

# PLANT HIGH SCHOOL ATHLETICS PAPERWORK DIRECTIONS



## List of Documents Needed For Athletic Clearance

- EL2 (Physical) on new approved FHSAA EL2 form (3/23)
- 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 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.

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

**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 3/23

**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 FHSAA 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 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: \_\_\_/\_\_\_/\_\_\_

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 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 cardiac stress test.

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

Modified from the 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 Academy of Sports Medicine. Permission is granted to reprint for non-commercial, 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)
- Credentials
- License #

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.

Student and parent signature and date

**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 3/23

*This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.*

**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: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

Provider Stamp (if required by school)

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 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

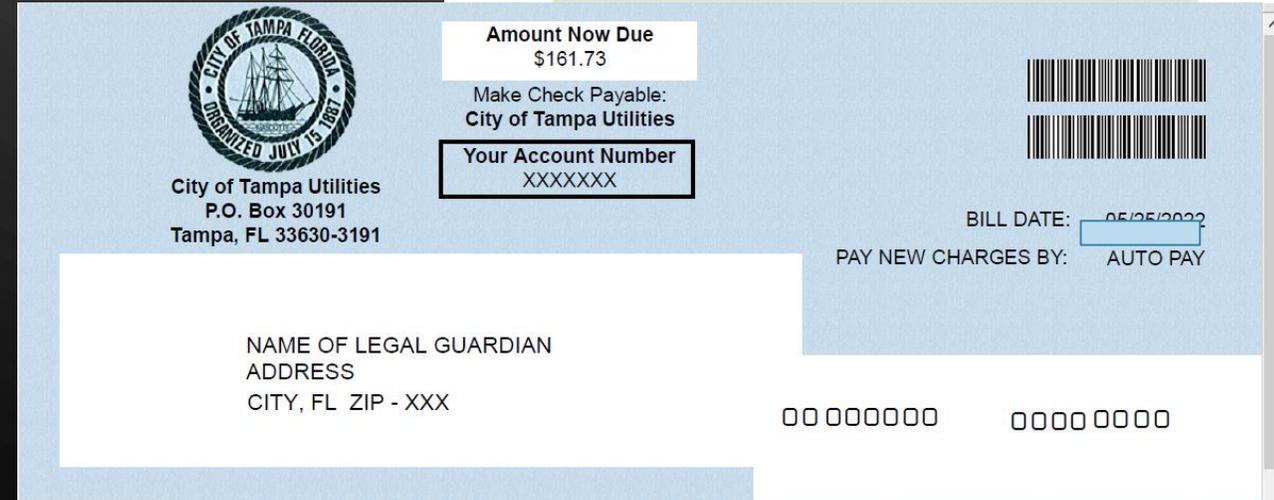
- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school

❖ Examples: (Acceptable proofs of residence):

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

❖ Not Accepted:

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



**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 2023-24 SCHOOL YEAR, VIDEOS MUST BE VIEWED AFTER MAY 15, 2023.
- [WWW.NFHSLEARN.COM](http://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, 2023 OF THE CURRENT YEAR TO BE ACCEPTED FOR THE 2023-2024 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

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

Student Name: EVANITTA OMENSETTER

School District: Hillsborough Public Schools, School: PLANT HIGH

Date Paid: 05/15/2023 Amount Paid: \$60.00

Coverage: FBLA Group A Football Lacrosse Termination Date: 05-26-2024

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.

*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: EVANITTA OMENSETTER

School District: Hillsborough Public Schools, School: PLANT HIGH

Date Paid: 05/15/2023 Amount Paid: \$60.00

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.

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](http://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

2023-2024 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: \_\_\_\_\_

Name of School that student attended and Completed 8<sup>th</sup> 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 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 9<sup>th</sup> grade. NA for all other grades.)

