



GAITHER HIGH SCHOOL
ATHLETICS PAPERWORK
DIRECTIONS

List of Documents Needed For Athletic Clearance

1. EL2 (Physical) on new approved FHSAA EL2 form (3/23)
2. Birth Certificate
3. 2 Proofs of Residence (teco/water bill within 30 days of athletic clearance application, If using lease student **MUST** be listed as an occupant)
4. 3 FHSAA Required Videos
5. Government Issued ID of parent signing forms
6. School Health of Florida Insurance ID card
7. Residential and Enrollment History Form – (school form)

DOCUMENTS REQUIRED #1 PHYSICAL

- **Prior to starting**, you will need the following documents
 - FHSAA EL2 PHYSICAL -USE NEW FHSAA EL2 ON SDHC ATHLETICS WEBSITE:
[-https://www.hillsboroughschools.org/cms/lib/FL50000635/Centricity/domain/2455/pdf/sf_el2form.pdf](https://www.hillsboroughschools.org/cms/lib/FL50000635/Centricity/domain/2455/pdf/sf_el2form.pdf)
 - MUST BE ON THIS FORM. PHYSICALS ARE GOOD FOR 365 DAYS
 - ONLY PAGE 4 MUST BE UPLOADED UNLESS STUDENT NOT CLEARED WITHOUT LIMITATIONS
 - MUST INCLUDE **DOCTOR'S STAMP, SIGNATURE, PRINTED NAME AND DATE** ON PAGE 4.
 - MAKE SURE THE CLEARED WITHOUT LIMITATIONS BOX HAS BEEN CHECKED BY YOUR PHYSICIAN. IF NOT CLEARED WITHOUT LIMITATIONS –YOU WILL NEED PAGE 5 (SUPPLEMENT) OF THE EL2. THIS IS THE CLEARANCE AND WILL NEED TO BE MARKED CLEARED WITHOUT LIMITATIONS AFTER THE VISIT TO THE REFERRED DOCTOR/SPECIALIST
 - UPLOAD PAGE 4 ONLY IF CLEARED WITHOUT LIMITATION. IF RECOMMENDATIONS WERE MADE AND STUDENT ATHLETE WAS REFERRED PAGE 5 WILL NEED TO BE UPLOADED.
- **PAGE MUST BE FILLED OUT COMPLETELY IN ORDER FOR EL2 TO BE VALID.**

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
 SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL.
 This form is valid for 365 calendar days from the date signed below.

EL2
 Revised 3/23

MEDICAL ELIGIBILITY FORM

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

Student's Full Name: _____ Sex Assigned at Birth: _____ 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: (____) _____

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 have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have no conditions listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate health professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date: ___/___/___
 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 cardiac stress test.

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

Modified from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for non-commercial, educational purposes with acknowledgment.

Student and parent signature and date

Student's Information MUST be completed at the TOP!

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- 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.

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 3/23

MEDICAL ELIGIBILITY FORM - Referred Provider Form

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

Student's Full Name: _____ Sex Assigned at Birth: _____ 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: ___/___/___
 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 CERTIFIED COPY OF STUDENT ATHLETE'S BIRTH CERTIFICATE

STATE OF FLORIDA
OFFICE of VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER: _____ DATE FILED: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

SEX: _____

COUNTY OF BIRTH: MIAMI-DADE COUNTY

MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____

Florida Certification of birth acceptable for apostille
signed by C. Meade Grigg State Registrar

DATE ISSUED: August 9, 2013

C. Meade Grigg, State Registrar

REQ: _____

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT REPRODS KEEPING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT BACK CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

OH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD HEALTH

DOCUMENTS REQUIRED #3 (2) PROOFS OF RESIDENCE

- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school

❖ Examples: (Acceptable proofs of residence):

- ❖ Teco Bill
- ❖ Water Bill
- ❖ Lease (with occupants listed)
- ❖ Mortgage Statement

❖ Not Accepted:

- ❖ Cable Bill
- ❖ Phone Bill
- ❖ CC Bill

TECO TAMPA ELECTRIC
AN EMERA COMPANY

ACCOUNT INVOICE
tampaelectric.com | f t p i

Statement Date:
Account:

Current month's charges:
Total amount due: \$170.91
Payment Due By: 04/30/2022

Go paperless!
Goodbye clutter. Hello convenience.

There's never been a better time to go paperless. It's touch-free and good for the environment.

