS ONLY NECESSARY IF PAGE 2 IS MARKED WITH RECOMMENDATIONS.

ANSWER ALL QUESTIONS

Part 2. Medical History (to be completed by student or parent). Explain "Yes" answers below. Circle questions you don't know answers to.

1. Have you had a medical illness or injury since your last check up or sports physical?	Yes	No	26. Have you ever become ill from exercising in the heat?	Yes	No
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 non-prescription (over-the-counter) medications or pills or using an inhaler?			30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special rock roll, foot orthotics, dentures, retainers on your teeth or hearing aids)?		
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?			31. Have you ever had any problems with your eyes or vision?		
7. Do you have any allergies (for example, pollen, latex, 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? (If medical, knee brace, special rock roll, foot orthotics, dentures, retainers on your teeth or hearing aids?)		
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?			If yes, check appropriate blank and explain below:		
12. Do you get tired more quickly than your friends do during exercise?			Head	Elbow	Hip/Thigh
13. Have you ever had racing of your heart or skipped heartbeats?			Neck	Forearm	Knee
14. Have you had high blood pressure or high cholesterol?			Back	Wrist	Shin/Calf
15. Have you ever been told you have a heart murmur?			Chest	Hand	Ankle
16. Has any family member or relative died of heart problems or sudden death before age 50?			Shoulder	Finger	
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?			Do you want to weigh more or less than you do now?		
19. Do you have any current skin problems (for example, itching, rashes, sores, warts, fungus, blisters or pressure sores)?			37. Do you know 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. Have you ever been diagnosed with sickle cell anemia?		
22. Have you ever had a seizure?			40. Have you ever been diagnosed with having the sickle cell trait?		
23. Do you have frequent or severe headaches?			41. Have you ever been diagnosed with having the sickle cell trait?		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?			Tetanus: _____ Malaria: _____		
25. Have you ever had a sting, burner or pinched nerve?			Hepatitis B: _____		

Explain "Yes" answers below.

YES ANSWERS MUST BE EXPLAINED HERE

NEED SIGNATURES!

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

Part 3. Personal Information MUST be completed!!!

PERSONAL INFORMATION

1. Appearance

2. Eyes/Ears/Nose/Throat

3. Lymph Nodes

4. Heart

5. Pulse

6. Lungs

7. Abdomen

8. Genitalia (males only)

9. Skin

10. Neurological

11. Psychiatric

MUSCULOSKELETAL

12. Neck

13. Back

14. Shoulder/Arm

15. Elbow/Forearm

16. Wrist/Hand

17. Hip/Thigh

18. Knee

19. Leg/Ankle

20. Foot

21. Other

ASSESSMENT OF PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that the examination(s) listed above was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Cleared after completing evaluation/rehabilitation for _____

___ Referred to _____

___ Not cleared for _____ Reason: _____

Precautions: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____ Date: _____

Address: _____

MUST be completed by doctor!

- 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)

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) listed above was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Cleared after completing evaluation/rehabilitation for _____

___ Referred to _____

___ Not cleared for _____ Reason: _____

Precautions: _____

Signature of Physician: _____ Date: _____

Address: _____

Doctor's Name MUST be Printed

Doctor's Signature & Date

Doctors Office Address and Phone # (Or Stamp)

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)
- Only Necessary if Recommendations were made on page 2 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 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 PHOTOCOPIED 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.

WARNING:

DH FORM 1346 (04-13)

