

# PLANT HIGH SCHOOL ATHLETICS PAPERWORK DIRECTIONS



## List of Documents Needed For Athletic Clearance

- EL2 (Physical) on new approved FHSAA EL2 form (4/24)
- 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 Dated May 15 2024 or later
- Government Issued ID of parent signing forms with matching address
- School Health of Florida Insurance ID card
- Residential and Enrollment History 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 4/24

**MEDICAL ELIGIBILITY FORM**

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: \_\_\_\_\_ Biological Sex: \_\_\_\_\_ 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: (\_\_\_\_) \_\_\_\_\_

*The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)*

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, or a clinician under my direct supervision, have examined the above-named student-athlete using the Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance shall be treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_  
 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.

Provider Stamp (if required by school)  
 \_\_\_\_\_  
 \_\_\_\_\_

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 the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram, and/or cardio stress test.

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

Modified from 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.

New Form – dated 4/24

• THIS Information MUST be completed at the TOP!

• IMPORTANT: Please tell doctors office NOT to place the stamp here! The stamp CANNOT cover ANY Information!

• Doctor's Name MUST be Printed  
 • Doctor's Signature & Date of Exam, Credentials and License #

• PRINT/Type Doctors Office Address and Phone #  
 ONLY place stamp HERE

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 4/24

*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: \_\_\_\_\_ Biological Sex: \_\_\_\_\_ 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 of Exam: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

Provider Stamp (if required by school)  
 \_\_\_\_\_  
 \_\_\_\_\_

PAGE 5 is 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
- ❖ Bank Statement

TECO TAMPA ELECTRIC AN EMERA COMPANY

ACCOUNT INVOICE

tampaelectric.com | f t p i

Statement Date:

Account:

Current month's charges:

Total amount due: \$170.91

Payment Due By: 04/30/2022

**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.

Your Account Summary

Previous Amount Due	\$100.85
Payment(s) Received Since Last Statement	-\$100.85
<b>Current Month's Charges</b>	<b>\$170.91</b>
<b>Total Amount Due</b>	<b>\$170.91</b>

CITY OF TAMPA FLORIDA ORGANIZED JULY 15 1867

City of Tampa Utilities  
P.O. Box 30191  
Tampa, FL 33630-3191

Amount Now Due \$161.73

Make Check Payable:  
City of Tampa Utilities

Your Account Number XXXXXXXX

BILL DATE: 05/05/2022

PAY NEW CHARGES BY: AUTO PAY

NAME OF LEGAL GUARDIAN  
ADDRESS  
CITY, FL ZIP - XXX

00000000 00000000

# DOCUMENTS REQUIRED #4: FHSAA VIDEO CERTIFICATES

- VIEWING THE VIDEOS IS REQUIRED EACH YEAR. FOR THE 2024-2025 SCHOOL YEAR, VIDEOS MUST BE VIEWED ON OR AFTER MAY 15, 2024.
- [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 FOR STUDENTS! (MUST BE THIS COURSE)
  - ❖ 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 #4 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, 2024 OF THE CURRENT YEAR TO BE ACCEPTED FOR THE 2024-2025 SCHOOL YEAR



Concussion in Sports – for coaches.  
Concussion for students for Students!



# DOCUMENTS REQUIRED #5 GOVERNMENT ISSUED ID

- ❖ GOVERNMENT ISSUED PHOTO IDENTIFICATION OF PARENT OR LEGAL GUARDIAN SIGNING THE FORMS.
- ❖ ADDRESS MUST MATCH ADDRESS ON FILE AND PROOF OF RESIDENCE FOR ATHLETIC CLEARANCE
- ❖ WHEN SCANNING THIS DOCUMENT, MAKE SURE ALL INFORMATION IS CLEARLY VISIBLE IN THE PICTURE.



# DOCUMENT # 6: INSURANCE ID CARD

## *School Insurance of Florida Student Accident Insurance*

Please cut your insurance card out and retain for your records.

<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023	<i>School Insurance of Florida</i> Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2023
Student Name: EVANITTA OMENSETTER	Student Name: EVANITTA OMENSETTER
School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL	School District: Hillsborough Public Schools, School: PLANT HIGH SCHOOL
Date Paid: 05/15/2024 Amount Paid: \$60.00	Date Paid: 05/15/2024 Amount Paid: \$60.00
Coverage: FBLA Group A Football Lacrosse Termination Date: 05-30-2025	Coverage: FBLA Group A Football Lacrosse Termination Date: 05-30-2025
For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.	For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.
This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.	This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.