Amount Now Due
\$161.73

Make Check Payable:
City of Tampa Utilities

Your Account Number
XXXXXXX

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

BILL DATE: 05/05/2022
PAY NEW CHARGES BY: AUTO PAY

NAME OF LEGAL GUARDIAN
ADDRESS
CITY, FL ZIP - XXX

00000000 00000000

DOCUMENTS REQUIRED #4: FHSAA VIDEO CERTIFICATES

- VIEWING THE VIDEOS IS REQUIRED EACH YEAR. FOR THE 2023-24 SCHOOL YEAR, VIDEOS MUST
- BE VIEWED AFTER MAY 15, 2023.
- WWW.NFHSLEARN.COM
- HAVE THE STUDENT LOG IN OR CREATE AN ACCOUNT.

BE SURE WHEN ASKED FOR THE NAME – “**THE CERTIFICATE THE STUDENT’S NAME IS ENTERED (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 IN SPORTS – WHAT YOU NEED TO KNOW
 - ❖ 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 - FHSAA VIDEO CERTIFICATES

❖ CERTIFICATES FOR THE THREE REQUIRED. FHSAA VIDEOS (IN STUDENT'S NAME) FROM NFHSLEARN.COM.

❖ UPLOAD EACH CERTIFICATE IN THE APPROPRIATE PLACES IN THE FILES SECTION.

❖ VIDEOS MUST BE COMPLETED AFTER MAY OF THE CURRENT YEAR TO BE ACCEPTED FOR THE A NEW SCHOOL YEAR.

❖ STUDENTS MUST PERFORM THIS EVERY YEAR!



DOCUMENTS REQUIRED #5 GOVERNMENT ISSUED ID

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



DOCUMENT # 6: INSURANCE ID CARD

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

School Insurance of Florida
Student Accident Insurance Card

Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778
Claims Telephone: 407-798-0290 Policy No: 09-0132-2023

Student Name: EVANITTA OMENSETTER

School District: Hillsborough Public Schools, School: PLANT HIGH

Date Paid: 05/15/2023 Amount Paid: \$60.00

Coverage: FBLA Group A Football Lacrosse Termination Date: 05-26-2024

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.

School Insurance of Florida
Student Accident Insurance Card

Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778
Claims Telephone: 407-798-0290 Policy No: 09-0132-2023

Student Name: EVANITTA OMENSETTER

School District: Hillsborough Public Schools, School: PLANT HIGH

Date Paid: 05/15/2023 Amount Paid: \$60.00

Coverage: FBLA Group A Football Lacrosse Termination Date: 05-28-2023

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.

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

Please visit our website 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

2023-2024 Plant High School Student-Athlete Enrollment & Residential History

Student's Name: _____ Date of Birth: _____ Current Grade: _____

Current Home Address*: _____

Number of Years Resided at Current Home Address: _____

Most Recent Previous Home Address: _____

Does the student ever reside at another address during the school year? (Split families) (check one) ___ Yes ___ No

If yes, please explain: _____

If yes, address of other residence: _____

Name of School that student attended and Completed 8th Grade at: _____

Has the student ever attended another high school: (circle one) Yes or No

(Fill in below for every other high school student has attended. If more lines are needed, write in available space.)

If yes, name of prior high school: _____ Reason for transfer: _____

If yes, name of prior high school: _____ Reason for transfer: _____

If yes, name of prior high school: _____ Reason for transfer: _____

Enrollment Type: (check one) Attendance Zone District Assignment Choice Other

If Other please explain: _____

List all sports student has played in high school: (If incoming freshman – only list sports interested in for 9th grade. NA for all other grades.)

9 th Grade:	10 th Grade:	11 th Grade:	12 th Grade:
_____	_____	_____	_____
_____	_____	_____	_____

List the LAST school student participated in high school athletics: _____

Prior High School Athletics Participation:

An EL6 (Change of Schools) Form will need to be submitted electronically by Plant to any prior High School in which student participated in. The following information is needed.

Prior High School Athletic Director's Name: _____

Prior High School Athletic Director's Email Address: _____

Prior High School City: _____ Prior High School State: _____

My signature below states that I have provided the most up-to-date and accurate information.

Parent/Guardian's Name Parent/Guardians Signature Relationship to Student Date

**Plant High School's Student Affairs Office is required to be notified within 10 days of moving when a change of address occurs and provided with documentation of the new address.*

DOCUMENT # 7 Required Additional Form for Athletic Participation

- ❖ Please complete appropriate areas of the form
- ❖ Original Signature Required



Before logging in or creating an account on athletic clearance make sure you have all the following

1. EL2 (Physical) on new approved FHSAA EL2 form (3/23)

2. Birth Certificate

3. 2 Proofs of Residence :

Examples:

A. Teco or Water bill within 30 days of athletic clearance or application

B. Mortgage

C. Lease (Student MUST be listed as an occupant)

D. Homestead ONLY Property Record

4. 3 FHSAA Required Videos

5. Government Issued ID of parent signing forms

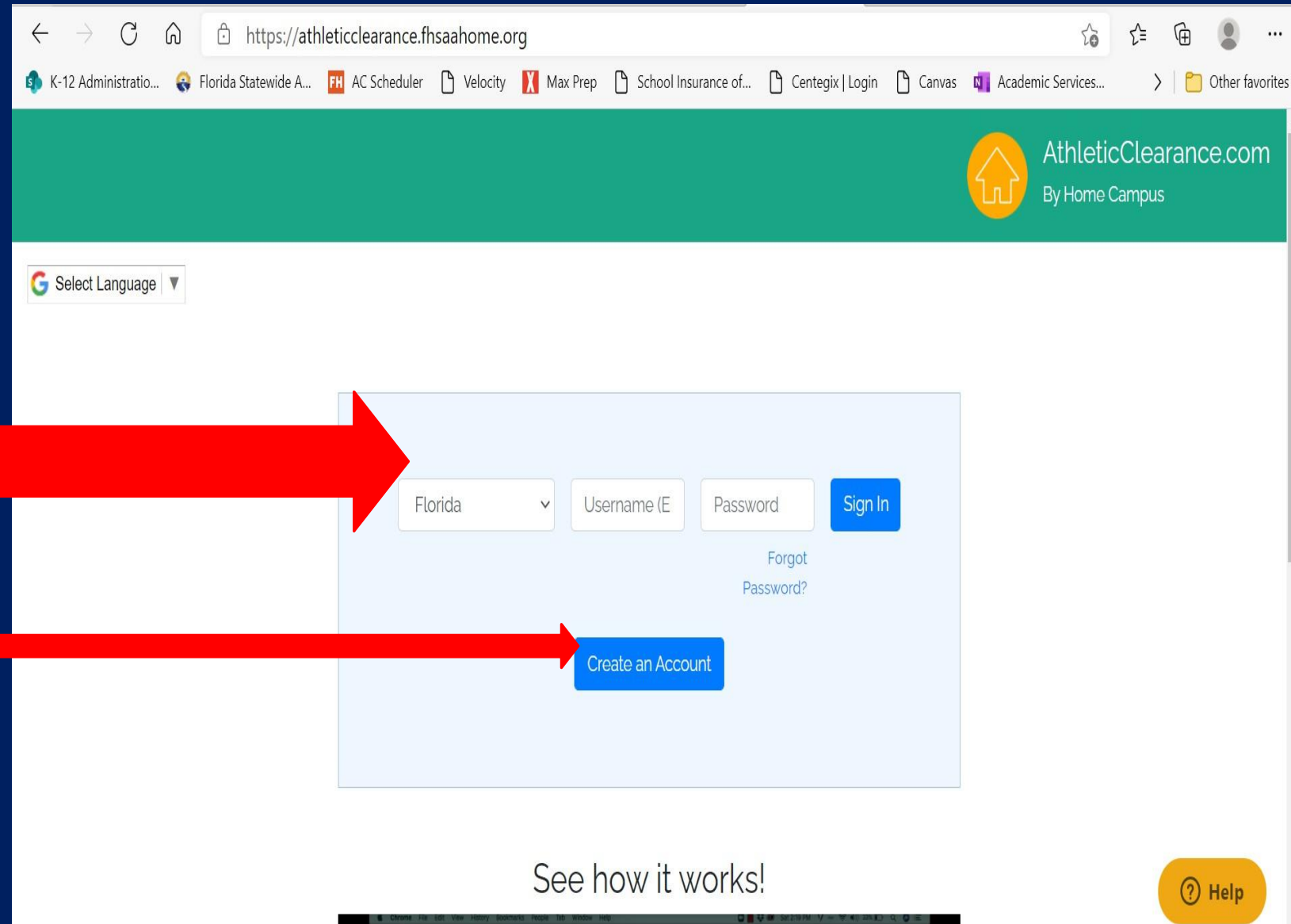
6. School Health of Florida Insurance ID card

7. Residential and Enrollment History Form – (school form)

Log into the Athletic Clearance (fhsaahome.org)

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

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



The screenshot shows the Athletic Clearance website interface. At the top right, there is a logo for AthleticClearance.com with the tagline "By Home Campus". Below the logo is a "Select Language" dropdown menu. The main content area features a light blue box containing a login form. The form includes a state selection dropdown menu currently set to "Florida", a "Username (E)" input field, a "Password" input field, and a blue "Sign In" button. Below the password field, there is a link for "Forgot Password?". A blue "Create an Account" button is positioned below the "Sign In" button. Two large red arrows are overlaid on the image: one points from the left text to the "Sign In" button, and the other points from the left text to the "Create an Account" button. At the bottom of the page, there is a link that says "See how it works!" and a yellow "Help" button with a question mark icon.