CERTIFICATION OF VITAL RECORD

HEALTH

DOCUMENTS REQUIRED #3 (2) PROOFS OF RESIDENCE

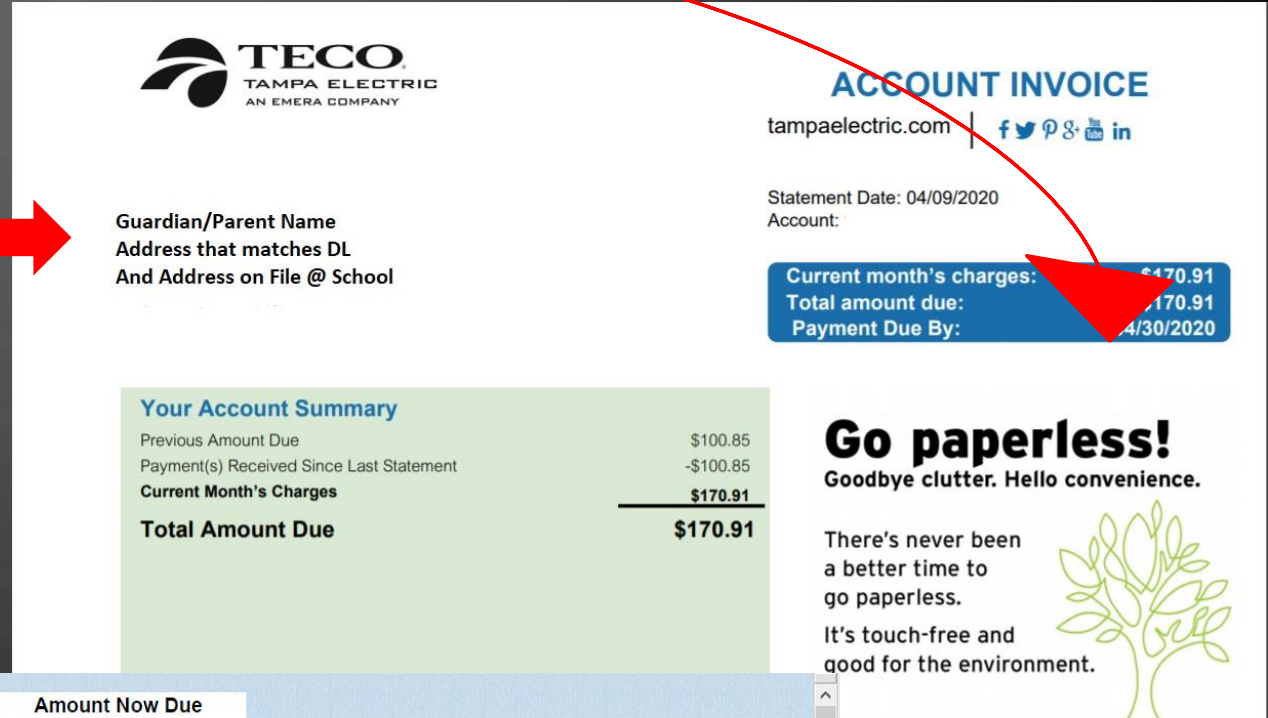
- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school

❖ 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

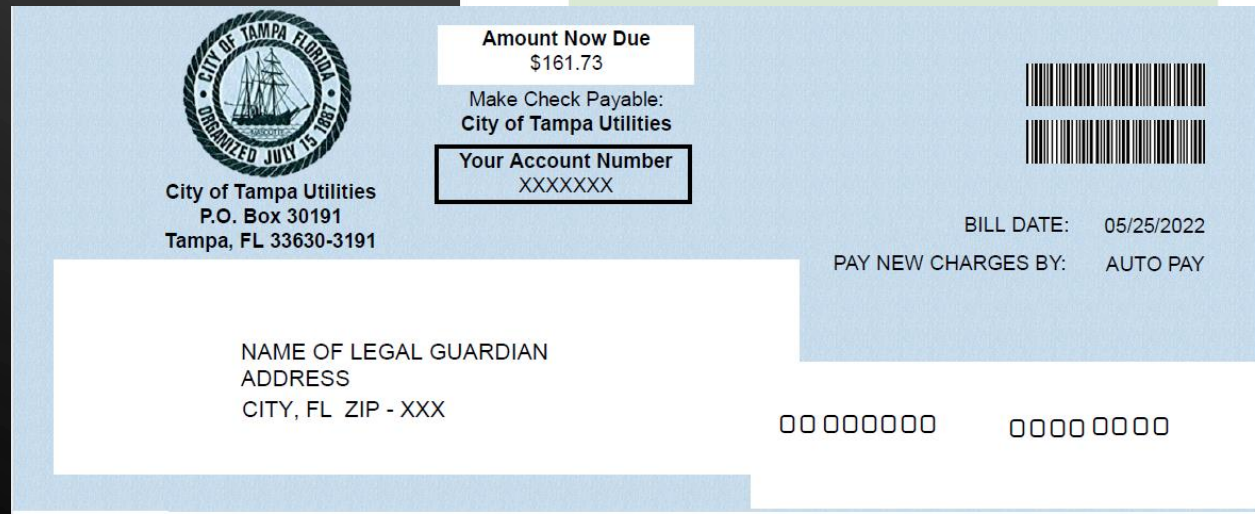
Current month's charges: \$170.91
Total amount due: \$170.91
Payment Due By: 4/30/2020

