

# Legacy Preparatory Academy

Where Education Matters

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## Intramural Sports Information

### Participation Requirements:

The following items **must** be properly completed and turned in to the Athletic Director before the student will be issued equipment or begin practice.

- Completed Application for Athletic Participation
- Completed and Notarized Medical Release Form (complete Part I)
- Proof of insurance coverage
- Completed physical examination (FHSAA EL02 Form) (Students that participate in AAU, Pop Warner or other programs that required sports physicals, dated after January 1, 2017, may submit these physicals in place of the FHSAA form.)

**Students must have a sports physical NOT a school physical (yellow sheet)**

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In compliance with Florida Statute 1006.20—the physician's certificate is valid for one year (365 days) from the date of the physical examination.

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**Florida Statute s 1006.20(2)(c)** The organization shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team. Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform pre-participation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.



# LEGACY PREPARATORY ACADEMY

## Application for Athletic Participation

Parents, In order for your son or daughter to be eligible to participate in athletics during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student needs to sign papers in front of a notary. We **cannot** notarize any papers if they come to us already signed.

|                            |     |                            |                   |               |
|----------------------------|-----|----------------------------|-------------------|---------------|
| Student's Full Name (Last) |     | (First)                    | (Middle Initial): | Student ID #  |
| __ Male                    | Age | Date of Birth (mm/dd/yyyy) | School Year       | Current Grade |
| __ Female                  |     | ____/____/____             |                   |               |

|                          |
|--------------------------|
| Known Medical Conditions |
| Known Allergies          |
| Current Medications      |
| Family Doctor            |
| Doctor's Phone Number    |

|                             |                         |
|-----------------------------|-------------------------|
| Parent/Legal Guardian Name: |                         |
| Cell Phone Number:          |                         |
| Email Address:              |                         |
| Alternate Contact Name:     | Relationship to Student |
| Cell Phone Number           |                         |

**SPORTS** (check applicable sport or sports)

Girls Volleyball  
  Basketball  
  Soccer  
  Flag Football  
  Track  
 Street Hockey  
  Cross Country

### ATHLETIC ELIGIBILITY REQUIREMENTS FOR MIDDLE SCHOOL STUDENTS

**TRANSFER STUDENTS AND NEW STUDENTS** must have transcripts\* on file before an athlete is eligible to participate. **ALL STUDENT OBLIGATIONS** must be met before participation in athletics/activities is allowed.

**ALL SECTIONS OF THIS FORM** must be filled out, signed and **MUST BE ON FILE** ten days prior to the first contest.

**ALL STUDENTS MUST HAVE** a Birth Certificate\* on file.

**ALL STUDENTS MUST SHOW** proof of insurance coverage or purchase student accident insurance which will provide minimal medical reimbursement. The School is NOT responsible for accidental interscholastic athletic injuries.

**A STUDENT MAY** participate for three consecutive years from the time he/she first successfully completes the fifth grade. **A STUDENT WHO HAS ATTAINED THE AGE OF 15** prior to September 1st of the current school year shall be ineligible for middle school sports participation.

**FAILURE IN MORE THAN ONE (1) SUBJECT** during a given 9 week grading period shall cause a student to be ineligible for practice and competition the following 9 week grading period. An "I" incomplete will be considered the same as an "F" until it is replaced with a valid grade. In addition, a student must maintain a specified grade point average of 2.0 as well as acceptable conduct for the previous 9 week period to be eligible. Grades earned in summer school will be calculated to determine the courses passed during the previous term. Grades for courses taken in summer school will be calculated with grades for the last marking period of the previous year to determine eligibility. Student must maintain satisfactory conduct. (S.B. Policy 5.60)

*\* If specific documentation requested is not available, contact the main office for further instructions.*

# **LEGACY PREPARATORY ACADEMY**

## **Athletic Eligibility for Middle School Students**

### **PROOF OF INSURANCE FOR STUDENT**

**Please complete the form and provide proof of insurance (copy of insurance card)**

Student's Personal Physician \_\_\_\_\_

Physician Telephone # \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Emergency Contact Telephone # \_\_\_\_\_

Name of Medical Insurance Company (Insurance Policy that covers student)

\_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Name of Policy Holder (Insurance Policy that covers student) \_\_\_\_\_

Policy Holder Place of Employment \_\_\_\_\_

Policy Holder Relationship to Student \_\_\_\_\_