



**Tuesday April 26<sup>th</sup> –  
Thursday April 28<sup>th</sup>**

4:30 – 7:00 in the JMS Gym

Camp on the 26th and 27th

Tryouts on April 28th

# **JOHNSON MIDDLE SCHOOL CHEERLEADING TRYOUTS!**

## If you are interested:

- Pick up a cheerleading tryout packet in the front office or from the Johnson Middle School Website.
- All forms in the packet must be filled out and returned by Wednesday April 20<sup>th</sup> – **OR YOU WILL NOT TRYOUT!!!!!!!**
- Any questions please contact Mrs. Greene in Room 908 or by email at [greene.tammy@brevardschools.org](mailto:greene.tammy@brevardschools.org)

# **Johnson Middle School Cheerleading checklist**

**Due Date: April 20<sup>th</sup> 2011**

**Please return all forms to Mrs. Greene at  
Johnson Middle School.**

- Cheerleading Application**
- Parent and Cheerleader consent letter**
- Teacher Recommendations (all teachers)**
- Physical forms EL2**
- Consent and Liability release form EL3**

**All forms can be found on the JMS website.**

**Looking forward to seeing you at Tryouts!**

# **CHEERLEADING PACKET**

## **Johnson Middle School**



### **Cheerleading Tryout Information**

Dear Candidate,

We are so pleased that you have expressed interest in becoming a Johnson Middle School Cheerleader! We are searching for a group of dedicated, outgoing, young people who share the goal of bringing pride and spirit to our school. Please carefully read all the information below to determine if you would like to try out for cheerleading.

Being a cheerleader involves a time beyond normal school hours, but it is a great deal of fun! Cheerleaders volunteer time for games, making signs, pep rallies, and fundraisers, etc. Time is also set aside for practices during the summer and after school to prepare for the upcoming games and events. During this time, we will focus on improving individual technique and cheerleading skills, as well as developing positive relationships among teammates. Practices will also include conditioning and strength building exercises. The hours of hard work and dedication are met with many rewards, personal growth, satisfaction and long lasting memories.

The cheerleaders at JMS should strive to boost school spirit, promote good sportsmanship, be a positive role model both on and off campus, follow all school rules, and develop a positive crowd involvement. Being the most recognizable representatives of our school, the cheerleaders must display high standards of conduct. Appropriate behavior will help earn the respect of the student body, which is the core of developing effective school spirit and student involvement. I look forward to a fun and successful season with JMS Cheerleading! I wish you the best of luck!

**\*\* Below you will find several important dates and an explanation of what is needed to tryout for the squad. Please pay close attention to the required deadlines.**

**\*\***

Cheerfully Yours, \*o/\*

# **Important Dates**

**Wednesday April 20 , 2011**

**Cheerleading Packets are Due to Mrs. Greene!**  
Including Physicals and a teacher recommendation  
from each of your teachers!

**\*\*\*If you do not have a completed packet you cannot  
tryout!\*\*\***

**Tuesday April 26<sup>th</sup>, 2011 --**  
**Cheerleading Camp and Tryouts begin!**

Where: JMS Gym  
Time: 4:30

Girls will learn all required material they will need for tryouts!

**Thursday April 28<sup>th</sup>, 2011 --**  
**Cheerleading Tryouts!**

Where: JMS Gym  
Time: Starting at 4:30

*Each girl will be provided a time. Tryouts are closed, no one is  
allowed in the gym except those that are trying out.*

**Camps and Practices:**

*A camp is held over the summer to learn new routines for the year.  
Dates and times will be determined after tryouts!  
Other team bonding activities will be held.*



# **JOHNSON MIDDLE SCHOOL** **CHEERLEADING GUIDELINES**



## **TRYOUT PROCEDURES FOR CHEERLEADERS**

- The participant must have and keep a cumulative 2.0 G.P.A.
- The participant must have turned in a completed physical and parent consent form.(EL2&EL3)
- The items below will be used to select the new squad:
  1. Attitude and Participation at clinic
  2. Appearance at Tryouts
  3. Skills used to perform Dance, Chant, Cheer, Jumps and Tumbling (optional) at the tryout.
- Please wear comfortable shorts and a t-shirt (Please refrain from wearing any cheerleading club/high school clothing). Spirit dress (i.e. decorated t-shirts) is always welcome. Dress as if you would dress for cheerleading practice. No denim shorts or jewelry please. Your hair should also be off your shoulders.

## **PROCEDURES TO REMAIN ON THE SQUAD**

- Maintain a 2.0 GPA the entire year.
- No failing grades on any report card.
- Remain a respectable role model with teachers, administrations and peers.
- Keep a satisfactory discipline record.
- Have a satisfactory attendance record
- Be present at all cheer activities unless excused by coach.

## **GRADES**

- A “C” average must be maintained in all academic subjects each grading period. The state requires a cumulative 2.0 to be eligible to cheer.
- If a cheerleader receives an F on an interim/report card he/she will be benched until that grade is brought up.
- If a cheerleader receives anything below a satisfactory in behavior on any interim or report card, the cheerleader will be benched for a period of two weeks or until behavior improves in that particular class.

