



Middle School  
Athletics  
Paperwork  
Directions



# Planet High School/BigTeams Athletic Pre-Participation Forms Getting Started Guide

Once all of these documents are collected and ready for upload, please complete the online registration for your student-athlete at [www.planeths.com](http://www.planeths.com)

For assistance with online registration, please use the help/support feature within the program or contact the Assistant Principal for Administration at your student-athlete's school.

# Middle School Student Athletic Procedures (Student Forms)

The following requirements must be completed PRIOR to registration of all student-athletes:

**EL2 Physical Form**

(Page 4 of 4 must be completed which includes: signed, stamped, dated, and cleared without limitations by approved medical personnel. The supplement page may be required.)

**Three (3) required FHSAA Videos** (Concussion for Students, Sudden Cardiac Arrest, and Heat Illness Prevention)  
(print all three certificates in student-athlete's name, dated after May 15, 2024)

**Purchase Insurance**  
(print insurance card)

Government Issued Photo Identification of parent/guardian who is signing the forms for the student-athlete

# 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/>
- ❖ 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.

**ALL PAGES 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 evaluated, diagnosed, and 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.  
 \_\_\_\_\_  
 Medications: *(use additional sheet, if necessary)*  
 List: \_\_\_\_\_

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*  
 Allergies  Asthma  Cardiac/Heart  Concussion  Diabetes  Heat Illness  Orthopedic  Surgical History  Sickle Cell Trait  Other  
 Explain: \_\_\_\_\_

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or 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
- Student's Information MUST be completed at the TOP!
- Doctor's Name MUST be Printed
- Doctor's Signature & Date of Exam
- Doctors Office Address and Phone # (Or Stamp)
- Credentials
- License #

This section is if you need to let our Certified Athletic Trainer (ATC) know any pertinent information. Check No if no pertinent information. Information such as allergy, asthma can go here so our ATC is aware.

Student and parent signature and date



**PREPARTICIPATION PHYSICAL EVALUATION (Supplement)**  
**SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL**  
 This form is valid for 365 calendar days from the date signed below.

**EL2**

Revised 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)  
 \_\_\_\_\_

Only Necessary if Recommendations were made on page 4 and form MUST be completed by specialist listed on recommendation/precaution etc...

# Documents required #2: 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 #2 FHSAA VIDEO Certificates

- ❖ Certificates for the three required FHSAA videos (in student's name) from [nfhslearn.com](http://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!



# DOCUMENT # 3: 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: Maleigha Garcia-Brown	Student Name: Maleigha Garcia-Brown
School District: Hillsborough Public Schools, School: HCPS MIDD	School District: Hillsborough Public Schools, School: HCPS MIDD
Date Paid: 05/15/2024 Amount Paid: \$25.00	Date Paid: 05/15/2024 Amount Paid: \$25.00
Coverage: MIDD Middle School Termination Date: 05-30-2025	Coverage: MIDD Middle School 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

# Documents required #4 government issued id

- ❖ Government issued photo identification of parent or legal guardian signing the forms.
- ❖ When scanning this document, make sure all information is **clearly visible** in the picture.



# Logging In

<https://studentcentral.bigteams.com>

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



## LOG IN TO CONTINUE

Email or Mobile Number

Password

[Forgot password?](#)

Keep me LOGGED IN

By logging in, I agree to the [End User Agreement](#) and [Privacy Policy](#).



Log In

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.



