

NEW STUDENT INFORMATION GUIDEBOOK

2025-2026



www.cchs.us
INSPIRING EXCELLENCE MIND • BODY • SPIRIT



**INSPIRING EXCELLENCE
MIND • BODY • SPIRIT**

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Contact List

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Important Dates

Academic Course Advising

April 10 | April 15 | April 17 | See page 8 for more information

Band, Chorus, Theatre Auditions

April 10 | April 17 | See page 12 for more information

Cheerleading Tryouts

May 23–24

Summer Bible Study

June 9 - July 28

First Day of Summer Athletic Performance Training

June 2

CCHS Used Uniform Sale

June 10

Cross Country, Football, Golf, Volleyball, Swim Tryouts / Practice

July 28

Parent-Student Orientation

August 7 | 6:30 PM

New Student Mock Schedule & Warrior Welcome Day

August 8

First Day of School

August 11 | 7:45 AM–2:55 PM

Freshmen Parent Meeting

September 15 | 6:30 PM–7:45 PM

First Semester Exams

December 16–19

CCHS Summer Opportunities

Bible Study

Join us for Bible Study on Mondays this summer from 11:30am - 1:00pm! Check the school calendar on our website for the location.

Summer Athletic Performance Training

See page 14 for details.

Camps

CCHS offers athletic summer camps. Please visit the link below to view current summer camp information.

<https://www.cchs.us/SportsCamps.aspx>



Technology Information

As a college preparatory Christian high school, Calvary believes technology is a powerful tool that creates unique and relevant learning experiences by providing enriching and engaging instructional resources. Our faculty is trained and experienced in integrating technology while delivering compelling, creative, and comprehensive instructions.

Calvary is committed to incorporating technology in the classroom on the student level as well. The CCHS program includes a 1:1 iPad initiative. Each student leases an iPad that is used throughout the curriculum as an invaluable learning tool.

CCHS distributes iPads to students during a

"deployment and training" session on August 8th during Mock Schedule.

In our fully equipped Innovation Lab, our students will experience the design process as they discover, collaborate, and develop solutions to real-life challenges.



Academics

Optional Individual Academic advising sessions for course selection will be available on the following dates:

April 10 | 3:00–5:30 PM

April 15 | 3:00–5:30 PM

April 17 | 5:00–7:30 PM

*Registration not required.

Summer Assignments

Many courses have assignments to be completed during the summer. The information for summer assignments will be posted on the following webpage link by June 1.

<https://www.cchs.us/SummerAssignments.aspx>



College Counseling Program

Department Overview

The mission of the CCHS College Counseling Department is to cultivate supportive relationships with families while guiding students to explore their future plans through a Biblical worldview, aligning with their God-given talents and abilities.

Your CCHS College Counseling Team



Dana Troutman

Director



Matthew Cave

Associate Director



Amy Smith

College Counseling
Support Coordinator

Signature College Counseling Offerings

- Senior Parent Seminar
- Senior Parent Financial Aid Seminar
- Junior Parent "Gear Up for Senior Year" Event
- Freshman & Sophomore Parent "Conversation with the Counselors" Event
- Senior Celebration Event
- College Exposure Trips
- Locally hosted Christian College Fair & National College Fair
- College Admission Rep Visits on the CCHS campus
- Group College Counseling Sessions at all grade levels
- Individual College Counseling available for all grade levels
- Course Advising for all students
- Course Advising Sessions for new families
- Bi-annual college-bound athlete session

Curriculum Overview

■ Grade 9

Transition & Self-Discovery

Acclimation to CCHS Culture

Academically, Socially, Spiritually

Discovery of Gifts, Talents, Passions

Through the classroom, athletics, fine arts, & community service

■ Grade 10

Self-Awareness & College Research

Application of Self-Knowledge

To extracurriculars, activities, & community service

Application of Self-Awareness

To academic course rigor and standardized testing

Begin College Research & Exposure

Based on best fit (campus visits, college fairs)

■ Grade 11

College Exploration & Planning

Strategic College Campus Visits

To inform final list

Assessment of Academic & Financial Match

Factors for college admission

Finalize Application “Short List”