After logging In

Click “Start Clearance Here”



My Clearances My Account Help Logout

AthleticClearance.com
By Home Campus

Select Language ▼

My Clearances

Start Clearance Here

Filter Search

Year: 2021-22 ▼

Status: -- Select -- ▼


Search

You have no clearances available

Help

After Logging In

My Clearances My Account Help Logout

 AthleticClearance.com
By Home Campus

My Clearances

[Start Clearance Here](#)

[Archived Clearances](#)

Filter Search

Year:

Status:

You have no clearances available

**Choose the
Current
School Year**



SELECT SCHOOL

The screenshot shows the AthleticClearance.com website interface. At the top, there is a navigation bar with links for "My Clearances", "My Account", "Help", and "Logout". Below this is a "Select Language" dropdown menu. The main content area features a large dropdown menu for selecting a school. The dropdown is currently open, displaying a list of school names: Alonso (Tampa), Apopka, Armwood (Seffner), Bartram Trail (St. Johns), Bishop Verot (Fort Myers), Blake (Tampa), Bloomingdale (Valrico), Bonita Springs, Booker (Sarasota), Boone (Orlando), Brandon, Bye, Cape Coral, and Celebration. At the bottom of the list is the "--Select--" option, which is highlighted by a red arrow. Below the dropdown menu, there are links for "Add New Sport" and "Remove Sport", and a blue "Next" button. In the bottom right corner, there is a yellow "Help" button with a question mark icon. A dark blue box with white text is overlaid on the right side of the page, containing the instruction "Scroll and Choose Gaither High School".

https://athleticclearance.fr

My Clearances My Account Help Logout

Select Language

--Select--

Alonso (Tampa)

Apopka

Armwood (Seffner)

Bartram Trail (St. Johns)

Bishop Verot (Fort Myers)

Blake (Tampa)

Bloomingdale (Valrico)

Bonita Springs

Booker (Sarasota)

Boone (Orlando)

Brandon

Bye

Cape Coral

Celebration

--Select--

Add New Sport | Remove Sport

Next

Help

Scroll and Choose Gaither High School

SELECT SPORT

The screenshot displays a web interface for selecting a sport. A dropdown menu is open, listing various sports. The 'Band Auxiliary' option is highlighted in grey, and a red arrow points to it. A dark blue box with the text 'Choose Sport' is overlaid on the menu. Below the menu are buttons for 'Add New Sport', 'Next', and 'Help'.

- Band
- Band Auxiliary
- Baseball
- Basketball, Boys
- Basketball, Girls
- Competitive Cheerleading
- Cross Country, Boys
- Cross Country, Girls
- Flag Football, Girls
- Football (11 man)
- Golf, Boys
- Golf, Girls
- JROTC Drill and Orienteering
- JROTC Raider and Physical Fitness
- Lacrosse, Boys

Buttons: Add New Sport, Next, Help

Year: 2022-23 School: Alonso (Tampa) Sport: Football (11 man)

Student Parent/Guardian Medical Program Information Signatures Files Confirmation

Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

Athletics

Help

- If you are an existing student select your name from the drop down.
- Note: This is a form of communication, the more accurate it is the better we can communicate.
- If you are a new student start entering your information, click save and continue

Student Information

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

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The page has a green header with navigation links: "My Clearances", "My Account", "Help", and "Logout". The logo for "AthleticClearance.com By Home Campus" is in the top right. Below the header is a "Select Language" dropdown menu. The main content area displays three fields: "Year:" with the value "2021-22", "School:" with the value "Alonso (Tampa)", and "Sport:" with the value "Football (11 man)". Below these fields is a horizontal navigation bar with icons and labels for "Student", "Parent/Guardian", "Medical", "Program Information", "Signatures", and "Files". The "Student" icon is highlighted. At the bottom, there is a "Choose Existing Student" section with a dropdown menu showing "-- Select --". Below that is a "First Name:" label. A yellow "Help" button with a question mark icon is in the bottom right corner.

PARENT GUARDIAN INFORMATION – THIS SERVES AS OUR EMERGENCY CARD – PLEASE BE ACCURATE

- Complete Parent/Guardian Information. This **SERVES AS YOUR STUDENTS EMERGENCY CARD** –
 - please complete this section with accurate information
- Click on save and continue

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The page has a green header with navigation links: "My Clearances", "My Account", "Help", and "Logout". The AthleticClearance.com logo and "By Home Campus" are in the top right. A language selection dropdown is on the left. The form fields are: "Year:" with "2021-22", "School:" with "Alonso (Tampa)", and "Sport:" with "Football (11 man)". A progress bar below shows icons for Student, Parent/Guardian (active), Medical, Program Information, Signatures, and Files. Below the progress bar is a "Choose Parent/Guardian" dropdown menu with "-- Select --". The text "Parent Guardian #1" is at the bottom left, and a yellow "Help" button is at the bottom right.