9 <sup>th</sup> Grade:	10 <sup>th</sup> Grade:	11 <sup>th</sup> Grade:	12 <sup>th</sup> Grade:
_____	_____	_____	_____
_____	_____	_____	_____

List the LAST school student participated in high school athletics: \_\_\_\_\_

**Prior High School Athletics Participation:**

An EL6 (Change of Schools) Form will need to be submitted electronically by Plant to any prior High School in which student participated in. 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's Name      Parent/Guardians Signature      Relationship to Student      Date

*\*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 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 the login page for AthleticClearance.com. The browser address bar displays 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 includes a state dropdown menu currently set to 'Florida', a 'Username (E)' input field, a 'Password' input field, and a blue 'Sign In' button. Below the password field is a blue link for 'Forgot Password?'. At the bottom of the form is a blue 'Create an Account' button. A red arrow points from the 'Sign In' button 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:

Status:

Search

Choose 2023-24

You have no clearances available

# SELECT SCHOOL

The screenshot shows the AthleticClearance.com website interface. At the top, there is a green 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 school selection dropdown menu with the following options: --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, and Celebration. A red arrow points to the "--Select--" option at the bottom of the list. 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 with a question mark icon. A black box with white text "Scroll and Choose Plant High School" is overlaid on the right side of the page.

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

Scroll and Choose Plant High School

# SELECT SPORT

The screenshot shows a web application interface for selecting a sport. A dropdown menu is open, listing various sports. 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 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 the following information:

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

Below this information is a horizontal navigation bar with six icons and labels: "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files".

Underneath the navigation bar is a section titled "Choose Existing Student" with a dropdown menu showing "-- Select --". Below that 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 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 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 icons: a checkmark (Student), a person (Parent/Guardian), a medical bag (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 left, the text "Parent Guardian #1" is visible. At the bottom right, there is 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:

[? 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 "Allergies (drug, food, insects, etc)". There are two radio buttons: "Yes" and "No". A yellow "Help" button with a question mark icon is in the bottom right corner. 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

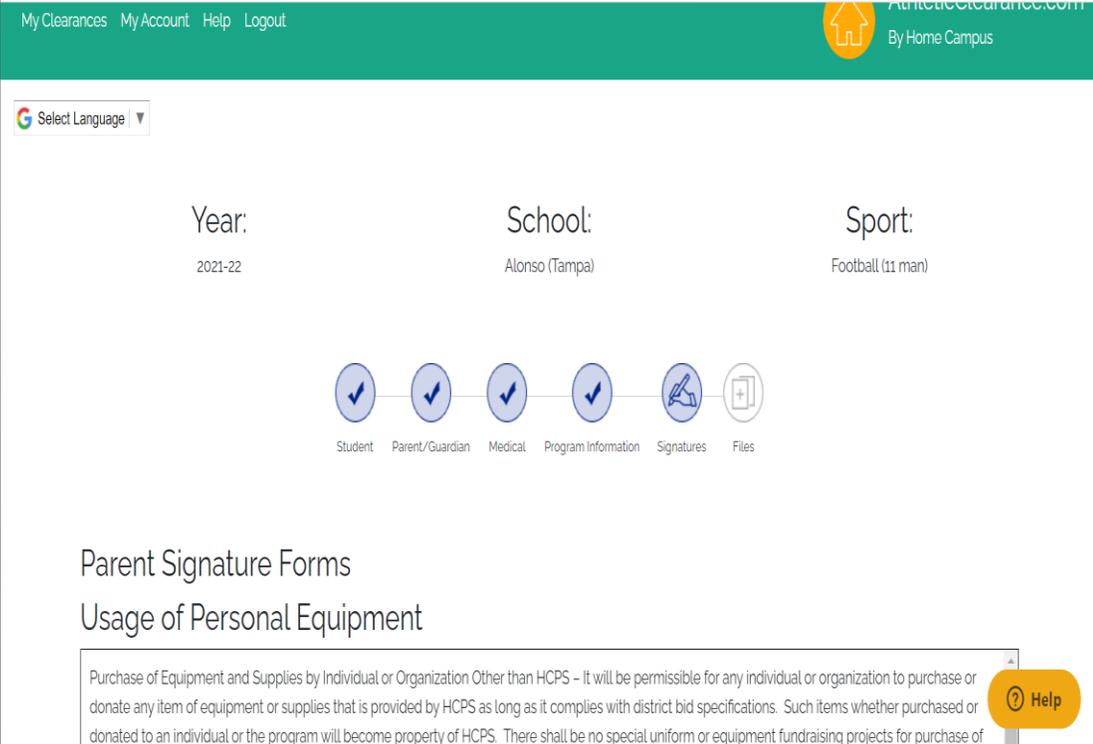
Purchase of Equipment and Supplies by Individual or Organization Other than HCPS – It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased 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 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 "AlamedaClearance.com By Home Campus". Below the navigation bar, there 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)". Below these fields is a horizontal menu with six icons: a checkmark, a checkmark, a checkmark, a checkmark, a signature icon, and a document icon. The icons are labeled "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files". Below the menu, there are two sections: "Parent Signature Forms" and "Usage of Personal Equipment". The "Usage of Personal Equipment" section contains a text box with 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 at the bottom right 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.

