



# **Pinellas All-Star Football Classic**

## **Football Parent Playbook**

### **Parent Playbook Checklist**

- ☐ **Instructions for completing the included forms**
- ☐ **Emergency Treatment Authorization \***
- ☐ **Medical Packet pages 4-8 \***
- ☐ **Player Information Questionnaire**
- ☐ **Photo Release**
- ☐ **Attend Mandatory Parent & Player meeting**
- ☐ **Come enjoy celebrating your senior at the game on December 12th!**

# INSTRUCTIONS FOR COMPLETING THE PACKET

It is of absolute importance that you successfully complete all the information requested in this packet, as accurately as possible, and return it on time. If you have questions, contact your HEAD COACH.

Read all forms carefully, then sign and date all forms. You must submit online prior to the parent meeting or bring all forms to parent meeting on Nov. 11th at 6pm

\*\*\* if you print and bring forms to meeting pages 3-8 must be notarized\*\*\*

Page 4 Emergency Treatment Authorization

Read the form carefully. Complete the information requested. Sign and date the form in the spaces provided.

Page 5 -7 Verification of medical insurance/ Participation Consent

Read the form carefully. Complete the information requested. Sign and date the form in the spaces provided.

Page 8 Medical Expense Agreement

Read the form carefully. Complete the information requested. Parent/ Guardian signs and dates the form

Page 9 Health History

Complete the information requested. Provide a relative's name and phone number.

Page 10-11 Player Information

Print neatly and complete accurately if you cannot answer, put N/A. This information is used for colleges. Information must be accurate.

Page 12 A copy of your physical form from your school. Attach your copy to this Packet.

## EMERGENCY TREATMENT AUTHORIZATION

I, \_\_\_\_\_, hereby approve emergency treatment as deemed necessary by the Hospital and / or Medical Staff Physician and / or Athletic Trainer on site, for my child.

I do this with full knowledge and assumption of any / all financial responsibilities for bills incurred as a result of participation in the Pinellas All-Star Football Classic football game / practices / events. My insurance company will serve as the primary coverage and any additional coverage provided by the Pinellas All-Star Football Classic, Inc. will be viewed as secondary.

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Parent/ Guardian

Date

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Address

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City

State

Zip

Cell Phone Number

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Insurance Company

Policy Number

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Work Phone Number

Notary Seal and Signature

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Family Physician

Commission Expires

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Physician's Office Phone Number

**IMPORTANT      IMPORTANT      IMPORTANT**

**Medical / Insurance / Participation Information**

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Last Name

First Name

Middle Initial

**IMPORTANT      IMPORTANT      IMPORTANT**

If a parent, guardian, or student falsifies information on any of the enclosed forms, the student will be declared ineligible to participate.

I UNDERSTAND ANY INCOMPLETE FORMS IN THIS PACKET WILL BE RETURNED ,  
CAUSING PARTICIPANT TO BECOME INELIGIBLE FOR PARTICIPATION.

I HEREBY STATE THAT I HAVE READ THE ABOVE STATEMENT AND THOSE  
ENCLOSED AND FULLY UNDERSTAND THE MEANING OF EACH.

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Signature of Parent/Guardian

Date

## VERIFICATION OF MEDICAL INSURANCE

\_\_\_\_\_ is insured by \_\_\_\_\_ insurance company, or has medical coverage through the armed forces.

Policy Number \_\_\_\_\_

Branch of service \_\_\_\_\_

I verify the above information to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## PARENTAL CONSENT FOR PARTICIPATION

I, \_\_\_\_\_, hereby give my consent for the child named within this file to engage in approved sports activities related to the Pinellas All-Star Football Classic. I also give my consent for my child to be transported in connection with participation in Pinellas All-Star Football Classic practices/game/activities.

It is my clear understanding that participation in athletic activities such as football/ cheerleading creates a risk normally associated with such activities, and that the risk increases as the activity becomes more vigorous and / or involves bodily contact. Falls/ collisions, etc.

