

Home Campus

Account Registration

Start by creating an account

Includes first name, last name, email, and password

If you already have an account you just login using your username and password



Select Language ▾

Account Registration

First Name

*

Last Name

*

Email

*

New Password

*

Confirm New Password

*

Register



Clearance setup

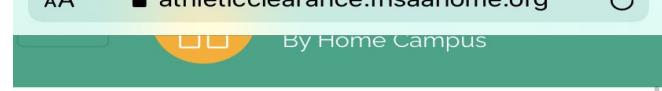
After starting an account you press “start new clearance”

Pick the year (2021-2022)

School (Gaither)

Sport (JROTC Drill and Orienteering)

There can be multiple sports just choose the category your interested in playing.)



Select Language | ▾

Clearance - Setup

Choose Which Year,
School & Sport

Year *

2021-22

School *

Gaither (Tampa)

Sport * (If you are a multiple sport athlete click "Add New Sport")

JROTC Drill and Orient

Add New Sport

Next

Student info

Next you will be taken to a page about the student.

Put your first name, last name , Grade, date of birth, student Id, gender, and address.

8:32 ↗

athleticclearance.fhsahome.org

Student Parent/Guardian Medical Program Information Sig

Choose Existing Student
-- Select --

First Name:

Last Name:

Grade:

Date of Birth:
No date selected

Student ID:

Student ID not known

Gender:
-- Select --

Graduation Year:

?

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Graduation Year:
2034

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Is the Student Covered by Insurance?
 Yes
 No

Does the student possess a US or US Territory Birth Certificate?
 Yes

?

Parent info

Next page is parent info

Their names, phone numbers, and email

You will also have an emergency contact

College recruitment area if you would like to have a scholarship in this sport

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Parent Guardian #1

First Name:

Last Name:

Cell:

Email:

Parent Guardian #2

N/A

First Name:

Last Name:

Cell:

Email:

Student is Living With:

?

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Student is Living With:

Emergency Contact

First Name:

Last Name:

Relationship to Student:

Contact Number:

Who is filling out this form?

College Recruiting Process

 NCSA
Next College Student Athlete

We have teamed up with NCSA to help support athletes who want to play sports in college. You will be emailed a free recruiting profile by [REDACTED]

?

Student questionar

Have to answer every question yes or no.

If it's a yes you will need to have your doctor clear you in that specific problem.



Do you have or have had any of the following?

Allergies (drug, food, insects, etc)

Yes No

Asthma

Yes No

Headaches or Migraines

Yes No

Unconscious or Blackouts

Yes No

Concussion or Head Injury

Yes No

Dizziness or Fainting Spells

Yes No

Muscle Cramps

Yes No

Heat Illness, treated or hospitalized

Yes No

High Blood Pressure

Yes No

Sickle Cell Trait

Yes No



Heart Murmur/Abnormal Heart Beat

Yes No

Family History of Heart Disease

Yes No

Epilepsy or Seizures

Yes No

Diabetes

Yes No

Rheumatic Fever

Yes No

Hepatitis/Yellow Jaundice

Yes No

Kidney or Bladder Problems

Yes No

Stomach Troubles or Ulcers

Yes No

Mononucleosis

Yes No

Missing Organs

Yes No

Hearing/Speech Disorder

Yes No

ADD/ADHD

Yes No



Student signature forms

Put your full name to sign each form

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Student Signature Forms

EL3 - Addendum to Consent and Release from Liability Certificate



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.

Part 2, letter C of the EL3 Consent and Release from Liability Certificate that was last revised

* Required

Jaylynn Parton- Gomez

EL3 - Consent and Release from Liability Certificate for Concussions 2020R

Consent and Release from Liability Certificate for Concussions

This completed form must be kept on file by

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EL3 - Consent and Release from Liability Certificate for Concussions 2020R

Consent and Release from Liability Certificate for Concussions

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.

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They

* Required

Jaylynn Parton- Gomez

EL3 - Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R

Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness

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.



Parent signature form

Put your parents full name to sign for each form

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Parent Signature Forms

EL3 - Addendum to Consent and Release from Liability Certificate

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.

