



Odyssey Charter School

Athletic Packet 2022-2023



Name of Athlete: _____ Sport(s) _____

- **ALL** paperwork **MUST** be turned into the coach/Athletic Director **PRIOR** to any participation in summer workouts, open gym, conditioning, practice (of any kind, on or off school property with a coach), or contests.
- Please have all required paperwork into Athletic Director **TWO WEEKS PRIOR** for appropriate clearance. Athletic Director will **NOT** take packet until **ALL** necessary paperwork is completed and attached.

Required Documents	Completed
Player/Parent Contract	Date of Signatures: _____
Parent Fee Acknowledgement/ Uniform Policy	Date of Signatures: _____
NCAA Initial Eligibility	Date of Signatures: _____
EL2- Participation Physical Evaluation <ul style="list-style-type: none">▪ Page 1- Parent/athlete sign and date▪ Page 2- Doctor signature, stamp, and date▪ Page 3- Doctor signature and clearance	Date of Physical: _____
EL3- Consent and Release from Liability Certificate <ul style="list-style-type: none">▪ Page 1- Insurance information, parent and athlete sign and date▪ Page 2- Parent and athlete sign and date▪ Page 3- Parent and athlete sign and date▪ Page 4- Parent and athlete sign and date	Date of Signatures: _____
ECG- Cardiology Report: Electrocardiogram (Form 2431F1)	Date of ECG Exam: _____
Assumption of Risk Waiver, Release, & Hold Harmless	Date of Signatures: _____
Parent Permission for Off-Campus Activity	Date of Signatures: _____

No emailed or faxed copies accepted.

Odyssey Charter School
1350 Wyoming Drive Palm Bay, FL 32909

6/13/2022



Odyssey Charter School



PLAYER/PARENT CONTRACT

Dear Student-Athlete & Parent/Guardian,

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 Odyssey Charter School. Please read these guidelines, which follow the FHSAA guidelines, with your child and sign the accompanying agreements 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 321-345-4117 (ext. 1330) or scardinob@odysseycharter.com, with any questions or concerns, or visit our website www.odysseycharterjrsr.com/athletics.

Student-Athlete Requirements

Students and parents should recognize that participation in the athletic program is not a right of all students, but rather a privilege to those selected individuals who possess the ability, attitude, disposition, cooperative spirit, and desire to represent the OCS community in a favorable way. By joining the school's athletic program, a student becomes a representative of his/her team and of Odyssey Charter School.

Eligibility

We expect student-athletes to maintain academic and behavioral standards in keeping with the Odyssey Charter School Handbook. These regulations and procedures apply while on school premises, during practices and competitions, and in the public arena. A student will be considered ELIGIBLE to participate in interscholastic athletics at OCS if their most recent academic semester reflects at minimum a cumulative GPA of 2.0.

Expectations

Odyssey Charter School is a competitive school geared towards the best education and best competitive environment for our athletes. We recognize and appreciate the amount of time and resources that families commit to playing for this season. We believe families should expect an environment that encourages player growth and development as well as a level of success on the field and in the classroom. In addition, families should expect that players will not only display positive development in a family-oriented atmosphere but also become prepared to compete successfully at the high school and collegiate levels when the occasion arises.

- Players are expected to make and honor their commitment to their respective Odyssey Charter School athletic program. We encourage players (especially our younger players) to participate in a variety of activities and sports with the understanding that academics are #1.

- A student-athlete's behavior is governed by the same rules, regulations, and procedures that apply to all students as set forth in the OCS Handbook. Each student-athlete is expected to demonstrate and encourage in others behaviors that reflect good sportsmanship.

Responsibilities:

- Attendance at all games and practices. Practices are mandatory and should only be missed on account of illness or very special circumstance. Please inform your coach in advance if you can't make a practice.
- Players are expected to be punctual. Arrival for practices and games is determined by the coach.
- Players should bring ALL uniforms and gear to all games.
- Players must wear approved training gear to all practice sessions.
- Players must treat coaches, teammates, referees, and opponents with respect. Poor or disrespectful behavior will not be tolerated. Players represent their team and the school. We value the strong positive reputation we have cultivated over time at Odyssey Charter School!
- Positive communication with the coaching staff is essential for successful development. Players are expected to ask questions and should be dialoging with their coach and assistant coach regularly.
- Players will attend school and participate in all expected activities on days of competition.
- Students will adhere to the school's code of conduct.