PARENT GUARDIAN INFORMATION – THIS SERVES AS OUR EMERGENCY CARD – PLEASE BE ACCURATE

- Complete Parent/Guardian Information.
- If you are returning student – you should be able to select your parents name from the drop down menu.
- This serves as your student's emergency card – please complete this section with accurate information
- Click on save and continue

Year: 2022-23 School: Alonso (Tampa) Sport: Football (11 man)

Student Parent/Guardian Medical Program Information Signatures Files Confirmation

Choose Existing Student

-- Select --

First Name:

Last Name:

Grade:

Date of Birth:

[? Help](#)

STUDENT MEDICAL HISTORY INFORMATION

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

The screenshot shows a web browser window with the URL <https://athleticclearance.fhsaahome.org/clearance/form/new>. The page has a green header with navigation links: "My Clearances", "My Account", "Help", and "Logout". The logo "AthleticClearance.com By Home Campus" is in the top right. Below the header is a "Select Language" dropdown menu. The main content area displays the following information:

Year: 2021-22	School: Alonso (Tampa)	Sport: Football (11 man)
------------------	---------------------------	-----------------------------

Below this information is a progress bar with six steps: Student, Parent/Guardian, Medical, Program Information, Signatures, and Files. The "Student" and "Parent/Guardian" steps are marked with blue checkmarks, indicating they are completed. The "Medical" step is currently active, highlighted with a blue circle and a medical icon.

Do you have or have had any of the following?

Allergies (drug, food, insects, etc)

Yes No

Asthma

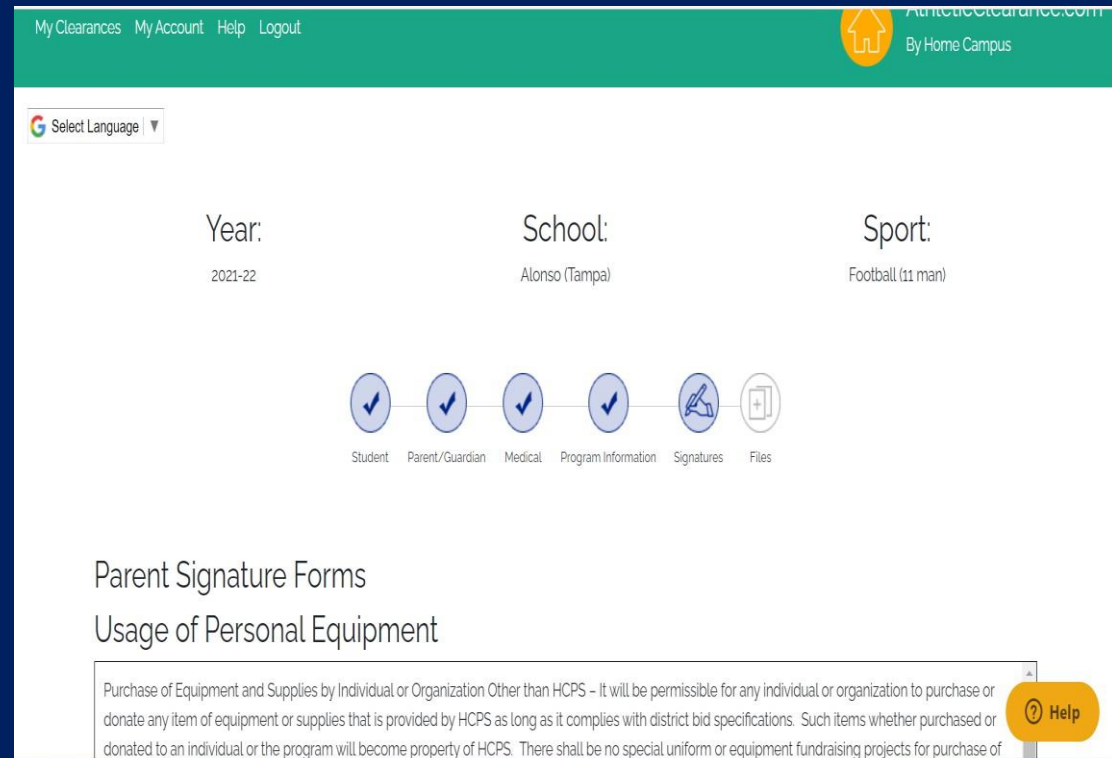
In the bottom right corner, there is a yellow "Help" button with a question mark icon.