Part 2, letter C of the EL3 Consent and Release from Liability Certificate that was last revised

* Required

Jahayra Gomez

EL3 - Consent and Release from Liability Certificate for Concussions 2020R ⓘ

Consent and Release from Liability Certificate

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EL3 - Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R ⓘ

Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness

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.

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause

* Required

Jahayra Gomez

EL3 - FHSAA Established Rules and Eligibility 2020R ⓘ

Consent and Release from Liability Certificate

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.

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to

?

Files upload

You will now need to upload the required forms

Physical, heat certificate, cardiac certificate, concussion certificate, parent Id, proof of insurance, and Rotc health screening form

You can save each of these pictures on your files whether phone or computer.

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EL2 - PreParticipation Physical * (Download File)
Please try to upload just one file for the EL2

Choose Existing File

Physical.pdf Physical.pdf Physical.pdf No file chosen Browse

Need help reducing the size of your files?

FHSAA Heat Illness Certificate *

Choose Existing File

Heat.jpg Heat.jpg No file chosen Browse

Need help reducing the size of your files?

FHSAA Sudden Cardiac Arrest Certificate *

Choose Existing File

Cardiac.jpg Cardiac.jpg No file chosen Browse

Need help reducing the size of your files?

Government Issued Photo Identification *

Choose Existing File

Id.jpeg Id.jpeg No file chosen Browse

Need help reducing the size of your files?

Proof of Insurance *

Choose Existing File

Jay insurance jpg Jay insurance jpg No file chosen Browse

Need help reducing the size of your files?

ROTC Health Screening *

Choose Existing File

Rotc screening.pdf Rotc screening.pdf No file chosen Browse

Need help reducing the size of your files?

Previous Save & Continue

?

*****USE GENIUE SCAN APP (AVAILABLE ON APPLE AND ANDROID)*****

<https://athleticclearance.fhsaahome.org/> (this is the website for athletic clearance)

www.nfhslearn.com (this is the website for the video certifications: you need cardiac arrest, heat illness, and concussion)

[https://hcpsathleticprotection.com/](http://hcpsathleticprotection.com/) (this is the website for the insurance)

<https://sdhc.instructure.com/users/7691/files/62717371?wrap=1&verifier=sPJ4tK7rz9ItzsyFGaTkCI27P6IRYS1AllfSR0ny> (this is the schools thorough step-by-step instructions)

These are the completion certificates



These are the Rotc screening forms

These papers were given in the welcome packet

HEALTH RISK SCREENING QUESTIONNAIRE

CADET NAME: Jaylyn Gomez

SCHOOL NAME: Gaither High School

Date of cadet's most recent pre-participation sports physical: 5-11-21

PART A - TO BE COMPLETED BY THE CADET AND PARENT/GUARDIAN (Circle the appropriate response to EACH question)

- Have you had a medical illness, injury or surgery since your last check up or sports physical? Yes No
- Do you have difficulty doing strenuous (great effort) exercise? Yes No
- Do you have a medical notice from your physician to NOT to participate in long distance runs, such as a 1-mile-run? Yes No
- Do you have a medical notice from your physician that you are NOT to do curl-ups or pushups? Yes No
- Do you have a headache less than three times per week for at least thirty minutes? Yes No
- Have you had an broken bone, a serious accident, or any type of surgery in the last six months? Yes No
- Do you use tobacco of any kind?
- Have you experienced chest, neck, jaw or arm discomfort while doing physical activity?
- Do you have difficulty breathing or have sudden breathing problems at night?
- Has Asthma ever been documented in any of your medical records growing up?
- Do you currently have Asthma?
- Are you using an inhaler to aid in breathing?
- Do you experience any shortness of breath with relatively low levels of exercise or exertion?
- Have you felt any chest pain at rest?
- Do your medical records contain any known cardiac (heart) disease?
- According to the Navy's height/weight table published on line at: <https://www.navvys.com/navyheightweightchart.html> are you overweight?
- Has your physician limited any activity due to dizzy/painting spells, frequent headaches, or frequent back pains?
- Have you ever experienced dehydration after strenuous physical exercise that has resulted in your physician now recommending or limiting certain physical activities?
- Are you currently under treatment by a physician or other medical practitioner?
- Has your mother or sister died without any explanation or suffered a heart attack before the age of 55?
- Has your father or brother died without any explanation or suffered a heart attack before the age of 45?