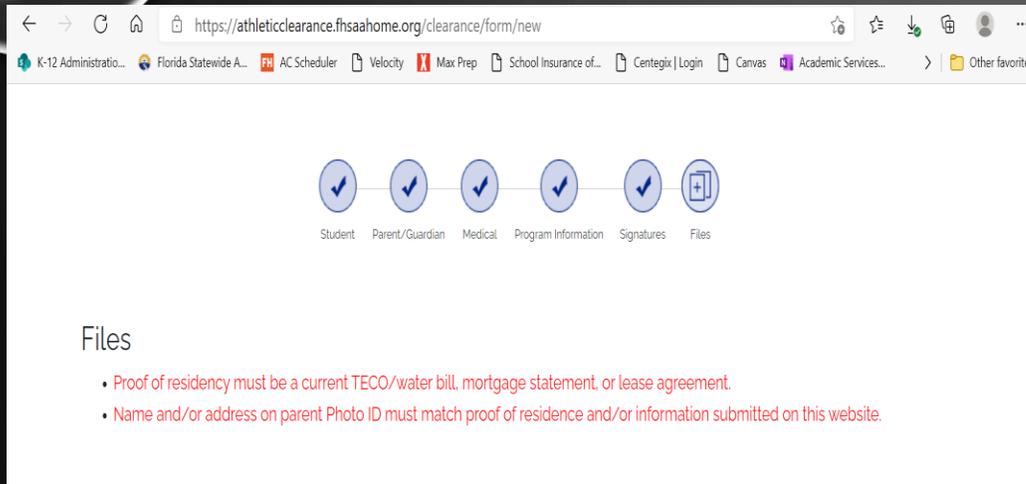
## OPTION 2: USING PICTURES to UPLOAD:

- 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 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.