■ Grade 12

College Application & Enrollment

Student Engaged

In the application & financial aid process

Ability to Make Final Enrollment Decision

Based on best fit factors

Successful Transition to College

■ CCHS College Counseling Essential Core Values

- **Gospel-Centered Counseling:** We give counsel from an eternal vantage point so that students understand they are uniquely designed by God for a purpose and that their skills and abilities are best utilized when they align their futures with God’s will.
- **Transformative College Counseling:** We desire to provide accurate information and well-researched advice in order to see students follow God’s best for their lives.
- **Impactful College Counseling:** We encourage students to become aware of and celebrate all of the opportunities ahead of them and steward their gifts and abilities appropriately.
- **Collaborative College Counseling:** We eagerly partner with our parents and students in the college-going educational process. Our goal is to equip families with the tools, resources, and support they need to confidently and successfully navigate the student’s individual post-secondary education plans.
- **Results-oriented College Counseling:** We expect 100% of our senior class to be accepted into at least one of their best-fit colleges/universities and persist in their post-secondary journey because they navigated the best-fit college approach well.

Fine Arts

If you are interested in enrolling in Band, Choir, or Theatre as a course, please use the links below to sign up for an audition and to view audition requirements.

April 10 | April 17

Band

Sign up using the following link:

<https://www.signupgenius.com/go/10C094AA4AD2CA4FD0-55113561-course#/>

Mr. Michael Martell

martell.michael@cchs.us

Choir

Sign up using the following link:

<https://www.signupgenius.com/go/10C094AA4AD2CA4FD0-55136521-course#/>

Mr. Brandon Martell

martell.brandon@cchs.us

Theatre

Sign up using the following link:

<https://www.signupgenius.com/go/10C094AA4AD2CA4FD0-55136527-course#/>

Miss Grace Pitt

pitt.grace@cchs.us





from the Spring 2024 musical *Meet Me in St. Louis*

Calvary Athletics



Summer Athletic Performance Training

Calvary provides an opportunity for students to participate in a supervised strength and conditioning program during the summer months in the school's state-of-the-art training facility. The schedule below outlines the schedule for the summer. Students must have a current FHSAA Athletic Physical Evaluation Form on file to participate in workouts.

Start Date

June 2, 2025

End Date

July 17, 2025

Closed Dates

June 30 - July 6, 2025

Training Facility Hours

Times vary for each sport. For a list of times for each sport, go to

<https://www.cchs.us/Athletic%20Performance%20Training.aspx>

Fall Sports Tryouts Dates

Cheerleading	5/23-5/24 2025 3-5:30 PM 10 AM -3 PM	martin.jill@cchs.us
Cross Country	7/28/2025	sessions.benjamin@cchs.us
Football	7/28/2025	safford.wes@cchs.us
Golf	7/28/2025	engelhardt.blake@cchs.us
Swimming & Diving	7/28/2025	ray.brandon@cchs.us
Volleyball	7/28/- 7/29 2025	whitney.kim@cchs.us

Any questions about summer programs or tryout information? Please contact:

Kim Whitney

Director of Athletics

whitney.kim@cchs.us or

Hamilton Hartsell

Assistant Director of Athletics

hartsell.hamilton@cchs.us



Explanation of Enrollment Forms

All Students Must Have The Following Forms on File Prior to The First Day of School:

- School Physical, dated after August 1, 2024 (Athletic physical on the 4/24 EL2 form is preferred for this requirement)
- Florida Immunization Card
- Copy of Birth Certificate
- Notarized Medical Information and Authorization Form (see below)

Medical Information and Authorization

(See Page 29)

This form is kept on file and contains emergency contacts, medical information, and consent for treatment. This form must be filled out completely, notarized, and either returned to the Registrar or uploaded to Magnus.

Athletic Forms

(See Pages 17–27)

These forms must be completed and uploaded to Magnus. If the student will be participating in athletics, summer conditioning, and/or trying out for a CCHS sport. The EL2 (4/24 version) must be completed, signed, and stamped by a physician.



Athletic Forms



In order to participate in Calvary sports, including tryouts, each student must submit an FHSAA Physical Evaluation Form (EL2), Consent and Release from Liability, Heat and Concussion and Consent and Release for Cardiac Arrest and Concussion (EL3). These forms are included on the next several pages.