- Do you have high blood pressure or are you on blood pressure medication? Yes No
- Has a doctor or nurse told you that you have high cholesterol or are you on cholesterol medication? Yes No
- Do you have diabetes? Yes No
- Have you experienced episodes of rapid beating or fluttering of the heart? Yes No
- Do you suffer from lower leg swelling of both legs? Yes No
- Is there any history of metabolic disease (thyroid, renal, liver) listed in any of your medical records? Yes No
- Do you have a bone, joint, or muscle problem that prevents you from doing strenuous exercises? Yes No
- Have you unintentionally lost/gained more than 10 percent of your body weight since your last PFA? Yes No
- Have you ever been diagnosed with Sickle Cell Trait? Yes No
- Do you have a current prescription for epinephrine (or "epi" pen) for situational use? Yes No
- Are you currently taking any prescription or non-prescription (over the counter) medications or pills? Yes No
- Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters, pressure sores, or bites) of any kind? Yes No
- If Yes, Please specify: _____
- Have you ever become ill from exercising in the heat? Yes No

Jaylyn Gomez 8-11-21

Mallie 8-11-21

PART B - TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER

(If any of the answers to the questions above were YES, the following section must be completed and signed by a licensed medical practitioner)

- List significant clinical history and/or current medication and treatment regimen of the above cadet: (Use below as necessary)

- Recommended/released for participation in strenuous physical activities including the mile run.

Yes No

Signature of Medical Practitioner

Date

NAVAL JUNIOR RESERVE OFFICERS TRAINING CORPS (NJROTC) STANDARD RELEASE FORM

Date: 8-11-21

I, Jaylyn Gomez, parent/guardian of the Naval Junior Reserve Officers Training Corps, in consideration of the continuance of his/her membership in the Naval Junior Reserve Officers Training Corps and/or his/her acceptance for claims, demands, actions, or causes of action, due to death, injury, or illness, the government of local, regional, and national Navy Officials of the United States

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in the case of my son/daughter/ward during his/her period of training, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergencies) basis only; if further care is indicated, the patient will be transferred to non-military care as soon as possible. Emergency care provided to cadets who are not military dependents at a military facility may be subjected to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMDENTIN 6320.3B.

My son/daughter/ward has been determined to have the following allergies:

He/she requires medication for the treatment of:

Below are listed other medical conditions which my son/daughter/ward is known to have, which would preclude or limit in any way his/her participation in physical exercise and athletic programs.

His/her physician is:

Name: Bayside Pediatrics
Address: 6801 Sheldon Rd. Tampa Fl. 33615
Telephone (include area code): 813-805-1170

Initials

Dental Insurance Company *	Humana
Name:	
Street:	
City, State, Zip Code:	
Policy/ID Number:	H66397508 / Medicaid ID: 796990151
Telephone Confirmation Number:	(800) 477-6901

Dental Insurance Company *	Bridgation
Name:	
Street:	
City, State, Zip Code:	
Policy/ID Number:	60409091 / 81527462
Telephone Confirmation Number:	(800) 541-7040

*This insurance is not required. However, the information provided may be required to obtain non-emergency care.

PRIVACY ACT NOTIFICATION	
Under the authority of U.S.C. Sec. 301, the information regarding your child's/ward's health, medical condition and treatment is requested in order to verify any need to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during training. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be disclosed without your written authorization to anyone other than NJROTC area personnel involved in administration of NJROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary; however, failure to provide the requested information will preclude your child's/ward's participation in the training.	

Inclusion:	
Signature of Parent or Guardian: _____	
Address:	12002 Lakelane Dr
City:	TAMPA
State:	FL
Zip:	33624
Telephone (include area code): (813) 362-0839	

Congratulations

You finished the process

This does not mean you are cleared
it means you are one step closer to
being cleared and getting approved

Year:

2021-22

School:

Gaither (Tampa)

Sport:

JROTC Drill and Orienteering

Confirmation Message

Dear Jaylynn Parton-Gomez,

This message is to let you know Jaylynn Parton-Gomez has started the Athletic Clearance process to participate in JROTC Drill and Orienteering for Gaither (Tampa) in 2021-22.

This email does not mean that your student is cleared to participate in sports at Gaither (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 Gaither (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,

Gaither (Tampa) High School