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
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
XXXXXXX

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

NAME OF LEGAL GUARDIAN
ADDRESS
CITY, FL ZIP - XXX

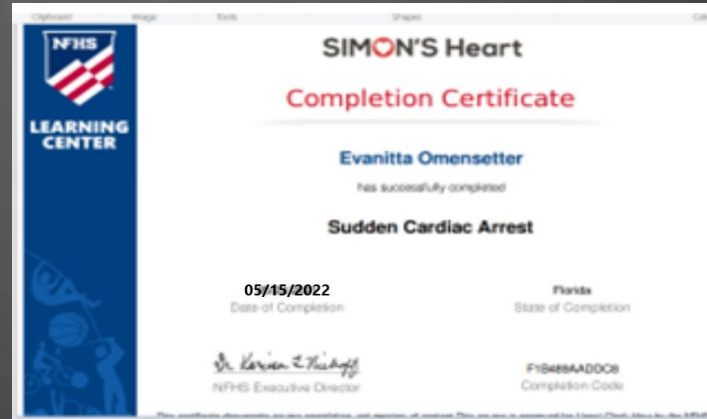
00000000 00000000

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.
- 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 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



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

2022-2023 Plant High School 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: _____

List School that student attended and Completed 8th Grade at:

Has the student ever attended another high school: (circle one) Yes or 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: (check one) Attendance Zone (Neighborhood) 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. NA 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: _____

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

Parent/Guardian's Signature



Relationship to Student



****Plant High School's Student Affairs Office 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 Additional Form for Athletic Participation

- ❖ Please complete appropriate areas of the form
- ❖ Original 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 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 the AthleticClearance.com website interface. At the top right, there is a logo for AthleticClearance.com with the tagline 'By Home Campus'. Below the logo is a 'Select Language' dropdown menu. The main content area features a light blue box containing a login form. The form includes a state selection dropdown set to 'Florida', a 'Username (E)' input field, a 'Password' input field, and a blue 'Sign In' button. Below the password field is a link for 'Forgot Password?'. At the bottom of the light blue box is a blue 'Create an Account' button. Two large red arrows originate from the text boxes on the left: one points to the 'Sign In' button, and the other points to the 'Create an Account' button. At the bottom of the page, there is a link that says 'See how it works!' and a yellow 'Help' button with a question mark icon.

AFTER LOGGING IN

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

Click "Start Clearance Here"



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 2022-23

You have no clearances available

SELECT SCHOOL

The image shows a web browser window with the URL <https://athleticclearance.fl>. The page features a green navigation bar with links for "My Clearances", "My Account", "Help", and "Logout". Below the navigation bar is a "Select Language" dropdown menu. The main content area displays a dropdown menu for school selection, currently showing "--Select--". A red arrow points to this dropdown menu. The dropdown list includes 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. The page footer includes a yellow "Help" button with a question mark icon. A black box with white text in the center of the page reads "Scroll and Choose Plant High School".

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

Scroll and Choose Plant High School

SELECT SPORT

The screenshot displays a web 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)



Student



Parent/Guardian



Medical



Program Information



Signatures



Files



Confirmation

Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

Athletics

? Help

➤ 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 navigation links: "My Clearances", "My Account", "Help", and "Logout". The "AthleticClearance.com" logo and "By Home Campus" tagline are also present. Below the header, 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 navigation bar with icons and labels for "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files".