PARENT SIGNATURE FORMS: MUST SIGN FULL NAME

NOTE:

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

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



The screenshot shows a web portal interface. At the top, there is a green navigation bar with links for "My Clearances", "My Account", "Help", and "Logout". On the right side of the bar, there is a home icon and the text "AthleteClearance.com By Home Campus". Below the navigation bar, there is a "Select Language" dropdown menu. The main content area displays three fields: "Year:" with the value "2021-22", "School:" with the value "Alonso (Tampa)", and "Sport:" with the value "Football (11 man)". Below these fields is a progress bar with six icons: a checkmark, a checkmark, a checkmark, a checkmark, a signature icon, and a document icon. The icons for "Student", "Parent/Guardian", "Medical", and "Program Information" are all checked. The "Signatures" and "Files" icons are not checked. Below the progress bar, the text "Parent Signature Forms" and "Usage of Personal Equipment" is visible. At the bottom, there is a text box containing a disclaimer: "Purchase of Equipment and Supplies by Individual or Organization Other than HCPS - It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased or donated to an individual or the program will become property of HCPS. There shall be no special uniform or equipment fundraising projects for purchase of". A "Help" button is located in the bottom right corner.

OPTION 1: USING PDF FILES TO UPLOAD

- Click on choose existing files
- Upload files in appropriate places.
- Scroll down to the bottom of the page and click on Save and Continue.
- If you have uploaded all required forms – you will receive a confirmation screen after you click on save and continue and a status of pending.
- If you are missing any uploads – you will get an in processing status. If you get this screen – you are not done and I cannot see any of your documents.

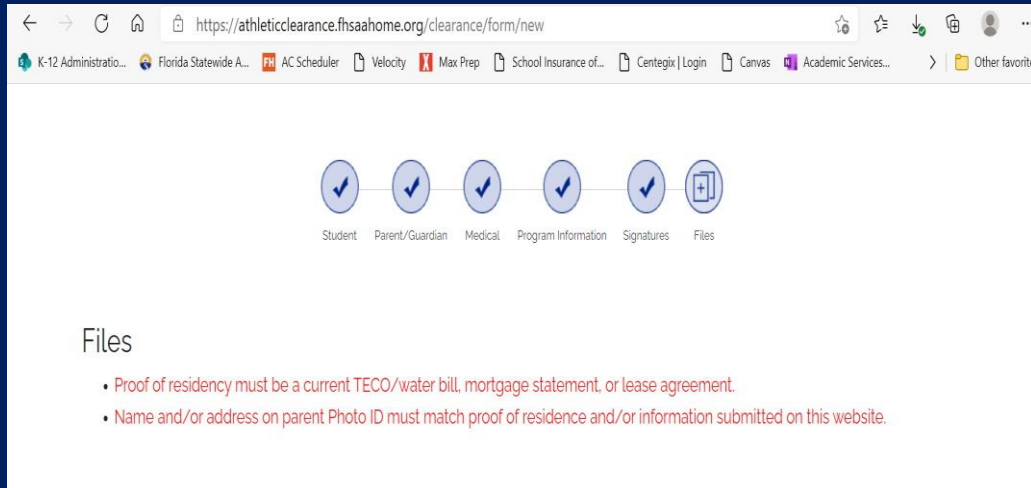
OPTION 2: USING PICTURES to UPLOAD:

- Click on browse
- This will give you an option to take a picture
- Click on Take a picture
- Take a CLEAR PICTURE – DON'T CUT OFF THE EDGES OF THE PAGE. (Don't worry about the size)
- Click on Use picture.
- Do this for each document that you need to upload.
- Scroll down to the bottom of the page and click on Save and Continue.
- You will get a confirmation screen and a status that says pending.
- If you are missing any uploads – you will get an in processing status. If you get this screen you are not done and I cannot see any of your documents.

FILE UPLOADS:

➤ EL2:

- Page 4 – Must be cleared without limitation.
- Doctors printed and signature **MUST** be on form
- Doctors office address and phone number **MUST** be on form
- Page 5: **ONLY** needed if recommendations were made on page 4.