Please visit our website [WWW.HCPSATHLETICPROTECTION.COM](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

**HCPS 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: \_\_\_\_\_

Has the student ever attended another high school? (check one)  Yes  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 (circle 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. N/A 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 FHSAA EL6 (Change of Schools) Form will need to be submitted electronically by the current school to any prior High School in which student participated. 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 Name (Print) Parent/Guardian Signature Relationship to Student Date

*\*The school 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

- ❖ Form **MUST** be completed in it's entirety.
- ❖ List **ALL** schools previously attended.
- ❖ Last school participated in high school athletics **MUST** be complete if you participated
- ❖ Original Signature Required – **NO PRINTED** signatures allowed

# 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.FHSAAHOME.ORG/

If you have ever had an account, log in here. If you have forgotten your info, DO NOT create a new account. Use the reset or HELP options.

If you have never logged in – click here to create an account. The parent must create the account using THEIR email, not the student's.

Florida Username (E) Password Sign In

Forgot Password?

Create an Account

See how it works!

Help

# 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](#) [Inbox](#) [My Account](#) [Receipts](#) [Injuries](#) [Help](#) [Logout](#)



AthleticClearance.com

By Home Campus

Select Language ▼

## Clearance - Setup

Choose Which Year, School & Sport

Year \*

2024-25

School \*

-- Select --

Next

Choose 2024-2025

# SELECT SCHOOL

[My Clearances](#) [Inbox](#) [My Account](#) [Receipts](#) [Injuries](#) [Help](#) [Logout](#)



AthleticClearance.com  
By Home Campus

 Select Language | ▼

## Clearance - Setup

Choose Which Year, School & Sport

Year \*

2024-25

School \*

-- Select --

Next

Scroll and Choose Plant  
High School



# SELECT SPORT

The screenshot displays a web application interface for selecting a sport. A dropdown menu is open, listing various sports and activities. A red arrow points to the 'Band Auxiliary' option, which is highlighted. 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:  
2024-25

Student:

School:  
Ace Academy

Sport:  
Baseball



Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

 No date selected

Student ID:

Student ID not known

Gender:

-- Select --

Graduation Year:

2027

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Is the Student Covered by Insurance?

Yes

Student ID:

Student ID not known

Gender:

-- Select --

Graduation Year:

2027

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Is the Student Covered by Insurance?

Yes  
 No

Does the student possess a US or US Territory Birth Certificate?

Yes  
 No

Physician Information

N/A

Primary Physician/Family Doctor:

Physician Phone #:

Preferred Hospital:

Please enter the preferred hospital you would like your student to be transported to in the case of an emergency. This field is required; it cannot be left blank. If none, enter "Nearest Hospital."

Education History:

My student has never attended a different high school  
 Student is entering 9th grade  
 Student is in elementary or middle school  
 Student has previously attended a different high school  
 Student attends academic classes at a different school

Back to Clearances

Save & Continue

- 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
- This page is for information about your STUDENT.
- Complete the form and click on save and continue
- Accurate information is needed here

# 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

Year: 2024-25      Student: Evanitta Omensetter      School: Ace Academy      Sport: Baseball

Student    Parent/Guardian    Medical    Program Information    Signature    Files    Confirmation

Choose Parent/Guardian  
-- Select --

Parent Guardian #1  
First Name:  
Last Name:  
Cell:  
Email:

Parent Guardian #2  
 N/A  
First Name:  
Last Name:  
Cell:  
Email:

Student is Living With:

Emergency Contact  
First Name:  
Last Name:  
Relationship to Student:  
Contact Number:

# 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

The screenshot shows a web form for entering parent/guardian information. At the top, there are four fields: Year (2024-25), Student (Evanitta Omensetter), School (Ace Academy), and Sport (Baseball). Below these are navigation icons for Student, Parent/Guardian, Medical, Program Information, Signatures, Files, and Confirmation. The main form section is titled 'Choose Parent/Guardian' and features a dropdown menu with 'Evanitta Omensetter' selected. Below this are fields for 'Parent Guardian #1' including First Name (Evanitta), Last Name (Omensetter), Cell (+1 9999 999-9999), and Email (evanitta.omensetter@sdhc.k12.fl.us). There is a section for 'Parent Guardian #2' with a radio button for 'N/A' selected and a dropdown for 'Student is Living With:' set to 'Mother'. The 'Emergency Contact' section includes fields for First Name (Alonso), Last Name (High School), Relationship to Student (School), and Contact Number (+1 9999 999-9999). At the bottom, there is a dropdown for 'Who is filling out this form?'. The footer contains the NCSA logo and text about the College Recruiting Process, including a link to 'Home Campus Teams with NCSA College Recruiting' and a list of benefits: 'Receive a FREE recruiting profile visible to over 35,000 college coaches' and 'An NCSA recruiting expert will reach out to offer a FREE Recruiting assessment'.