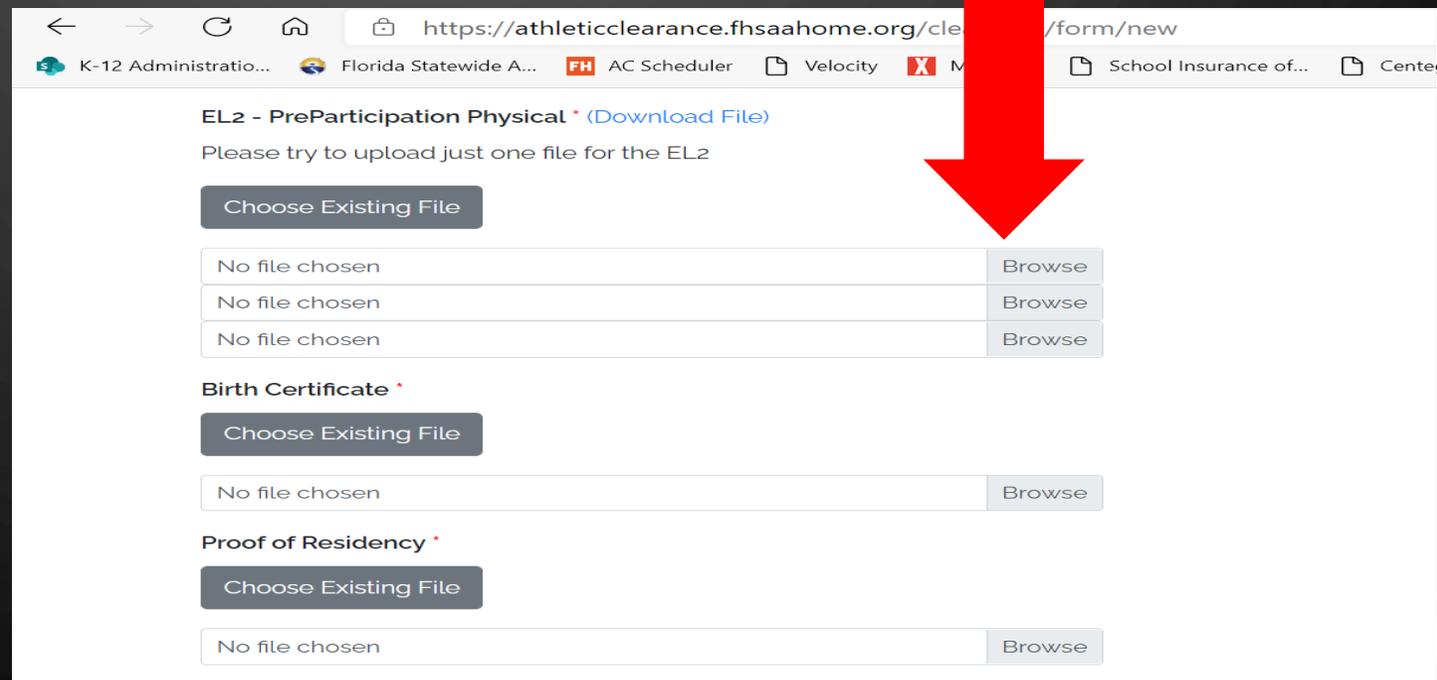


https://athleticclearance.fhsaahome.org/clearance/form/new

Student Parent/Guardian Medical Program Information Signatures Files

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.