I, further, give my permission for the appropriate Pinellas All-Star Football Classic personnel to their designees (Physicians, Athletic Trainers, Student Trainers, Coaches) to render emergency treatment or authorize medical treatment by a hospital, physician(s) or athletic trainer(s) associated with an injury and agree NOT TO HOLD THE Pinellas All-Star Football Classic, Inc., and its designees harmful in the administration of such care.

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Parent/ Guardian Signature

Date

## MEDICAL EXPENSE AGREEMENT

We, the undersigned parent(s) / guardian(s) of \_\_\_\_\_ do give our permission for our child to participate in the Pinellas All-Star Football Classic practices/game/ activities.

We understand that medical expenses resulting from our child's participation in the Pinellas All-Star football Classic, either practice or game, will be covered by our personal insurance as the "primary coverage" and by the Insurance Company (as contracted by the Pinellas All-Star Football Classic Inc. As "secondary coverage."

We further understand and agree that the insurance of the Pinellas All-Star Football Classic, Inc. is not financially responsible for any aggravation of, or re-injury to, a previously existing injury. Therefore, the Pinellas All-Star Football Classic, Inc. its staff members, physicians, athletic trainers, student trainers, and coaches/ sponsors associated with this event will not be liable for any expenses resulting from such an injury. This includes any previous injury suffered by our child, regardless of its disclosure to the medical staff. Said pre-existing injuries are not restricted to those suffered in, or resulting from athletic competition.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participating Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

# HEALTH HISTORY

Players Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

My child is allergic to the following medications:

My child has the following additional allergies (any not listed above):

Date of the last known Tetanus Shot: \_\_\_\_\_

Please list any serious injuries, illnesses or circumstances we should be aware of prior to administering care to your child:

\_\_\_\_\_  
\_\_\_\_\_

Note: Every attempt will be made to contact you in case of an emergency. If this is not possible or practical, please list a relative who can authorize treatment:

\_\_\_\_\_  
Relative's Name

(    ) \_\_\_\_\_  
Phone Number

**We are required to have a copy of the current athletic participation physical examination form on file at your school. Please see your Head Coach or Assistant Principal for athletics, to receive a copy.**



## **Dear All-Star Participant,**

Please accept our congratulations on your selection to the PINELLAS All-Star Football Classic. Participation in this game is truly an honor and privilege, which you, your family, school and community should take great pride in. Before you begin practice for the game, allow us to share some suggestions that will make your participation more profitable and enjoyable.

### **Conditioning**

Come in top physical condition. Your coaches will expect you to report ready to perform up to your abilities. Continue your weight training and flexibility programs. Preventing injuries is as much your responsibility as it is ours. If you have any special needs or conditions the Medical Staff should be aware of, report them to your team Athletic Trainer before beginning practice. Every effort will be made to assist you in meeting those needs.

### **Miscellaneous**

Any special pads or orthopedic devices (braces, shoes, etc.) should be brought with you. This type of equipment will not be provided for you. Every attempt will be made to assist you should there be a problem.

Again, **Congratulations** on your selection for the all-star game. We are looking forward to working with you.

Sincerely,

PINELLAS ALL-STAR Football Medical and Coaching STAFF

# ALL-STAR PROFILE

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## Player Information:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Instagram: @\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Parent email \_\_\_\_\_

## School / Academic Information:

High School Attending: \_\_\_\_\_

Cumulative GPA (weighted): \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

S.A.T scores: Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ A.C.T Score(composite): \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

NCAA Clearinghouse (From 48 H) Information: (1) sent (2) cleared (3) pending

List ALL extracurricular activities, academic awards, athletic awards, offices held, hobbies, interests, community involvement:

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## PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_, hereby grant Palms-Pinellas All-Star Football Inc. permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Palms-Pinellas All-Star Football Inc.'s printed and digital publications. I understand and agree that any photograph using my likeness will become property of Palms-Pinellas All-Star Football Inc. and will not be returned. I acknowledge that since my participation with Palms-Pinellas All-Star Football Inc. is voluntary, I will receive no financial compensation. I hereby irrevocably authorize Palms-Pinellas All-Star Football Inc. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Palms-Pinellas All-Star Football Inc.'s programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Palms-Pinellas All-Star Football Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of guardian if under 18 years of age