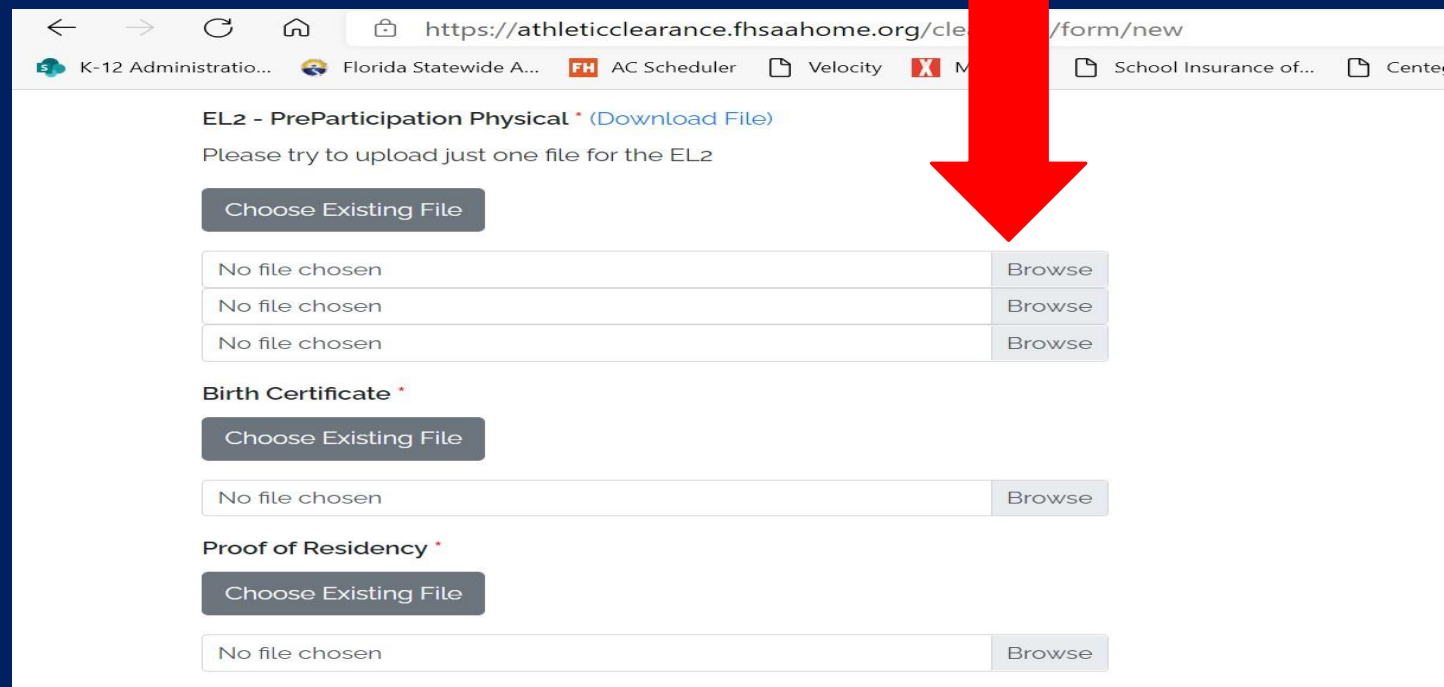


https://athleticclearance.fhsaahome.org/clearance/form/new

Student Parent/Guardian Medical Program Information Signatures Files

Files

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



https://athleticclearance.fhsaahome.org/clearance/form/new

EL2 - PreParticipation Physical * (Download File)

Please try to upload just one file for the EL2

Choose Existing File

No file chosen Browse

No file chosen Browse

No file chosen Browse

Birth Certificate *

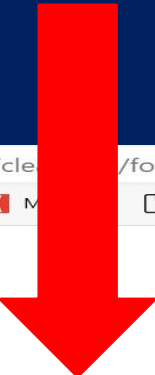
Choose Existing File

No file chosen Browse

Proof of Residency *

Choose Existing File

No file chosen Browse



← → ↻ 🏠 <https://athleticclearance.fhsaahome.org/clearance/form/new>

K-12 Administratio... Florida Statewide A... FH AC Scheduler Velocity Max Prep School Insurance of... Centeg