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

**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

**FHSAA Heat Illness Certificate \***

Choose Existing File

No file chosen

**FHSAA Sudden Cardiac Arrest Certificate \***

Choose Existing File

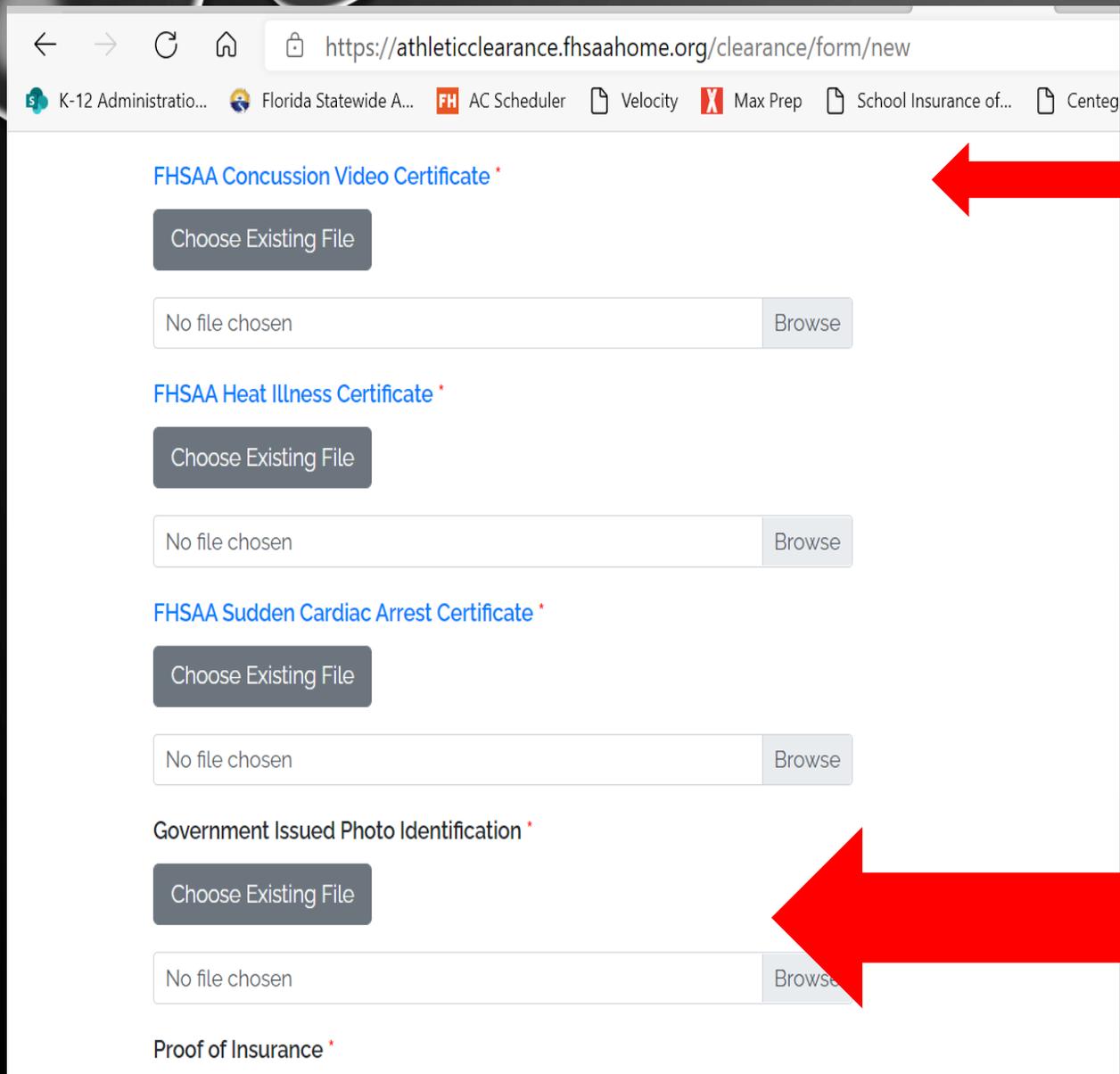
No file chosen

**Government Issued Photo Identification \***

Choose Existing File

No file chosen

**Proof of Insurance \***

A screenshot of a web browser showing a form for athletic clearance. The browser's address bar shows the URL 'https://athleticclearance.fhsaahome.org/clearance/form/new'. The page contains several sections for uploading certificates: 'FHSAA Concussion Video Certificate', 'FHSAA Heat Illness Certificate', 'FHSAA Sudden Cardiac Arrest Certificate', 'Government Issued Photo Identification', and 'Proof of Insurance'. Each section has a 'Choose Existing File' button and a file selection area that currently shows 'No file chosen' with a 'Browse' button. Two large red arrows point from the right side of the image towards the 'FHSAA Concussion Video Certificate' and 'Government Issued Photo Identification' sections.

➤ FILE UPLOADS:

➤ NFHS Video Certificates

- MUST be in STUDENTS NAME
- MUST BE DATED May 15<sup>th</sup> 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

➤ FILE UPLOADS:

- Parent signing forms Government Issued ID – DL must have 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	Pending
2022-23	Football (11 man)	Evanitta Omensetter	●	●	●	●	●	●	○	

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](mailto:evanitta.omensetter@hcps.net) or students should see Ms. Omensetter outside of class time.

