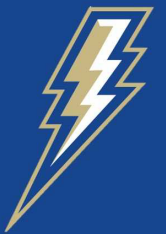




Cypress Bay Athletic Information 2021-22





CB Athletics Administration



Athletic Director—Scott Selvidge

Scott.selvidge@browardschools.com

Asst. Athletic Director—Tori Warenik

tori.warenik@browardschools.com

Asst. Athletic Director—Angela Miller

Angela.Miller@browardschools.com





The Mission of CB Athletics



Cypress Bay Athletics strives to create an atmosphere and school culture that:

- Maximizes student **participation**
- Develops **life skills** and **core values**
- Focuses on **hard-work, integrity** and **determination**
- Ensures the **safety** and **security** of all student-athletes
- Promotes outstanding **sportsmanship**
- Creates a source of **pride** for the entire school



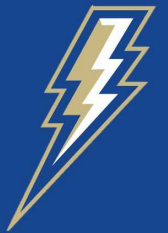


CB Athletics Core Values



A large component of high school athletics is to use sport as a vehicle to teach values that will help all of our student-athletes to be successful after their playing days are over.

- Commitment
- Character
- Discipline
- Honesty
- Integrity
- Leadership
- Responsibility
- Sportsmanship
- Team Work
- Work Ethic





2021-22 Sport Seasons



Fall Sports (Aug.-Nov.)

Cheerleading

Cross Country *

Football

Golf*

Swimming and Diving *

Girls Volleyball

Winter Sports (Oct.-Feb.)

Basketball

Cheerleading*

Soccer

Wrestling

Spring Sports (Jan.-May)

Baseball

Girls Flag Football*

Lacrosse

Softball

Tennis*

Track and Field*

Boys Volleyball*

Water Polo*

*=only Varsity level

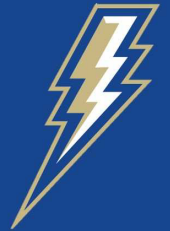




CB Activities Calendar



- Link to calendar is available on Cypress Bay website
- You can view specific date/week/month
- Mobile app affiliated with the site is also available
- www.tinyurl.com/cbhscalendar





CB Activities Calendar

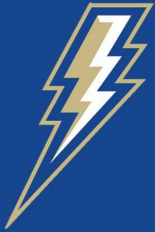


- All extra-curricular sport schedules are posted online
- Parents/students can subscribe to receive notifications
- You can customize schedules for your specific child
- You will be sent notifications when there are changes

The screenshot shows the Cypress Bay website's activities calendar for Tuesday, April 10, 2018. The page has a blue header with the Cypress Bay logo and navigation tabs for CALENDAR, ROSTERS, SCORES AND STANDINGS, and COACHES. The main content area displays a list of events with columns for TIME, EVENT, and DETAILS. A sidebar on the right includes a search bar, a calendar view for April 2018, and options to view schedules, get the mobile app, notify me, and login.

TIME	EVENT	DETAILS
7:30am- 2:30pm	Cambridge CAMBRIDGE PRE ADMIN/	Media Center
9:00am- 1:00pm	Drama AMT/SCHOOL SHOWCAMP ROCK/	Auditorium
2:45pm- 5:00pm	Student Government Association SGA MEETING/	Auditorium
3:00pm- 5:00pm	Drama DRAMA PRACTICE/REHEARSAL/	Drama Room
3:00pm- 4:00pm	HOSA HOSA MEETING/	Media Center
4:00pm- 7:00pm	Wrestling CB WRESTLING/USA WRESTLING TRAINING/	Cafe
4:30pm	Volleyball: Boys Varsity Game	vs. Coral Glades @Cypress Bay High School Gym
5:00pm	Lacrosse: Girls Varsity Game	vs. Cardinal Gibbons @Cypress Bay High School Field Football
5:00pm- 10:00pm	Underclass Awards Night CB UNDERCLASS AWARDS/	Auditorium
6:30pm	Baseball: Varsity Game	vs. Pembroke Pines Charter @Pembroke Lakes

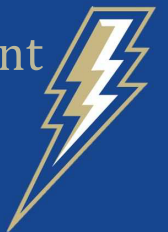




Registermyathlete.com



- All potential student-athletes that wish to tryout and/or play extra-curricular sports at CB must utilize this website
- All required paperwork is available and downloadable from this platform
- All paperwork that is submitted is vetted by an athletic administrator for approval.
- Paperwork must have all appropriate signatures and dates
- When paperwork is rejected you get an alert from the system (check your SPAM folder)
- You can check your status 24/7
- System creates a database for athletic administrators and coaches (parent contact/health concerns/injuries)
- Must be updated annually