Calvary partners with One Medical Center located at 2251 Drew St., Suite A, Clearwater and BayCare Urgent Care located at 711 S. Belcher Rd. Clearwater for \$25 sports physical. You must bring the EL2 form with you to the doctor.

Students who are entering Calvary after completing one semester or more in high school must also complete an Affidavit with Compliance with the Policies on **Athletic Recruiting (GA4)**.

Pages 17–27 are forms required by the Florida High School Athletics Association (FHSAA) for participation in athletics. If you have any questions, please contact:

Kim Whitney

whitney.kim@cchs.us

-or-

Hamilton Hartsell

hartsell.hamilton@cchs.us





PREPARTICIPATION PHYSICAL EVALUATION (Page 1 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

MEDICAL HISTORY 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: (____) _____

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

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



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?		
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
23	Have you ever become ill while exercising in the heat?		
24	Do you or does someone in your family have sickle cell trait or disease?		
25	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		
Explain "Yes" answers here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

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

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

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 physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.

EL2

Revised 4/24

PHYSICAL EXAMINATION FORM

Student's Full Name: _____ Date of Birth: ____ / ____ / ____ School: _____

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

- ☐ Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment.
Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION		
Height:	Weight:	
BP: ____ / ____ (____ / ____)	Pulse: ____	Vision: R 20/____ L 20/____ Corrected: Yes No
MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph Nodes		
Heart <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

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

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____ / ____ / ____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

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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 FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date 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 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 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 complete.

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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)*



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: _____ School District (if applicable): _____

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 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release *(to be completed and signed by 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 in 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 of 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's/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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's 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 signature is required)*

Name of Student (printed) Signature of Student Date



Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 2 of 5)

EL3

Revised 3/23

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: _____ School District (if applicable): _____

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 cannot 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 healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or 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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from 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 student 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 an 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 or participation for myself and that of my child/ward.

_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Student (printed)	_____ Signature of Student	_____ Date



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: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks or practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

Why request an ECG/EKG as part of the annual preparticipation physical examination?

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nghslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

_____ Name of Parent/Guardian (<i>printed</i>)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Parent/Guardian (<i>printed</i>)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Student (<i>printed</i>)	_____ Signature of Student	_____ Date



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: _____ School District (if applicable): _____

Heat-Related Illness Information

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
- EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

Heat Exhaustion (EHI): Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at <https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf>
- Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time of the sports physical
- Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
- Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
- Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

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

_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Student (printed)	_____ Signature of Student	_____ Date

Information on this form is credited to: <https://ksi.uconn.edu/>



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: _____ School District (if applicable): _____

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. Must complete an EL3 for each school at which the student participates; **this form is non-transferable.**
2. 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)
3. Must not provide **false information** to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a 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 the student is permitted to participate. **Home Education students and students attending a non-member private school must complete additional paperwork prior to participating.** (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
7. Must not have **graduated** from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (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 acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Parent/Guardian (printed)	_____ Signature of Parent/Guardian	_____ Date
_____ Name of Student (printed)	_____ Signature of Student	_____ Date



Medical Information and Authorization for Treatment

Student Name: _____ **Birth Date:** _____

Emergency Phone Numbers: People to notify in case of an emergency and/or pick-up:

Father: _____

Work: _____ Cell: _____ Home: _____

Mother: _____

Work: _____ Cell: _____ Home: _____

Other Emergency Contact: _____ **Relationship:** _____

Work: _____ Cell: _____ Home: _____

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants. I grant permission to the school health personnel to administer first aid, monitor vital signs and communicate with my child's physician as needed.

Name of Family Physician _____ **Telephone:** _____

Date of Last DPT or Tetanus Shot _____

Hospital Preference _____

Health Insurance Company _____

Policy Number _____ **Phone** _____ **Expiration Date** _____

1. Is your student on any continuous medication? _____ **Specify:** _____

2. Does your student have any allergies? _____ **If yes, please explain:** _____

3. Is there any other medical information you feel we should have about your child?

Parent/Guardian's Signature

Printed Name

Notarization Required:

State of Florida County of Pinellas The foregoing instrument was acknowledged before me on _____, by _____, who is _____ personally known to me or who has produced _____ as identification.