[Sign Up to Create New Account](#)

## Central de estudiantes de BigTeams

### Padres: Guía de ayuda para crear su cuenta de estudiante

1. Ir a <https://studentcentral.bigteams.com/>
2. Haga clic en [Registrarse para crear una nueva cuenta](#) y complete la creación de la cuenta en cuatro pasos
  - a. ¿A quién va dirigida esta cuenta? Seleccione Padre/Tutor
  - b. ¿En qué escuela te estás inscribiendo? Ingrese el nombre de la escuela a la que asiste su estudiante participante de mayor edad
  - c. Ingrese su información personal para su cuenta de padre/tutor
  - d. Ingrese el nombre de usuario (correo electrónico) y la contraseña
3. En la página Cuentas vinculadas en Mi perfil, haga clic en "+ Vincular cuenta de estudiante"
4. Busque a su estudiante para ver si ya ha creado una cuenta. Consulte [ESTA](#) guía de ayuda para realizar búsquedas.
5. Si su estudiante no tiene una cuenta, haga clic en el hipervínculo "Si su estudiante NO tiene una cuenta O aún no tiene 13 años, haga clic AQUÍ" y complete los cinco pasos para crear la cuenta de estudiante
6. Una vez creado, asegúrese de ingresar su información de [CONTACTO DE EMERGENCIA](#) (navegación izquierda en Mi perfil) y luego complete los requisitos del formulario haciendo clic en [FORMULARIOS](#) y luego en [FORMULARIOS ATLÉTICOS](#)
7. Echa un vistazo a [ESTA](#) guía de ayuda para completar formularios

### GETTING STARTED

1. Go to: <https://studentcentral.bigteams.com/> and follow the next steps as a student and as a parent in order to complete registration.
    1. **STUDENT**
      1. Your school has already created an account for you. Attempt to sign in with your school email address and first time password: bigteams
    2. **PARENT**
      1. Click "Sign Up To Create New Account" and proceed through 5 step account creation process.
        1. NOTE: Your login email address will need to be unique to your account and cannot be re-used. If you are a parent and also a staff member, you will need two accounts with two unique logins, one for being a parent and one for being a staff member
- **ACCOUNT LINKING (My Profile -> Linked Accounts)**
    1. **STUDENT SEND INVITATION**
      1. Students should send linking invitation to their parent using the search "+ Link Parent Account" search options. If no results found, input parent's preferred email address or mobile number, and click Send Request. Proceed to Athletic Forms after sending linking request or wait to complete the form requirements with your linked parent after they accept the invite.
    2. **PARENT RECEIVE INVITATION**
      1. The invitation will show within the parent profile. The linking invitation is emailed/texted to the intended parent but does not require action in order to accept the invite. Simply sign in with the email address/phone number that your student invited you by going to your Linked Accounts section. Once linked with student proceed to next step
  - **EMERGENCY CONTACT (My Profile -> Emergency Contact)**
    1. **\*PARENT ONLY\***
      1. Your school utilizes the Emergency Contact section to build reports for game/events. Be sure to input as much information as possible, clicking UPDATE at the bottom when complete. Relevant information will also carry over to digital forms saving you time when completing registration for your student(s). Once complete click Forms followed by Athletic Forms.
  - **\*\*NEED ADDITIONAL ASSISTANCE?\*\*** Check out Self Help on site or visit our help website at: <https://bigteams.my.site.com/support/s>

# ACCOUNT CHECKLIST:



**Before continuing athletic clearance make sure :**

- Parent has an account
- Student has an account
- Accounts are linked

## Account Linking

Students and parents must have separate accounts for electronically signing the documents necessary for participation in sports. Enter your Parent/Guardian's mobile phone number or email address and we'll send them an invitation to link accounts.

[+ Link Parent Account](#)

## COMPLETE DIGITAL FORMS (Forms -> Athletic Forms)

### 1.STUDENT

1. Students can begin completing forms while logged into their own account by clicking Forms and then Athletic Forms. Students can also wait for their parents to accept the linking request before getting started. In the Linked Accounts section for parent accounts there is a “Sign In As” feature that will allow students to sign their forms while logged into the parent account.

### 2.PARENT

1. Once linked with your student(s), click Forms followed by Athletic Forms. From there, scroll down to your first student’s form requirements. Once complete, all forms will either show a status of Complete, Pending Staff Approval, or Awaiting Athlete Signature. . Need to help your student? Return to your Linked Accounts page after clicking My Profile to assist your student with their signature requirements.