Attendance/ Discipline

All student-athletes must recognize the time commitment made to a team. One is expected to attend **all** practices and games. If one cannot attend a practice or game, please make sure the coach has been notified *in advance*. Consequences for a missed practice or game will be informed by the team rules as outlined by the coach at the beginning of the season.

- Student-athletes must be marked as present in school on the day of practice or a game in order to participate. Please see the School Handbook for what constitutes an absence.
- Athletes who receive a detention in any given week will have consequences related to starting and play time, at the discretion of the coach.
- Athletes who receive in-school suspension (ISS) in any given week will be benched for 1+ game(s). Athletes are still required to attend all practices and games.
- Athletes who are suspended from school are automatically dismissed from the team.
- If discipline is a consistent problem, your child may be dismissed from the team.
- No refunds will be given for athletes who are dismissed from the team or quit.
- Behavioral expectations of students participating in athletics at OCS remains the same as during the regular school day, per the Code of Conduct. This includes behavior on the bus as well as sporting events.

Dress Code/Uniforms

Student-athletes are highly visible representatives of the school and, as such, are responsible for using good judgment in their overall appearance. All teams, regardless of level, have a responsibility to ensure that their game attire speaks volumes of their class and excellence.

- All game shirts will be tucked in.
- No player should make modifications to his or her uniform.
- Athletes are to wear a school-issued uniform and treat their uniform with respect.
- Uniforms must be returned to the athletic director within seven (7) days of the last game.
- If a uniform is not returned, Odyssey Charter School may reserve the right to withhold the student's report card and transcripts until the debt is collected.

Medical Clearance

Athletic physical exams, and other required FHSA paperwork (EL2, EL3, ECG Screening) must be completed prior to the first day of tryouts. During the competitive season, any student athlete treated by a physician for an injury, the athlete needs a note from the physician certifying they are able to participate and to what extent. An injury report must be given to the coach as well as the Athletic Director.

Sportsmanship

All student-athletes are expected to represent Odyssey Charter School in an exemplary manner. This behavior is expected both on and off the court or field. Student-athletes are expected to display the upmost respect and manners to all officials, coaches, opposing coaches, players, and spectators. At all times, good sportsmanship is the rule, not the exception. The penalty for unsportsmanlike behavior during a practice or game will be left to the discretion of the coaches for each sport along with input from the Athletic Director. This can range from sitting out at practice to a one-game suspension. In extreme cases, like when an athlete has been ejected from a game, or has had multi-game suspensions, dismissal from the team may be appropriate. The Athletic Director and School Administrators will make the final decision.

Parental Expectations

Odyssey Charter School appreciates the effort and sacrifice that parents make for their children. This makes it possible for players to achieve their goals and dreams. Please be aware of the school and coaches' expectations for parents:

- Effective communication is essential for success. This is true at the player level, team level and school level. Each team has a head coach and an assistant coach. All team related questions should go through the assistant coach– schedules, finance, paperwork, gear etc. All questions in regard to your particular child should go through the head coach – playing time, assessments, concerns etc.
- Coaches have open-door policies. Please *do not* see coaches before or during practices, or at games. They have to concentrate on their job. Coaches are always available after practice for an informal conversation or quick clarification. For something more formal, make an appointment.

- Please encourage your children to speak to their coach directly with questions or concerns. Learning to ask questions and discuss concerns effectively is a life skill that children need to develop.
- Parents must be aware of team information and schedules. A parent from each family is expected to attend.
- Be aware there is absolutely no coaching from the sidelines by parents at games. This confuses players and sometimes even undermines what a coach is trying to do.
- Please be respectful of the coach's time. All players must be picked up at the conclusion of practice and games, as designated by the coach. **If a student is late being picked up, they will be placed in After Care and the parent will be responsible for the accompanying fee. If it becomes a perpetual issue, the coach reserves the rights to dismiss student from the team.**
- The school's code of conduct is for everyone. It is posted on the school website. There is no criticizing of players (even if they are your own,) referees, or other adults. Poor sideline behavior sends the wrong message to others about our school and especially to your own children. It will not be tolerated, and you will be ejected from the facility.