Underneath the navigation bar, there is a section titled "Choose Existing Student" with a dropdown menu currently showing "-- Select --". Below this is a "First Name:" label followed by an input field. A yellow "Help" button is located in the bottom right corner of the form area.

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 features 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 displays three fields: "Year:" with the value "2021-22", "School:" with the value "Alonso (Tampa)", and "Sport:" with the value "Football (11 man)". A progress bar with six icons is shown below these fields, with the "Parent/Guardian" icon highlighted in blue. Below the progress bar is a "Choose Parent/Guardian" dropdown menu with "-- Select --" as the selected option. At the bottom, the text "Parent Guardian #1" is visible, and a yellow "Help" button is in the bottom right corner.

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:

[? Help](#)

STUDENT MEDICAL HISTORY INFORMATION

- This is your students 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 page has a green header with navigation links: "My Clearances", "My Account", "Help", and "Logout". The logo "AthleticClearance.com By Home Campus" is in the top right. 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 progress bar with six steps: "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files". The "Student" and "Parent/Guardian" steps are marked with blue checkmarks. Below the progress bar is a question: "Do you have or have had any of the following?" followed by the text "Allergies (drug, food, insects, etc)". There are two radio buttons: "Yes" and "No". At the bottom right, there is a yellow "Help" button with a question mark icon. The word "Asthma" is partially visible at the bottom of the page.

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**

https://athleticclearance.fhsaahome.org/clearance/form/new

Year: 2021-22

School: Alonso (Tampa)

Sport: Football (11 man)

Student Parent/Guardian Medical Program Information Signatures Files

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 JOHN S.
DOE

The screenshot displays the Athletic Clearance website 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 "AthleticClearance.com By Home Campus". Below the navigation bar, there is a "Select Language" dropdown menu. The main content area shows the following information:

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

Below this information is a horizontal progress bar with six icons representing different steps: Student, Parent/Guardian, Medical, Program Information, Signatures, and Files. The first four steps (Student, Parent/Guardian, Medical, and Program Information) have blue checkmarks, indicating they are completed. The "Signatures" step has a pencil icon, and the "Files" step has a plus icon, indicating they are not yet completed.

Below the progress bar, there are two sections: "Parent Signature Forms" and "Usage of Personal Equipment". 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 of the text box.

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.

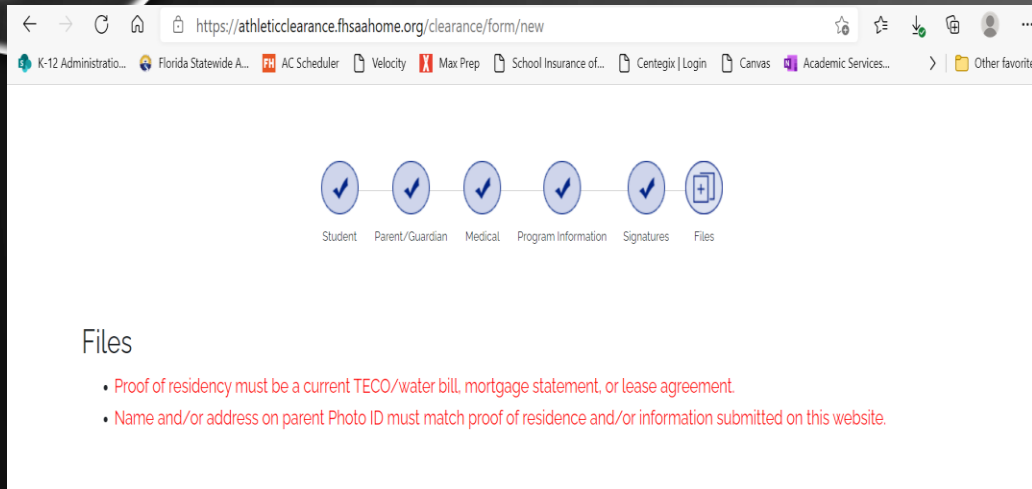
OPTION 2: USING PICTURES to UPLOAD:

- 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:

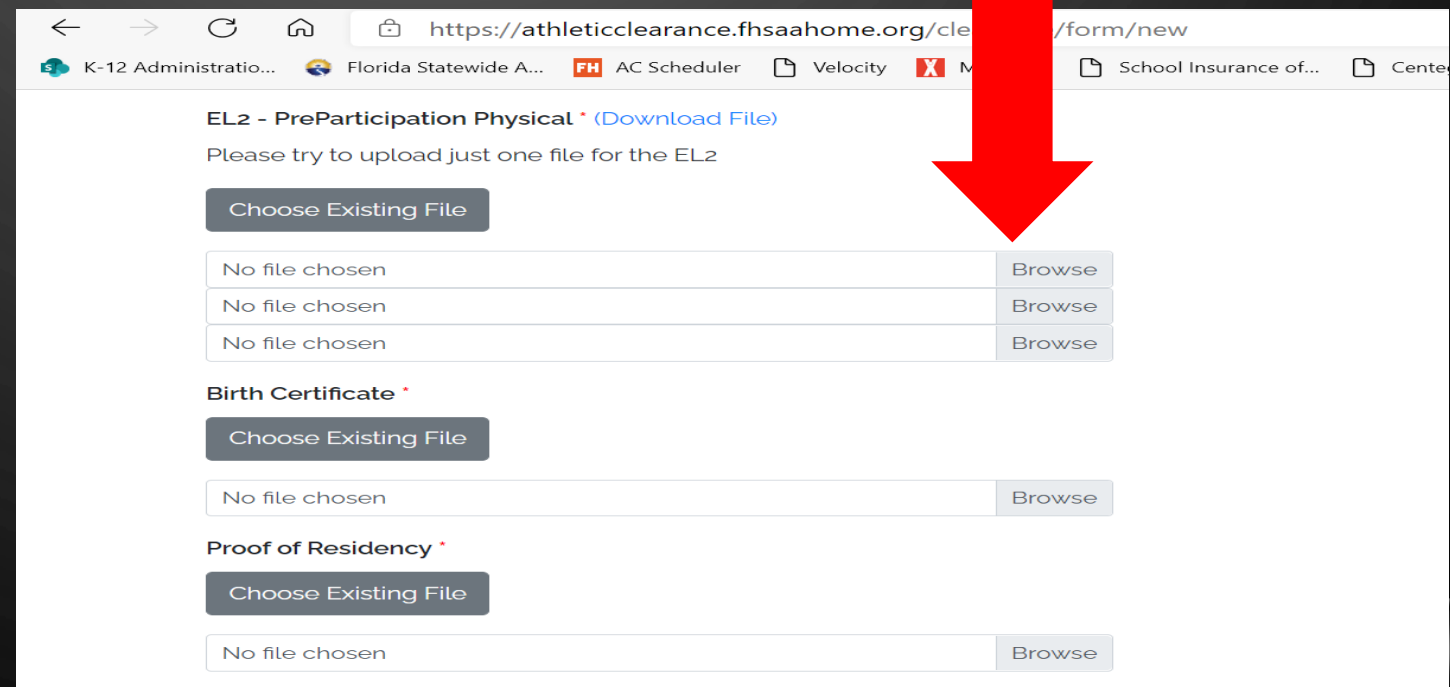
➤ EL2:

- 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.



The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. At the top, a progress bar consists of six circular icons: Student, Parent/Guardian, Medical, Program Information, Signatures, and Files. The first five icons contain a checkmark, while the 'Files' icon contains a plus sign. Below the progress bar, the word 'Files' is displayed. Underneath, there are two red bullet points:

- 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.



The screenshot shows the file upload section of the athletic clearance form. A large red arrow points to the 'Browse' button for the EL2 upload. The form includes the following sections:

- 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

← → ↻ 🏠 <https://athleticclearance.fhsaahome.org/clearance/form/new>

K-12 Administratio... Florida Statewide A... FH AC Scheduler Velocity Max Prep School Insurance of... Centeg

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 2022 or later for 2022-2023 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:
2021-22

School:
Plant (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	
2022-23	Football (11 man)	Evanitta Omensetter	●	●	●	●	●	●	○	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 Ms. Omensetter @ evanitta.omensetter@hcps.net or students should see Ms. Omensetter outside of class time.