Reviewing Forms for the below School Year:

Filter View: 2024 - 2025 ▼

#### Registered Sports

Select the sports you wish to participate in this school year.

- Basketball  Flag Football  Soccer  
 Track/field (team)  Volleyball

#### Completion of These Forms is Required of Each Student

The forms below must be completed by both the student and a parent or legal guardian. Only after the Sports Director has reviewed and approved the completed forms will the student be allowed to participate in team activities.

[PlanethS Help Guide](#) [PlanethS Help Guide Spanish Version](#)

#### Status Legend

**Awaiting Student Signature:** The student needs to log into their account to review and sign the form

**Awaiting Parent Signature:** The parent needs to log into their account to review and sign the form

**Pending Staff Approval:** The form is now waiting for the Sports Director at your school to review and approve the form

**Declined:** Staff has Declined the form

**Complete:** This form has been approved by the Sports Director at your school

[HCPS Application for Athletic Participation Middle Schools](#) **Incomplete**

[Warning, Agreement to Obey Instructions, Release, Assumption of Risk, and Agreement to Hold Harmless](#) **Incomplete**

[EL2 - Preparticipation Physical Evaluation \(History Form\)](#) **Incomplete**

[EL2 - Preparticipation Physical Evaluation \(Physical Assessment\)](#) **Incomplete**

[EL3 - Consent and Release from Liability Certificate](#) **Incomplete**

[Middle School Athletic Eligibility Form](#) **Incomplete**

[Medical Release Form](#) **Incomplete**

[NFHS Learn Certificates](#) **Incomplete**

[Excess Student Accident Insurance Overview](#) **Incomplete**

[District Purchased Insurance \(Mandatory\)](#) **Incomplete**

[Parent Government ID](#) **Incomplete**

[Code of Conduct](#) **Incomplete**

# Upload files

Upload EL2  
Doctor's  
physical form  
here

Upload 3 video  
certificates  
here

Upload a copy of  
School Insurance  
of Florida card  
here

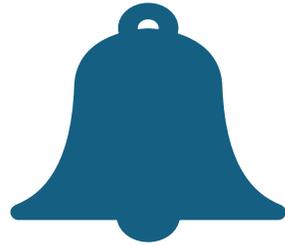
Upload  
Parent's ID  
here

- HCPS Application for Athletic Participation Middle Schools **Incomplete**
- Warning, Agreement to Obey Instructions, Release, Assumption of Risk, and Agreement to Hold Harmless **Incomplete**
- EL2 - Preparticipation Physical Evaluation (History Form) **Incomplete**
- EL2 - Preparticipation Physical Evaluation (Physical Assessment) **Incomplete**
- EL3 - Consent and Release from Liability Certificate **Incomplete**
- Middle School Athletic Eligibility Form **Incomplete**
- Medical Release Form **Incomplete**
- NFHS Learn Certificates **Incomplete**
- Excess Student Accident Insurance Overview **Incomplete**
- District Purchased Insurance (Mandatory) **Incomplete**
- Parent Government ID **Incomplete**
- Code of Conduct **Incomplete**

Once you complete forms  
you will see the green word  
**complete** for each section

- Medical Release Form **Complete**
- NFHS Learn Certificates **Complete**
- Excess Student Accident Insurance Overview **Complete**
- District Purchased Insurance (Mandatory) **Complete**
- Parent Government ID **Complete**

# APPROVED NOTIFICATION



When all forms are complete/approved by your school, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been declined by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.



**\*\*NEED  
ADDITIONAL  
ASSISTANCE?\*\*) \*\***  
Check out Self  
Help on site or  
visit our help  
website  
at: [https://bigtea  
ms.my.site.com/  
support/s](https://bigtea.ms.my.site.com/support/s)

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

If you have any questions –  
please contact your school's Assistant Principal for more  
information.



# Athletics