FHSAA Concussion Video Certificate *

Choose Existing File

No file chosen Browse

FHSAA Heat Illness Certificate *

Choose Existing File

No file chosen Browse

FHSAA Sudden Cardiac Arrest Certificate *

Choose Existing File

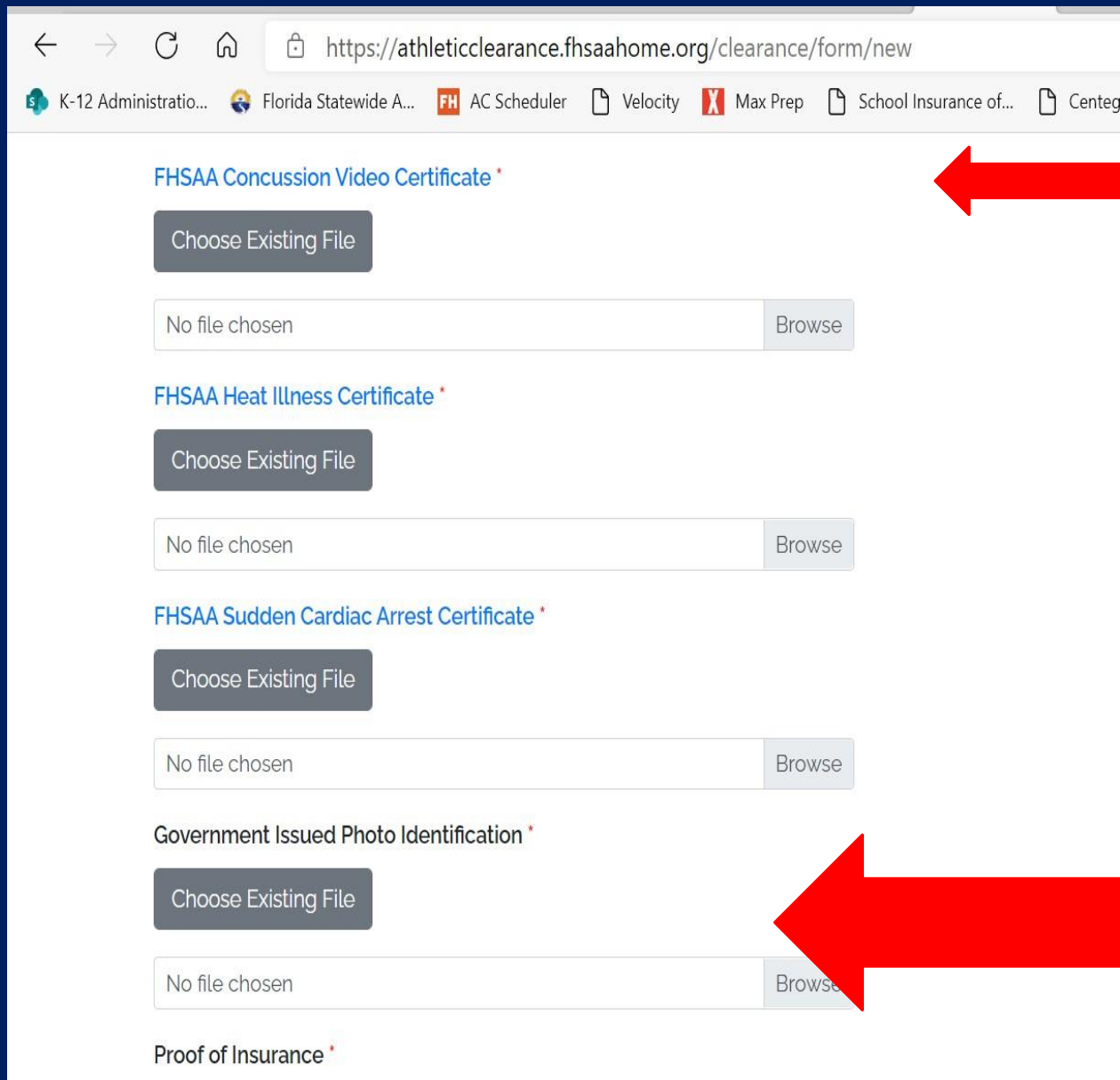
No file chosen Browse

Government Issued Photo Identification *

Choose Existing File

No file chosen Browse

Proof of Insurance *



➤ **FILE UPLOADS:**

➤ **NFHS Video Certificates**

- **MUST** be in **STUDENTS NAME**
- **MUST BE DATED** May 15th 2023 or later for 2023-2024 school year
- Concussion – to watch click on link
- Heat Illness – to watch click on link
- Sudden Cardiac Arrest – to watch click on link

➤ **FILE UPLOADS:**

- Parent signing forms Government Issued ID – DL must have matching address to student address on file at school
- Scroll down and click on save and continue

Select Language ▼

Clearance submitted successfully!

Year:

2021-22

School:

Plant (Tampa)

Sport:

Football (11 man)

Confirmation Message

Dear Evanitta Omensetter,

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Football (11 man) for Alonso (Tampa) in 2021-22.

This email does not mean that your student is cleared to participate in sports at Alonso (Tampa) High School. The final step in this process requires clearance from the Assistant Principal for Administration before your student will be permitted to tryout, practice, condition or train with Alonso (Tampa) High School Athletics. Notification of clearance will be sent electronically to the email address provided in your Home Campus account. Once you receive your confirmation email, your student needs to bring the confirmation email and report to their respective coach to participate.

Thank You,

[? Help](#)

My Clearances

Start Clearance Here

Your Files

[Archived Clearances](#)

Filter Search

Year:

Status:

Search

Plant (Tampa)

Year

Sport

Participant

2022-23

Football (11 man)

Evanitta Omensetter



Pending

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

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

If you need additional help or assistance, please contact Coach North.