# STUDENT MEDICAL HISTORY INFORMATION

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

Year: 2024-25	Student: Evanitta Omensetter	School: East Bay (Gibsonton)	Sport: Baseball
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Student   Parent/Guardian   Medical   Program Information   Signatures   Files   Confirmation

Choose Parent/Guardian

-- Select --

Parent Guardian #1

First Name:

Last Name:

Cell:

Email:

# 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

Year: 2024-25	Student: Evanitta Omensetter	School: East Bay (Gibsonton)	Sport: Baseball
------------------	---------------------------------	---------------------------------	--------------------

Student   Parent/Guardian   Medical   Program Information   Signatures   Files   Confirmation

Student Signature Forms  
FHSAA Policy 36 on Recruiting

*FHSAA Administrative Policy States:*

**36.2.1 Athletic Recruiting.** "Athletic recruiting" is any effort by a school employee, athletic department staff member or representative of a school's athletic interests to pressure, urge or entice a student to attend that school for the purpose of participating in interscholastic athletics.

**36.2.1.1 Representative of a School's Athletic Interests.** "Representative of a school's athletic interests" refers to any independent person, business or organization that participates in, assists with and/or promotes that school's interscholastic athletic program. This includes:

- (a) A student-athlete or other student participant in the athletic program, such as a team manager, student trainer, etc., at that school;
- (b) The parents, guardians or other family members of a student-athlete or other student participant in the athletic program at that school;
- (c) Relatives of a coach or other member of the athletic department staff at that school;
- (d) A volunteer worker in that school or that school's athletic program;
- (e) An athletic booster organization of that school;
- (f) A member of an athletic booster organization of that school;
- (g) A person, business or organization that makes financial or in-kind contributions to the athletic program.

# PARENT SIGNATURE FORMS: MUST SIGN FULL NAME

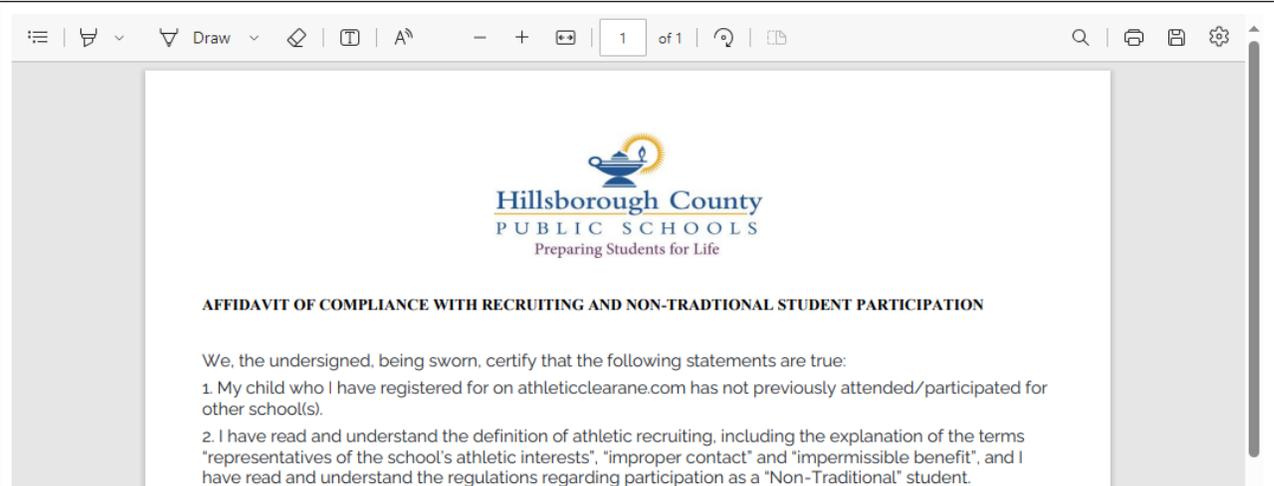
**NOTE:**  
IF STUDENT HAS THE SAME  
NAME AS PARENT SIGNING  
THE FORMS,  
DIFFERENTIATION MUST BE  
MADE.