Required Paperwork #1-U18 Consent Form



- Gives certified Broward Health trainer clearance to provide treatment to potential injuries, instruction on stretching, icing, etc.
- Form is a 1-page document

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
CONSENT FOR TREATMENT: General Sports Medicine Program (U18)**

Minor's Name: _____ (Child) Date of Birth: _____

Please list all the Minor's Medication and Medical Conditions:

_____, the Parent or Guardian signing below, hereby authorize physicians, nurses, athletic trainers or any other healthcare provider (collectively "Providers") of Memorial Healthcare System ("MHS") to conduct routine medical, medical screenings, diagnostic, or any other procedure deemed necessary in order for the above Child to participate in school athletics. In the event that an injury occurs to Child while participating in school athletics, I further authorize and give permission to Providers to render to my Child appropriate and necessary care at that time. If medical necessity exists beyond that which can be reasonably dealt with on school grounds, I further authorize and give permission to Provider to arrange for professional medical transport to a medical facility. I understand that efforts will be made to contact the parent or guardian in the case of a medical emergency.

I understand the MHS has both employed and independent contractors who may participate in the Child's care and that these individuals are not always employees or agents of MHS. I also understand that MHS contracts with physicians and physical groups to provide services to patients and that they may be independent contractors and are not necessarily the agents or employees of MHS. I understand that MHS is not legally responsible for the acts and omissions of its independent contractors or these individuals who are not employees or agents of MHS. I acknowledge that no guarantees have been made to me regarding the results of any examination, care, or treatment to be provided by an MHS employee, agent, or independent contractor.

I hereby authorize physicians, nurses, athletic trainers or any other Providers who are employees or independent contractors of MHS to examine and evaluate my Child and to release the health information to School Board of Broward County or its employees, school officials, coaches, teachers, or agents, for the purpose of engaging in school athletics and determining my Child's ability to participate in school athletics. I likewise authorize the School Board of Broward County to disclose health information from my Child's educational record to MHS. The health information consists of history, physical, examinations, medical screenings, past or present health information or information pertaining to injury or illness that may have a bearing on my Child's ability to participate in school athletics. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by Federal confidentiality laws or MHS. I understand that, unless my Child is seen at a MHS facility, my Child is not considered a patient of MHS and no health information will be recorded in any electronic medical record maintained by MHS.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign and MHS will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand that I may revoke this authorization at any time by notifying, in writing, the MHS representative at my Child's school. In the event I revoke this authorization, it will not have any effect on actions taken by MHS prior to the revocation. This authorization will be effective until revoked or until the Child reaches eighteen (18) years of age or is no longer enrolled in the Broward County School system.


PARENT(S) / GUARDIAN(S)

By: _____ Date Signed: _____ Relationship to Child: _____
Printed Name: _____

By: _____ Date Signed: _____ Relationship to Child: _____
Printed Name: _____

Memorial Healthcare System
Administration for Release of Medical Information
Consent For Treatment: General Sports Medicine Program (U18)

RL-15573
08/15



Form can be downloaded and filled out on your computer.

If you create a signature in adobe you can also digitally sign doc.

Form can be directly uploaded to RMA.





Required Paperwork #2-Field Trip/Transportation



- This provides greater flexibility for the transportation of a student-athlete to BCAA/FHSAA and other competitions.
- Modes of transport include: school bus, charter bus, private vehicle, ride with another student, ride with staff, walk (you must select 2+)

Cypress Bay High School
Transportation Authorization Form 2021-2022

Name of Student: _____

1. I authorize my child to: (check all that apply)

School Bus
 Charter Bus
 Private Vehicle
 Ride with another student
 Ride with staff

2. Maximum capacity is one (1) person per seat belt.

Health/Accident Insurance

My child is covered by twenty-four (24) hour student accident insurance or family insurance.
Insurance Company: _____

Policy number(s): _____

I authorize my child to participate in all of the school sponsored field trips for the 2021-2022 school year.

Signature of Parent/Guardian: _____

Form can be downloaded and filled out on your computer.

You must also provide insurance information on this form

If you create a signature in adobe you can also digitally sign doc.

Form can be directly uploaded to RMA.





