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2017-2018 School Year

Dear Parents/Guardians,

This letter is to inform you of our sports participation fee. The fee will be \$140 per athlete, per sport. This fee will cover uniforms, transportation and other administrative fees.

**\*If your child is selected to be on the team:\***

Please make money orders or checks payable to Franklin Academy Boynton Beach. Also, please indicate the child's name and sport (ie: John Smith, Soccer) in the memo line. All checks must be turned in by the first day of practice. We look forward to a successful athletic year here at Franklin Academy!

Thank you for your cooperation and Go Bolts!

Sincerely,

Coach Scardino

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Student Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fill out the following for either youth **OR** adult size options.

Youth Shirt Size \_\_\_\_\_

Youth Shorts Size \_\_\_\_\_

***-OR-***

Adult Shirt Size \_\_\_\_\_

Adult Shorts Size \_\_\_\_\_

**\*Please cut on the dotted line and include this completed form in the contents of your athletic packet\***



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**INTERSCHOLASTIC SPORTS  
PARENTAL PERMISSION AND INSURANCE STATEMENT**

TO: Ms. Brittany Scardino, Athletic Director

Franklin Academy Boynton Beach

**PART I**

I, \_\_\_\_\_ (Parent or Guardian), hereby grant permission for my son/daughter \_\_\_\_\_,

(Birthdate: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_), to participate in interscholastic sports during the \_\_\_\_\_ school year.

**\*Please circle the sports in which your son/daughter MAY participate.\***

**Basketball**

**Flag Football**

**Volleyball**

**Soccer**

**Cheerleading**

- My son/daughter has been examined by a physician and is physically qualified to participate in the sports stated above.
- I authorize my child to accompany the school team, of which he or she is a member, on any of its local or out of town trips. I also authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for my child as a result of game participation.
- We have accident insurance with \_\_\_\_\_ (Name of Insurance Company) which will cover my son/daughter in the event of an interscholastic sport injury as required by School Board Policy #5304. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my son/daughter might suffer while participating in athletic activities. If any change occurs in this policy, it is the responsibility of the parent to notify the School Principal or Athletic Director.

**\*A photocopy of the front of the Insurer's policy card must be attached.\***

(Signed) \_\_\_\_\_

Date: \_\_\_\_\_

(Parent or Guardian)

**INTERSCHOLASTIC SPORTS**

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Franklin Academy  
7882 South Military Trail, Boynton Beach, Florida 33436  
Phone (561) 767-4700 Fax (561) 952-6925  
www.Franklin-Academy.org



**PARENTAL PERMISSION AND INSURANCE STATEMENT**  
**Part 2**

**\*\*The following is to be completed by a certified Notary of the state\*\***

**NOTARIZATION**

**\*NOTE\***

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

**A COPY OF VALID**

Sworn to and subscribed before me

**INSURANCE I.D. CARD**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**MUST BE ATTACHED TO**

**THIS FORM**

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



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## Franklin Academy 2017-2018 Athlete Contract

Dear Parent/Guardian:

Student Full Name:

Please take the time to read the following information. These guidelines have been developed to help ensure that our athletic seasons are safe and successful here at Franklin Academy. Please read these guidelines, which follow the Middle School Athletic Association (MSAA) guidelines, with your child and sign the attached signature form specifying that you understand and will participate in our athletic events appropriately. If any rules are broken, the administration, athletic director, and coach have the right to take appropriate actions outlined in this contract. Thank you for your assistance, and please feel free to call or email Brittany Scardino, Athletic Director, at (561) 676-4700 or scardino.brittany@franklin-academy.org, with any questions or concerns.

### **Franklin Academy SPORTS CONSTITUTION:**

#### **TRANSPORTATION:**

- Will be provided to all away games both to and from the sporting event.
- Your son or daughter may be signed out by a parent after away games. Parent must present a form of identification to the coach. Coaches have the final say and reserve the right to require all players to return to campus on the bus.
- Please pick up your athlete on time from every practice and game, in order to be respectful of the coach's time. Late pickups will result in a \$1 dollar per minute charge; payments will be made to Franklin Academy.

#### **ATTENDANCE:**

- Athletes must be in attendance for the school day in order to practice or participate in any game per MSAA rules/guidelines.
- Athletes who are sick and in the nurse's office for more than 1 period may not participate in that day's game or practice.



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## ACADEMICS:

At Franklin Academy, academics are priority. Athletes who have failing grades in any class will not participate in the game or practice for that week.

- Athletes who receive a detention in any given week will be benched for one game and must still attend that game. **No exceptions!**
- Athletes who receive a referral will be benched indefinitely pending further investigation. Benched athletes are still required to attend all practices and games. **No exceptions!**
- Athletes who are suspended from school are automatically dismissed from the team.
- No refunds will be given for athletes who are dismissed from the team, or quit.
- If discipline is a consistent problem, your child may be dismissed from the team.
- Behavioral expectations of students participating in athletics at Franklin Academy remains the same as during the regular school day. This includes behavior on the bus as well at sporting events.
- Athletes must maintain a 2.0 grade point average or above on a 4.0 un-weighted scale for each marking period. If any athlete's GPA falls under the required un-weighted 2.0, he/she will become IMMEDIATELY ineligible per MSAA rules/guidelines.
- Athletes will organize their time so that their academic responsibilities do not conflict with practices or games. Any work that athletes miss due to an athletic contest must be made up and turned in within two days. It is the athlete's responsibility to complete and turn in all make up work!
- Athletes will respect and abide by all school rules, regulations, and policies. **No exceptions!**
- The Athletic Director and Administrative team holds the right to make any decisions that they feel will be in the best interest of the student athletes.