**FOR EXAMPLE:**  
JOHN DOE, AND JOHN DOE  
JR.  
OR  
JOHN C DOE, AND JOHN S.  
DOE

Year: 2024-25	Student: Evanitta Omensetter	School: East Bay (Gibsonton)	Sport: Baseball
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Student Parent/Guardian Medical Program Information Signatures Files Confirmation

Parent Signature Forms  
Affidavit of Compliance with Recruiting and Non-Traditional Student Participation



**Hillsborough County  
PUBLIC SCHOOLS**  
Preparing Students for Life

**AFFIDAVIT OF COMPLIANCE WITH RECRUITING AND NON-TRADITIONAL STUDENT PARTICIPATION**

We, the undersigned, being sworn, certify that the following statements are true:

1. My child who I have registered for on athleticclearane.com has not previously attended/participated for other school(s).
2. I have read and understand the definition of athletic recruiting, including the explanation of the terms "representatives of the school's athletic interests", "improper contact" and "impermissible benefit", and I have read and understand the regulations regarding participation as a "Non-Traditional" student.

# 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.

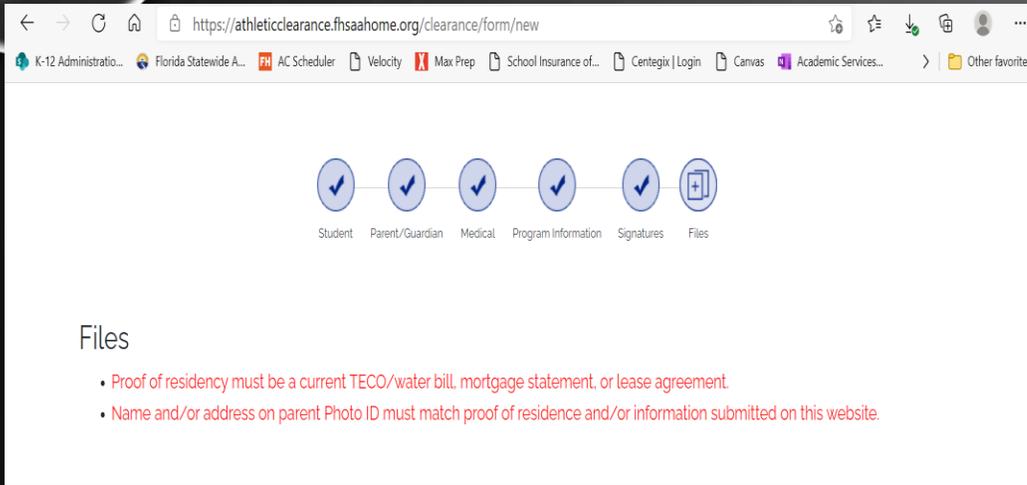
## OPTION 2: USING PICTURES to UPLOAD:

- 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:

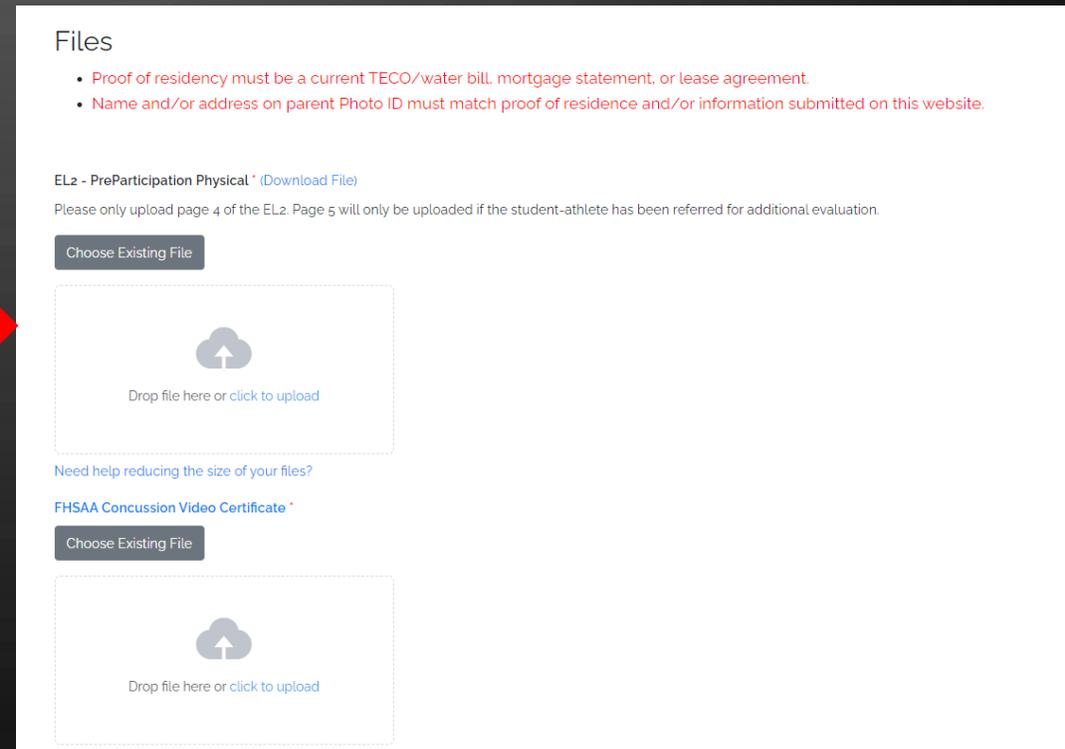
### ➤ EL2:

- ONLY 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.



The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The progress bar at the top indicates that the 'Student', 'Parent/Guardian', 'Medical', 'Program Information', and 'Signatures' sections are complete, while the 'Files' section is currently active. Below the progress bar, the 'Files' section contains the following instructions:

- Proof of residency must be a current TECO/water bill, mortgage statement, or lease agreement.
- Name and/or address on parent Photo ID must match proof of residence and/or information submitted on this website.



The screenshot shows the 'Files' section of the form. It includes the same instructions as the left screenshot. Below the instructions, there is a section for 'EL2 - PreParticipation Physical \*' with a '(Download File)' link. A note states: 'Please only upload page 4 of the EL2. Page 5 will only be uploaded if the student-athlete has been referred for additional evaluation.' There are two 'Choose Existing File' buttons, each followed by a dashed box containing a cloud upload icon and the text 'Drop file here or [click to upload](#)'.

Need help reducing the size of your files?

**FHSAA Concussion Video Certificate \***

Choose Existing File



Drop file here or [click to upload](#)

Need help reducing the size of your files?

**FHSAA Heat Illness Video Certificates \***

Choose Existing File



Drop file here or [click to upload](#)

Need help reducing the size of your files?

**FHSAA Sudden Cardiac Arrest Video Certificate \***

Choose Existing File



**Birth Certificate \***

Choose Existing File



Drop file here or [click to upload](#)

Need help reducing the size of your files?

**Proof of Residency \***

Choose Existing File



Drop file here or [click to upload](#)

Need help reducing the size of your files?

**Proof of Insurance \***

Choose Existing File



## ➤ 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

### ➤ Birth Certificate

- Proof Residence (2 of them – SEE LIST OF APPROVED FORMS)
- Proof of Insurance (School Health Insurance ID Card – NOT RECEIPT)
- Parent signing forms Government Issued ID – DL must have matching address to student address on file at school
- Residential and Enrollment History Form
- Scroll down and click on submit your completed clearance

Clearance submitted successfully!

Year:

2024-25

School:

East Bay (Gibsonton)

Sport:

Baseball

## Confirmation Message

Dear Evanitta Omensetter,

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Baseball for East Bay (Gibsonton) in 2024-25.

This email does not mean that your student is cleared to participate in sports at East Bay (Gibsonton) 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 East Bay (Gibsonton) 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,

East Bay (Gibsonton) High School

[Return to Home](#)

[Print](#)

[Donations/Shop](#)

**Confirmation ONLY – this does not mean that you are CLEARED. Be Patient. Clearances are done in order of sport season and in the order they are received. DO NOT email Ms. Omensetter.**

# My Clearances

Start Clearance Here

Your Files

[Archived Clearances](#)

Filter Search

Year:

2022-23

Status:

-- Select --

Search

Make sure this says  
PENDING! If it says IN  
PROGRESS – YOU  
DID NOT SUBMIT!  
DENIED – means you  
have to make  
corrections!!!



Plant (Tampa)

Year

Sport

Participant

2022-23

Football (11 man)

Evanitta Omensetter



Pending



It can take up to 15 days to be cleared. Please be patient and DO NOT wait until the last minute.

TECHNICAL ISSUES - should be directed to athletic clearance – click on the help tab and submit a ticket.

If you have any questions – please email Ms. Omensetter @ [evanitta.omensetter@hcps.net](mailto:evanitta.omensetter@hcps.net) or students should see Ms. Omensetter outside of class time.