## **ATTITUDE/BEHAVIOR**

- A squad member should promote GOOD SPORTSMANSHIP at all times. There will be no sarcastic remarks, foul language, or disrespectful words toward other cheerleading members, cheerleading coach, JMS faculty, or anyone. This will NOT be tolerated. \*\*\* REMEMBER: It’s not WHAT you say; it’s HOW you say it!
- NO COMPLAINING!!! If you want to express your feelings, please do it after practice one on one with your coach. Complaining (huffing and puffing/rolling eyes/ talking under your breath) amongst your team will not be tolerated and result in demerits.
- If a cheerleader receives a referral-the cheerleader will be benched 1 week, the 2<sup>nd</sup> referral-benched for 2 weeks and the 3<sup>rd</sup> referral-the cheerleader will be dismissed from the team and an alternate will take their place.
- If a cheerleader receives a referral that results in OSS (due to fighting, using profanity, etc.) the cheerleader will be dismissed from the squad and an alternate will take his/her place.

- There will be NO cliques! These types of groups hurt the togetherness of the rest of the team.
- All school rules must be followed as well as DRESS CODE. If an outfit is questionable- Don't Wear It!

### **ATTIRE/APPEARANCE**

- **Practice attire:** Must be appropriate and in good taste, i.e. sportswear worn the right way- (shorts should not be rolled down more than once).
- Each cheerleader must be dressed and ready to start at the beginning of each practice or it will result in an unexcused tardy. For the safety of all cheerleaders, sneakers/cheerleading shoes must be worn at practice or he/she will not participate.
- **Game attire:** Must wear appropriate uniform established prior to the game/performance. Uniform designated for a game/performance must be clean and neat in appearance.
- Jewelry is not permitted during practice, games, or performances. This includes: rings (of any kind), necklaces, and dangle earrings. We, as a team, can come up with a pair of earrings that can be worn during games ONLY.
- Cheerleaders must wear their hair in a ponytail during practices and games. All hair must be out of your face. Cheerleaders will be expected to wear a ribbon (which ever color is selected) at all games and performances.

### **ATTIRE/APPEARANCE (cont.)**

- Water and restroom breaks during performances should be taken together and all members should return together to the appropriate place within the allotted time (which is before you report for the game, so allow yourself extra time that way you are not late & halftime). During football games, please remember to take part in meeting with the opposing team for snacks.
- Any nail polish must be subtle, nothing crazy/attention grabbers or excessive length.
- No unnatural hair color (pink, blue, purple...).

### **UNIFORMS AND EQUIPMENT**

- Squad members are responsible for the care, cleaning and repair of uniforms and equipment. When pom poms, and any other loaned equipment are returned to the coach, they must be clean and in good condition. If any of your equipment is damaged, it is your responsibility to notify your coach in order for them to be replaced or fixed.
- Any props, such as, poms, megaphones and/or sign, are to be used ONLY by the JMS cheerleaders.

### **TRANSPORTATION**

- Cheerleaders will ride the bus to the away games. If a cheerleader would like to return home after the game with a parent written notice must be given to Mrs. Greene

### **MONEY MAKING ACTIVITIES**

- All squad members must participate in their squad fundraising activities. Fund raisers are mandatory.

**CHEERLEADING APPLICATION  
2011-2012**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**(Home#)** \_\_\_\_\_ **(cell#)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Entering Grade (circle) 7 8**                      **GPA** \_\_\_\_\_

**Insurance Name** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Stunting position (circle):**              **Base**              **Flier**              **Back Spot**

**What are the dates you will; be out of town during the summer?**

\_\_\_\_\_

**Please list any obligations that may interfere with attending summer camp or summer practices** \_\_\_\_\_

\_\_\_\_\_

# **PARENT AND CHEERLEADER** **CONSENT LETTER**

Dear Parents,

Your child is interested in becoming a member of the Johnson Middle School Cheerleading Squad for the 2011-2012 season. If he/she is selected to be a cheerleader, there are specific responsibilities and obligations that your daughter/son must assume in order to qualify and remain part of the squad.

After reading the attached cheerleading guidelines and fully understanding the rules and regulations which govern the cheerleaders, and after your daughter/son has complete understanding of her/his responsibilities, please sign and have your daughter/son sign and return this packet by April 18<sup>th</sup>, 2011.

The estimated cost for each cheerleader is approximately \$300, which includes, summer cheer camp, practice/camp wear, shoes, ribbons and other supplies (fund raisers will offset individual cost).

If you have any questions concerning the constitution or cheerleading rules and responsibilities, please contact Tammy Greene (321)242-6430.

Thank you for your cooperation!