## SPORTSMANSHIP:

Please be courteous and use positive remarks toward game officials, coaches, players and opposing teams. Remember parents, you are a role model for your child and you also represent Franklin Academy.

- Playing Time: This is based on hard work, attitude, and skill level. *Some athletes may get more playing time than others.*
- Athlete Ejections: If athletes are ejected from any sporting event for any reason, they will have to complete the MSAA unsportsmanlike conduct report and will not be able to participate in any athletic event until MSAA clears them.



- Concerns with Coaches: Immediately after a game, coaches are unavailable for discussion. By email or by appointment, please contact the coach during school hours the following day. Include the Athletic Director in any correspondence with the coach.
- Suspension: Any athlete who is suspended during the season will be removed from the team.
- Athletes will conduct themselves in a manner as to bring respect to themselves, the team, and Franklin Academy.
- Participation is a season-long commitment. Any student who quits during the season will not be eligible for any other sport at Franklin Academy for the current and following seasons.
- Athletes will exhibit good sportsmanship on and off the field of play.

#### **HEALTH INFORMATION:**

- An up-to-date sports physical form (FHA Preparticipation Physical Evaluation) must be **completed by a doctor** and on file with the head coach prior to the start of tryouts.
- The MSAA requires an interscholastic sports parental permission and insurance statement, signed and notarized, in order for any athlete to participate in practice or a game. It is the Athletic Director's responsibility to keep these on file.
- Head injuries and concussions are serious health concerns. Please consult your child's physician after a head injury for treatment issues. If an athlete has a concussion, he or she WILL NOT be allowed to play again until he or she has a doctor's note saying that he or she is cleared to play.
- It is the parents' obligation to inform the school office if medical contact information changes.

#### **PARENT CONSENT:**

I hereby give my consent and permission for \_\_\_\_\_ (Print Student's Name) to be transported to/from sporting events by Franklin Academy and A&S bus transportation.

I hereby give my consent for \_\_\_\_\_ (Print Student's Name), to compete in athletics for Franklin Academy Middle School.



**FOR THE PARENT/GUARDIAN:**

We have read the expectations for Franklin Academy student athletes as stated above. I (we) agree to do our part to ensure that all student athletes abide by the rules and expectations stated in this document. We understand the guidelines are in place to assist the student athlete in becoming the most successful individual he/she can be.

**FOR THE STUDENT ATHLETE:**

I have read the expectations for Franklin Academy student athletes as stated above. I agree to do my part to ensure that I abide by the rules and expectations stated herein. I understand the guidelines are in place to assist me in becoming the most successful student athlete I can be, and I agree to dedicate myself to that goal by participating appropriately in all the areas defined in this document.

\_\_\_\_\_

Student Printed Name	Student Signature	Date
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\_\_\_\_\_

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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# Preparticipation Physical Evaluation (Page 1 of 3)

This 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.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

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

- |   | Yes | No  |  | Yes     | No        |
|---|-----|-----|--|---------|-----------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                      | ___ | ___ | 26. Have you ever become ill from exercising in the heat?  | ___     | ___       |
| 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 neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | ___     | ___       |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | ___ | ___ | 31. Have you 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?   | ___     | ___       |
| 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?  | ___ | ___ | <i>If yes, check appropriate blank and explain below:</i>  |         |           |
| 12. Do you get tired more quickly than your friends do during exercise?   | ___ | ___ | ___ Head   | Elbow   | Hip       |
| 13. Have you ever had racing of your heart or skipped heartbeats?   | ___ | ___ | ___ Neck   | Forearm | Thigh     |
| 14. Have you had high blood pressure or high cholesterol?   | ___ | ___ | ___ Back   | Wrist   | Knee      |
| 15. Have you ever been told you have a heart murmur?  | ___ | ___ | ___ Chest  | Hand    | Shin/Calf |
| 16. Has any family member or relative died of heart problems or sudden death before age 50?                                   | ___ | ___ | ___ Shoulder   | Finger  | Ankle     |
| 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?                            | ___ | ___ | 36. Do you want to weigh more or less than you do now?   | ___     | ___       |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?    | ___ | ___ | 37. Do you lose 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. Record the dates of your most recent immunizations (shots) for:  |         |           |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet?   | ___ | ___ | Tetanus: _____ Measles: _____  |         |           |
| 25. Have you ever had a stinger, burner or pinched nerve?   | ___ | ___ | Hepatitis B: _____ Chickenpox: _____   |         |           |

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSA Bylaw 9.7, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





**Preparticipation Physical Evaluation (Page 2 of 3)**

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**Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_\_ F \_\_\_\_\_ left: P \_\_\_\_\_ F \_\_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

<b>FINDINGS</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS*</b>
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

\* – station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

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

\_\_\_\_ Cleared without limitation  
 \_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_ Precautions: \_\_\_\_\_  
 \_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_  
 \_\_\_\_ Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

**Recommendations:**

Name of Physician (print): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*