FOR THE PARENT(S)/GUARDIAN(S):

I (we) have read the expectations for OCS student-athletes and parents/guardians 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. I (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 OCS 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

Parent/Guardian Printed Name	Parent/Guardian Signature	Date

PARENT FEE ACKNOWLEDGEMENT/ UNIFORM POLICY

This letter is to inform you of our non-refundable player participation fee. The fee will be \$100 per athlete, per sport. This fee will cover equipment, uniforms, game officials, league fees, and other administrative fees pertaining to their sport. ***If your child is selected to be on the team, all monies owed must be turned in by the first day of practice.*** Please make checks and money orders payable to Odyssey Charter School. Also, please indicate the child's name and sport in the memo line. (ie: Jonny Smith- Varsity Boys' Basketball)

OCS coaches keep specific and accurate records of school-issued inventory. **Athletes are not permitted to keep their uniforms at the end of a season.** Athletic uniforms are costly to replace. In addition, many of our uniforms are custom made, and cannot be matched. All parents are asked to support our accountability policies, and make every effort to see to it that their athlete's uniform and equipment are returned promptly. *Please be advised that it is more beneficial to have the inventory item returned than to have the item paid for.* It is the responsibility of the athlete to personally return all school issued equipment and uniforms to their coach at the conclusion of his/her season. It is also a part of what we hope each athlete learns while playing: how to become a valuable and responsible team player. If there are any items not returned at the end of the season, the athlete will be placed on an "indebted list".

Athletes who are indebted will not be issued any other school uniform or equipment for another sport season until they clear their athletic debt with their coach and/or Athletic Director. If the uniform is lost or ruined, the athlete will be held financially responsible. Coaches will also be instructed to withhold the presentation of athletic awards until the missing items have been returned or paid for. Odyssey Charter School may reserve the right to withhold the student's report card and transcripts until the debt is collected.

Thank you for your attention to the matter and ensuring the strength and well-being of our Titan Athletic Program!

By signing, you are acknowledging that you understand the equipment/uniform return policy, and agree to pay the player participation fee of \$100 if your child is selected to be on the team.

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

NCAA Initial-Eligibility Memorandum of Understanding

I UNDERSTAND THE FOLLOWING:

1. NCAA DI/DII Initial-Eligibility academic requirements are different than the graduation requirements for ODYSSEY CHARTER SCHOOL.
2. The minimum NCAA academic requirements have become much more rigorous in recent years. The minimum NCAA core course GPA, core course credit requirements and SAT/ACT scores have all increased.
3. Not all courses offered at ODYSSEY CHARTER SCHOOL are accepted by the NCAA as core courses for the purpose of meeting the NCAA's credit and GPA requirements.
4. An NCAA core course GPA is not the same as the cumulative GPA on the report card, and is most often lower.
5. Students interested in playing athletics at the collegiate level should begin tracking their NCAA core course GPA their freshman year. All semesters count towards meeting the NCAA's academic requirements.
6. Meeting only the minimum NCAA Initial-Eligibility requirements does not guarantee a student-athlete admission into their college of choice. Many colleges set standards higher than the NCAA minimum.
7. Tracking NCAA DI/DII Initial-Eligibility requirements is the responsibility of parents and student-athletes.

I understand that tracking NCAA DI/DII Initial-Eligibility requirements is the responsibility of parents and student-athletes.

Student Printed Name	Student Signature	Date

Parent/Guardian Printed Name	Parent/Guardian Signature	Date



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: Odyssey Charter Jr/Sr High 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 FHSAA 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)

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 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 ____

FINDINGS **NORMAL** **ABNORMAL FINDINGS** **INITIALS***

MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 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: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 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.

Student's Name: _____

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): _____ Date: ____/____/____

Address: _____

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.



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.
This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: Odyssey Charter Jr/Sr High School

School District (if applicable): Brevard County

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

☐ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

☐ My child/ward is covered by his/her school's activities medical base insurance plan.