Cheerfully,

Tammy Greene

# **PARENT AND CHEERLEADER CONSENT LETTER CONTINUED**

My signature below indicates that I give permission for my son or daughter \_\_\_\_\_, to participate in cheerleading tryouts. I acknowledge that if my son/daughter is a successful candidate, I will be financially responsible for any debt incurred while my child is a cheerleader at Johnson Middle School. All JMS cheerleaders will be required to attend all functions arising during the school year which are to be supported by the cheerleaders:

## **Mandatory Activities**

All Practices

All Basketball Games

Pep Rallies

6<sup>th</sup> grade tour

All other events deemed mandatory by the coach

Fundraisers \*

\*(choice to pay profit and exempt sales)

I \_\_\_\_\_, understand the above requirements and will, if chosen,

Cheerleader Name

fulfill the duties of a Johnson Middle School Cheerleader.

\_\_\_\_\_  
Print Parent name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Cheerleader name

\_\_\_\_\_  
Cheerleader signature

\_\_\_\_\_  
Date

# ✓ Johnson Middle School Cheerleading ✓ Teacher Evaluation Form

Dear Teachers,

Please complete this teacher recommendation form for the listed student. Please be honest and accurate and include any comments or additional information we need to know in reference to their personality and behavior in your classroom. Teacher recommendations are a large part of the decision for our team and we take this information very seriously. **All information is confidential and will be destroyed after tryouts.** Along with being athletes, cheerleaders are representatives of the school; therefore, we value dedication, responsibility, honesty, and behavior on our squad. Thank you for your extra time and consideration in this matter.

*Please place sheets in the box of Tammy Greene*

*Questions???* Please email Tammy Greene [greenetammy@brevardschools.org](mailto:greenetammy@brevardschools.org)

**\*\*\* Cheerleading Candidate must fill out everything ABOVE the solid black line \*\*\***

STUDENT NAME: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_

TEACHER NAME/SUBJECT: \_\_\_\_\_

**These forms are strictly confidential.  
PLEASE DO NOT RETURN THEM TO STUDENTS.**

TEACHER SIGNATURE: \_\_\_\_\_

Please circle the appropriate response:

	Poor	Average	Excellent
RESPONSIBILITY	1 2 3 4 5 6 7 8 9 10		
DEDICATION	1 2 3 4 5 6 7 8 9 10		
PUNCTUALITY	1 2 3 4 5 6 7 8 9 10		
HONESTY	1 2 3 4 5 6 7 8 9 10		
BEHAVIOR	1 2 3 4 5 6 7 8 9 10		
RESPECT TO ADULTS	1 2 3 4 5 6 7 8 9 10		
COOPERATION WITH OTHERS	1 2 3 4 5 6 7 8 9 10		
MOTIVATION	1 2 3 4 5 6 7 8 9 10		
ATTITUDE	1 2 3 4 5 6 7 8 9 10		
OVERALL CHARACTER	1 2 3 4 5 6 7 8 9 10		

**Please enter Yes or No to the following:**

Have you ever caught this student cheating in class? \_\_\_\_\_

Have you ever caught this student using the phone or texting in class? \_\_\_\_\_

Does this student frequently break dress code rules or other school/classroom rules? \_\_\_\_\_

ANY: DETENTIONS? \_\_\_\_\_ (if yes ) # \_\_\_\_\_ REFERRALS? \_\_\_\_\_ (if yes) # \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Points will be deducted by Coaches for cheating, texting, rule breaking, detentions, and referrals.

# LONGHORN ATHLETICS



**The attached EL2 and EL3 forms are required by the Florida High School Activities Association and need to be completely filled out before the student tries out for an athletic team.**

## **Physical Evaluation EL2 form**

- Must obtain a proper physical examination
- Must have examiner's signature
- Must have medical history completed
- Must have emergency contact info
- Must have student-athlete signature
- Must have parent/guardian signature

**The physical should be done after April 1, 2011 to cover participation during the 2011-12 school year.** We encourage you to get a physician's physical from your family doctor however, we understand this is not always feasible. **You can also receive sports physicals from: Egan Chiropractic 1310 W Suite A, Eau Gallie Blvd, Melbourne 254-3630**

## **Parent Player Agreement EL3 form**

- Must have student-athlete signature
- Must have parent/guardian signature
- Must have all requested insurance info

**Please email or call Mrs. Rosseau the athletic director for any questions or concerns at [Rosseau.Shelly@brevardschools.org](mailto:Rosseau.Shelly@brevardschools.org) or 321-242-6430 ext. 4005**

## **Longhorn Sports:**

### **Fall**

**Boys and Girls Basketball  
Cheerleading**

### **Spring**

**Boys and Girls Track**



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**Part 1. Student Information (to be completed by student or parent)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_ (\_\_\_/\_\_\_, \_\_\_/\_\_\_)
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_ F \_\_\_ left: P \_\_\_ F \_\_\_
Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

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

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation
\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
\_\_\_ Precautions: \_\_\_\_\_
\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*





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

This completed form must be kept on file by the school

### Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. Home education students must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth graders, seventh graders and eighth graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3)
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" (form EL6) signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth grader, seventh grader or eighth grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered after which time you must successfully undergo another physical evaluation to continue your participation. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)
15. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 18)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.