Name of Notary: _____ *Stamp or Seal*

Notary Public

03/21



CALVARY CHRISTIAN HIGH SCHOOL



Dress Code

The dress code at CCHS seeks to enhance the learning environment while encouraging school spirit. Both school and gender specific policies apply.

All Students

Shirts

All students are required to wear a collared shirt with CCHS logo purchased from the Warrior Wear House. CCHS team or organization collared shirts are also allowed as long as the color is white, navy, red, or gray.

Sweatshirts or Jackets

CCHS sweatshirts and jackets may be worn during the school day. If a shirt is visible while wearing the sweatshirt or jacket, the shirt must be a CCHS polo. Hoodies will not be allowed.

Shoes

Students are encouraged to wear comfortable shoes that are appropriate for walking up and down stairs. Flip-flops and sandals are acceptable, but bedroom slippers are not acceptable.

All Men

Approved Colors and Styles

Male students at CCHS are required to wear cotton pants, shorts, or joggers in the following approved colors: navy, gray, black, or khaki.

- **White** is not an approved color for pants, shorts, or joggers.
- **Joggers** are distinct from sweatpants due to the material. Only joggers made from non-sweatpant material are allowed.

Prohibited Materials

Sweatpants, as well as pants, joggers, or shorts made from sweatpant material, are not permitted. Students should avoid wearing clothing that is made from a soft, fleece-like, or overly relaxed fabric.

Appearance Requirements

The overall appearance of pants, shorts, and joggers should be **polished, crisp, and clean** at all times.

- Clothes should be free from wrinkles, stains, or damage.
- Pants and joggers should fit appropriately and not appear overly baggy or tight.

Shorts Length

Shorts must be worn at **knee length**.

- The inseam of the shorts should be approximately **9 inches**.
- **Shorts above the knee** that expose the mid-thigh area are not acceptable.

This dress code is intended to maintain a professional and neat appearance while allowing students to be comfortable and presentable during school hours.

All Ladies

Approved Colors and Styles

Female students at CCHS are required to wear cotton pants, shorts, or joggers in the following approved colors: navy, gray, black, or khaki.

White is not an approved color for pants, shorts, or joggers.

Joggers are distinct from sweatpants due to the material. Only joggers made from non-sweatpant material are allowed.

Prohibited Materials

Sweatpants, as well as pants, joggers, or shorts made from sweatpant material, are not permitted. Students should avoid wearing clothing that is made from a soft, fleece-like, or overly relaxed fabric.

Skinny, bell-bottom, low rider, hip-hugger, or cargo pants (outside pockets) are not permitted.

Appearance Requirements

The overall appearance of pants, shorts, and joggers should be **polished, crisp, and clean** at all times.

Clothes should be free from wrinkles, stains, or damage.

Pants and joggers should fit appropriately and not appear overly baggy or tight.

Shorts Length

Shorts must be worn at **knee length**.

The inseam of the shorts should be approximately **7 inches**.

Shorts that expose the mid-thigh area are not acceptable.

This dress code is intended to maintain a professional and neat appearance while allowing students to be comfortable and presentable during school hours.

Additional Information is available at www.cchs.us/dresscode.aspx



School Uniform Ordering Process

Deadline to guarantee order delivery before the first day of school:
July 25, 2025

Ordering Process

- Open the website by accessing www.cchs.us on the navigation bar at the top: select Student Life.
- Under the Student Life tab: select Warrior Wearhouse in left column.
- We invite you to read the information on the home page. It will provide the latest policy and important information relating to the ordering process.
- Once opening the Warrior Wearhouse, scroll down the left-side navigation bar and double “click” your item category preference, i.e. polo, woven, etc.
- The item prices include embroidery of the garment with the Calvary shield logo, Calvary Athletic Sword, or Large “C” logo for hats only. AxCelMark has already programmed its systems to adjust embroidery thread color with the garment color you select.
- Make your selection by double “clicking” the item. The item will be displayed with more detailed information to help with finalizing your decision. Please “click” “VIEW SPEC SHEET” (in orange at the upper right of the screen) to determine item size, based on your student’s measurements.
- Select the color and size then enter the quantity. To enter the item, click “ADD TO SHOPPING CART” (in orange) at the upper right of the page.
- Once you have selected an item, scroll down and click “UPDATE CART.” Enter your next item and follow the same process.
- Once your entries are complete, you will be taken to the verification screen, “View Shopping Cart” that lists all the items selected.
- Next, complete your order by clicking “SUBMIT SHOPPING CART.” Complete the personal information entries for order processing and shipping.
- The final step is to enter your payment information. Your payment will be processed by PayPal which is one of the most secure methods of processing payments for websites.
- You do not have to have a PayPal account to order.
- You will receive a confirmation of payment from PayPal via email. Please save the receipt for your records. This completes the ordering process.