☐ I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____/_____/_____

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____

Date _____/_____/_____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____

Signature of Student _____

Date _____/_____/_____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Odyssey Charter Jr/Sr High School

School District (if applicable): Brevard County

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Revised 06/21

Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: Odyssey Charter Jr/Sr High School

School District (if applicable): Brevard County

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Consent and Release from Liability Certificate (Page 4 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

1. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. **If the student is a home education student, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within the first 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
4. Must maintain at least a **cumulative 2.0 grade point average** on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have **enrolled in the ninth grade for the first time** more than eight semesters ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must not turn 19 before **July 1st** to participate at the high school level; must not turn 16 prior to **September 1st** to participate at the junior high level; and must not turn 15 prior to **September 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Cardiology Report: Electrocardiogram (ECG)

In accordance with Board Policy 2431 Interscholastic Athletics, as part of the middle and high school athletic packets, The School Board of Brevard County, Florida is requiring each student athlete wishing to participate in middle school and/or high school athletics, to have an electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school. An athlete who had an ECG screening prior to participating in his/her first athletic sport in middle school would need a second ECG screening prior to participating in his/her first athletic sport in high school, unless a previous ECG screening was completed within the preceding 365 days. An athlete who did not participate in middle school athletics, and therefore had not had a previous ECG screening, would need to have an ECG screening prior to participating in his/her first athletic sport in high school.

Date: _____ Student's Name: (Print) _____

Name of School: Odyssey Charter Jr/Sr High School

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____ Student ID #: _____

- ☐ An ECG screening has previously been completed and is on file at Odyssey Charter Jr/Sr High School. My child has been cleared for participation in ☐ middle school athletics or ☐ high school athletics.
- ☐ An ECG Screening was completed and evaluated by an outside vendor. Attached is the documentation clearing my child for participation in ☐ middle school athletics or ☐ high school athletics.
- ☐ The following represents the findings of the licensed physician or practitioner after reviewing the ECG screening results for my child:

Cardiac Clearance:

(To be completed by a Licensed Physician or Practitioner*)

Low Risk/Cleared for Participation: _____ Higher Risk/Not Cleared for Participation: _____ Date: _____

Name of Licensed Physician or Practitioner*:

(Print Name)

(Signature)

Name of Office: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

- ☐ I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Parent/Legal Guardian Phone #

**See Section 1006.20(2)(c), Florida Statutes.*



Assumption of Risk, Waiver, Release & Hold Harmless

COVID-19 and Voluntary Extracurricular Activities Summer 2022 and School Year 2022-23

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Brevard County, Florida. The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

Brevard Public Schools (BPS) will conduct certain extracurricular activities beginning in the Summer of 2022 and continuing into the 2022-23 school year. These activities, hereinafter known as "Activity," will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

To ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100 F. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.
- Make a visual inspection of my child(ren) for signs of illness which could include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all the statements above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 because of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BPS staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of me and my child(ren) being able to participate in the Activity, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Brevard County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Parent Permission for Off-Campus Activity

Odyssey Charter Jr/Sr High School

School Name

Date

Student's Name

Grade/ Class

Activity/ Event: All Athletic Events 2022-2023 School Year

Date(s) of Events

Teacher/Sponsor in Charge

List activity (ies) in detail or attach an outline that details all activities occurring during the trip:

To be completed by the school:

Transportation being provided (check all that apply):

☒ Walking ☒ School Bus ☒ Privately Owned Vehicle ☒ Leased Vehicle ☒ County Vehicle

Drivers of Private or Leased (check all that apply):

☒ Student (other than self) ☒ Parent or Volunteer ☒ Teacher or Staff Member ☒ Other Driver:

Type of Activity

Field Trip to (describe activity): Interscholastic Practice / Games ☒ On Campus Activity ☒ Off Campus Activity

Parents should direct questions concerning the activity to the School Office or the following school personnel:

James Monds

345-4117

Teacher / Sponsor in Charge

Phone

To be completed by the parent/guardian:

Parental Authorization and Acknowledgement of Risks

1. I understand that participation in the activity is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the office campus activity.
3. The parent or guardian and student understand that Odyssey Charter School or its employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the off-campus activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above activity(ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in activities off school property; therefore, neither Odyssey Charter School, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.
7. In the event of medical emergency, I/We authorize the teacher or chaperone in charge of the Off-Campus activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip:

☐ Granted ☐ Denied ☐ Granted with the following exceptions: _____

Student Signature

Date

Parent/ Guardian Signature

Date

6/14/2022



Committed to academic excellence and the education of the whole child

Jr./Sr. High Campus
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