General Information

- When you receive your credit card statement, the charge will reflect AxCelMark Corporation as the source of transaction. AxCelMark is the approved service provider for preparing Calvary's school day apparel.
- Operations and shipping: The Warrior Wear House website is operational year round. Your order will be shipped to the address listed in the "ship to" portion of your email order confirmation. Shipment tracking and status will be provided when your order ships. Outbound shipping is free for Florida orders only. Quotes for out-of-state orders will be provided upon request.
- Customer Service Support: Questions regarding apparel options and sizing should be addressed to the AxCelMark Customer Service Team. Please do not hesitate to call. Contact information including our email address is available via the "Contact Us" tab on the website.
- Return Policy: Because each order is prepared exclusively for your student, there are no refunds or exchanges, so verify carefully before ordering.
- Deadline for ordering: The last day for placing your order to ensure delivery before school begins is July 25. Given the large number of orders, we strongly recommend ordering as early as possible.



CCHS Used Uniform Sale

June 10, 2025

10:00 AM–2:00 PM

CCHS uniform approved polos, sweatshirts, spirit shirts, pants and shorts will be on sale. All proceeds support our American Sign Language Department.



Lunch

General Information

- Lunch entrees are prepared on campus and served several days each week. Lunches are occasionally catered from outside vendors such as Chick-fil-A, Tijuana Flats, and Firehouse Subs.
- Salads, wraps, smoothie bowls, soups, pasta salad and fresh fruit, peanut butter and jelly sandwiches, and gluten-free options are prepared daily. Chips, other snacks, and a variety of homemade desserts are always available.
- Bottled water and other drinks and snacks are available for purchase from our vending machines.
- Student lunches may not be delivered by an outside vendor.
- Students can bring lunch from home. CCHS does not provide refrigeration for student use. Microwave ovens are provided by the school for student use.
- CCHS operates as a closed campus; therefore, students are not permitted to go off campus for lunch except on designated days for Juniors and Seniors.



Lockers & Backpacks

Lockers are available, upon request, to all incoming students and are the property of the school. For security, lockers should remain locked at all times. A fine will be charged for all damaged and defaced lockers, including jamming the locking mechanism to prevent the locker from locking. There is to be no adhesive material (i.e. glue, tape, stickers, etc.) used on the outside of the lockers. Locker decorations are to be confined to the inside of the locker and affixed with the use of magnets.

The school administration reserves the right to inspect lockers at any time. There are designated areas for athletic bags and equipment to be stored during the day. Backpacks are not permitted in the classroom.



After School Supervision

- After School Supervision is provided for students each day in a designated classroom. Students on campus 15 minutes after the dismissal bell must report to the room designated for supervision if he/she is not in an activity supervised by a coach, teacher, club sponsor, or other staff member.
- Students may remain in After-School Supervision from 3:10–5:30 PM for no additional cost. A student remaining from 5:30–5:45 PM will incur a \$15 per day charge. A student remaining after 5:45 PM will incur a \$50 charge per 30 minute increments.
- The athletic facilities, including the weight room, are for use by teams under the supervision of a coach. The athletic facilities, including the weight room, are not “open” areas where students may go after school dismisses unless they are a part of a team using the facility for a school-related purpose.
- On days when there is an athletic event on campus, students remaining on campus to attend the event must be supervised in the room designated for After-School Supervision until time for the event to start. Students may not congregate in the hallways or outside an athletic facility on campus waiting for the event to begin.



Bus Transportation Program

Calvary offers bus transportation service from the Westchase area. The transportation is for the morning only. In the afternoon, students may remain in after-school supervision (no later than 5:30 PM) until parent transportation arrives.

Westchase Area

Bus departs at 7:00 AM from the Publix parking lot at
12139 W. Linebaugh Ave, Tampa, FL 33626
Winn Dixie parking lot
13010 Racetrack Road, Tampa, FL 33626

Fee

Families must register students with CCHS for the bus transportation service from Westchase. The bus transportation service may not be used on an as-needed basis unless registration for the year has been made. The annual fee is \$1,250 per student, or \$1,750 for two or more students from the same family. The fee may be paid as a lump sum or included in the monthly FACTS payment with tuition and related fees.

For questions concerning registration and payment of the Bus Transportation Fee, please contact Mrs. Julie Kennedy, kennedy.julie@cchs.us.



Community Service

One of the goals we have for our students at Calvary Christian High School is to develop the Christian character trait of servanthood. Calvary encourages students to serve their community, their local church, and local agencies committed to serving those less fortunate. Therefore, **a minimum of 100 hours of Community Service is one of the requirements for graduation.**

There Are Several Facets About Community Service to Consider:

- Work for the Glory of God (**1 Corinthians 10:31**)
- Scholarships may be tied to Community Service (Bright Futures, for example)
- Forms should be **filled out completely by the STUDENT (not parent)**
- Community Service forms are to be turned in the same semester as completed.
- Community Service is a great way to learn about possible careers. If you are interested in medicine, for example, volunteer at a hospital, nursing home, etc.
- Students may not earn community service by working for a family member or individual; it must be completed through an institution.
- Rising 9th graders may begin logging Community Service after 8th grade graduation.
- Senior Privilege - Seniors must meet requirements stated in current year handbook to earn Senior Privilege.
- Documentation: In the Community Service description area we require a complete description of the service performed. We will no longer accept one word descriptions. For example, a form with "VBS or Basketball Camp" will not suffice. You must give details that describe the impact of your service on the community.
- CCHS will communicate opportunities for community service as we learn of them. You are not limited to these opportunities.



Calvary Christian High School - Community Service

Name: _____ Grade: _____ Date: _____

Community Service Organization: _____

Name of Supervisor: _____ Phone _____
or Email: _____

(please print)

Instructions:

- Use separate log for each organization.
- Log must be turned in same semester as served.
- Summer hours must be submitted during the first week of school.
- Log must be **complete** including signatures - student and supervisor.
- This form is to be completed by the student.

Description of Service	Date	Hours
1. What service did you do?		
2. Describe a need or problem your service addresses.		
3. Describe the impact of your service on the community.		
	Total Hours	

Organization Supervisor's Signature: _____

Student Signature: _____

I have followed the CCHS Community Service Guidelines and have not received money, done this job for a family member, or worked during school hours.

Office Use Only- Do Not Write in this Box

CCHS Community Service Administrator _____ Date Entered: _____

Return to: Registrar's Office - Calvary Christian High School

110 N McMullen Booth Road, Clearwater, FL 33759

(727) 449-2247 * Fax (727) 491-5085 * www.cchs.us

Admissions Student Leadership Team

Admissions Student Leaders are a valued and integral part of the culture and ministry of Calvary Christian High School. These students firmly commit to support and promote the mission of the school and assume the responsibility of being a role model both on and off campus. Admissions Student Leaders serve as hosts for school events, student shadows, and school tours for prospective families as well as assist teachers and administration in various leadership tasks.

While Admissions Student Leaders enjoy serving as a team and forming relationships with our staff, their participation in this program also affords them the opportunity to earn community service hours.

Requirements for Consideration

Attendance at one of the Student Leader Training dates listed below:

August 21 | 3:00 PM - 4:00 PM

August 26 | 3:00 PM - 4:00 PM

August 27 | 3:00 PM - 4:00 PM

August 28 | 3:00 PM - 4:00 PM

September 18 | 3:00 PM - 4:00 PM

Submission of an application and commitment form (provided at training).

*Please register for one of the training dates listed above by signing up via our Sign-Up Genius link:

www.SignUpGenius.com/go/10C094AA4AD2CA4FD0-student3





INSPIRING EXCELLENCE
MIND • BODY • SPIRIT



Calvary Christian High School

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P 727.449.2247 | **F** 727.491.5085 | info@cchs.us