Required Paperwork #3-Insurance Card



- FHSAA and Broward County protocols require schools to have a copy of an insurance card for all student-athletes
- We need a .jpeg of both the front and back of the card

Plans with CIGNA Choice FundSM Feature



Reverse Side of CIGNA HealthCare ID Cards



You can take a pic with your phone or create a pdf of the card

Photo/PDF can be directly uploaded to RMA.





Required Paperwork #5 EL2 Form



- Required by FHSAA. This is the most important document! Clears student to participate from a physical perspective.
- Must be signed, dated and stamped by doctor

EL2
Revised 03/16

Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 361 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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 Phone: (____) _____
 Home Address: _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Relationship to Student: _____
 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.

1. Have you had a medical illness or injury since your last check-up or sports physical?	Yes	No	26. Have you ever been ill (flu, meningitis) in the last?	Yes	No
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 medical diagnoses that require medical treatment?	_____	_____
5. Are you currently taking any prescription or over-the-counter medications or supplements or using any herbal or natural products (like eucalyptus or eucalyptus oil) for your sport or position using an inhaler?	_____	_____	30. Do you use any special protection or corrective equipment or medical devices (like a) usually used for your sport or position (for example, knee braces, special neck coll, foot orthotics, elbow, shoulder or knee bracing or taping)?	_____	_____
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 had other pains during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Do you get tired more quickly than your friends do during exercise?	_____	_____			
12. Do you ever feel dizzy or lightheaded when you exercise?	_____	_____			
13. Have you ever had ringing of your ears or skipped heartbeats?	_____	_____			
14. Have you ever had high blood pressure or high cholesterol?	_____	_____			
15. Have you ever been told you have a heart murmur?	_____	_____			
16. Have you had a fainting episode or a seizure while participating in sports or activities (for example, participation in sports for any sport previously)?	_____	_____			
17. Have you ever been diagnosed with a seizure?	_____	_____			
18. Have you ever been diagnosed with a seizure while participating in sports for any sport previously?	_____	_____			
19. Do you have any current skin problems (for example, itching, rashes, sores, warts, herpes, blisters or pressure sores) or had any recently?	_____	_____			
20. Have you ever had a head injury or concussion?	_____	_____			
21. Have you ever been involved in, become unconscious or had your memory?	_____	_____			
22. Have you ever had a seizure?	_____	_____			
23. Do you have frequent or severe headaches?	_____	_____			
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____			
25. Have you ever had a fatigue, hunger or pinched nerve?	_____	_____			

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that we agree to the above questions are complete and correct. In addition to the online medical evaluation required by FHSAA, Florida, and FHSAA Form 5, we understand and acknowledge that we are hereby authorizing the school district to share our student's medical information, which may include such diagnostic tests as chest x-rays (CXR), electrocardiogram (ECG/EKG) and/or other tests.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____

EL2
Revised 03/16

Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 361 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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: _____ Vision (right): _____ Left: _____
 Visual Acuity: _____ Right Eye: _____ Left Eye: _____ Corrected: _____ Yes _____ No _____ Pupils: _____ Equal _____ Unequal _____

PHYSICIAN _____ **NURSE/DO** _____ **CHIROPODIT** _____ **INITIALS** _____

MUSCULOSKELETAL

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

MUSCULOSKELETAL

10. Neck	_____
11. Neck	_____
12. Shoulder/Arm	_____
13. Elbow/Wrist	_____
14. Wrist/Hand	_____
15. Hip/Tigh	_____
16. Knee	_____
17. Leg/Ankle	_____
18. Foot	_____

* - obtain foot measurement only

ASSESSMENT OF A LICENSED PHYSICIAN ASSISTANT OR NURSE PRACTITIONER

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

_____ Cleared without limitation
 _____ Disability: _____ Diagnosis: _____
 _____ Precondition: _____
 _____ Not cleared for: _____ Reason: _____
 _____ Cleared after completing evaluation/rehabilitation for: _____
 _____ Referred to: _____ For: _____

Recommendation: _____

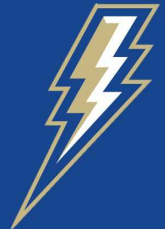
Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: _____
 Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

You will need to print this document and take to doctor's office!

Front page is filled out by parent/guardian. Second page by physician

You will have to scan and upload to RMA






Required Paperwork #6 COVID Waiver



- Required by BCPS. Due to the potential impact of COVID, we are required to have this waiver signed by all participating in extra-curricular activities at Cypress Bay..

 THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Cypress Bay High School
Kingsville Road, Principal
18400 Vista Park Blvd
754-322-0443
<http://www.browardschools.com/cypressbay>

The School Board of Broward County, Florida
Mayor W. Bennett, Chair
Charles Kirk, Vice Chair

Dr. Deborah High (Education)
Patricia Scott (Public Safety)
Laura Hill (Law Enforcement)
Alli Hurling (Health Services)
Dr. Michael Dugan (Finance)

Robert W. Hendle
Superintendent of Schools

Assumption of Risk, Waiver, Release & Hold Harmless
COVID-19 and Voluntary Extracurricular Activities
Summer 2020 and School Year 2020-21

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Broward County, Florida and the Broward County Public Schools (collectively, "BCPS"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19.

BCPS will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into the 2020-21 school year, herein after the "Activity". For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Extracurricular activities are a privilege, and not a right, of public-school students.

In an effort to ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they participate in the Activity. By signing below, I agree that I will:

- Perform daily temperature checks in my child(ren) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 5 days.
- Make a visual inspection of my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent

physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she has been without signs or symptoms for at least 5 days.

- Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the Activity until 14 days have elapsed since the time of contact.
- Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that my child(ren) are to remain home until illness-free for at least 5 days without the use of medication.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risk that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), BCPS staff, volunteers or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of my child(ren) being able to participate in the Activity, I, on behalf of myself as well as anyone entitled to act on my behalf, hereby forever waives, releases, and holds the School Board of Broward County, Florida, and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorney's fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.

By signing this document, you are giving up any right to make a claim or file a lawsuit regarding your child(ren)'s participation in the Activity including any claim based on the negligent acts or omissions of School District employees and agents.

Yes No

Signature of Parent/Guardian _____ Signature of Student _____

Print Name of Parent/Guardian _____ Print Name of Student _____

Date of Signature _____ Date of Signature _____

Form can be downloaded and filled out on your computer.

If you create a signature in adobe you can also digitally sign doc.

Form can be directly uploaded to RMA.

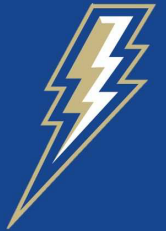




Additional Paperwork Requirements



- Please contact the Athletic director if you are a transfer student, home school student, or a non-traditional student.
- There are a few other forms that must be on file for eligibility purposes for the BCAA and FHSAA in these cases.
- Participation in a given sport without these documents on file could jeopardize student eligibility and team eligibility for the post-season





Guidelines to Communication



STEP 1: Let's teach our kids to advocate for themselves...have your athlete speak to the coach first regarding issues of concern

STEP 2: The parent should call/email the coach to talk or set up a meeting if issues still remain

STEP 3: Contact the athletic director if the issue cannot be resolved

REMINDER: Please do not attempt to confront a coach before or after a practice or a contest. Meetings during these times do not promote positive resolutions. **UTILIZE THE 24-HOUR RULE!**



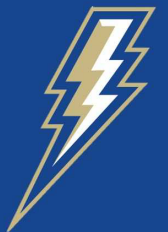


Guidelines to Communication



Appropriate concerns to discuss with coaches:

- The development of your child, mentally and physically
- Notification of any schedule conflicts well in advance
- Specific concerns in regard to coach's philosophy
- Concerns related to safety and/or supervision of student-athletes
- Utilize the 24 hour rule!
- **DO NOT COMMUNICATE, CRITICIZE, OR CONFRONT OFFICIALS!**



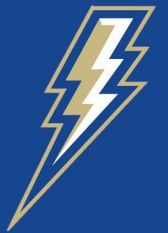


Guidelines to Communication



Issues **NOT** appropriate to discuss with coaches:

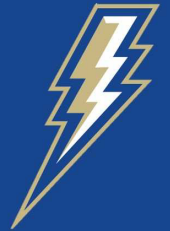
- 
- A large red prohibition sign (a circle with a diagonal slash) is centered behind the list of topics.
- Playing Time
 - Team Strategy
 - Play Calling
 - Other Student-Athletes





Social Media

- CB supports the **positive** use of multiple social media platforms (Twitter, Facebook, Snapchat, Instagram, etc.)
- Social media profile should be used for **positive** means—not to belittle, berate or disparage other schools, teams or student-athletes.
- Each team will have a social media policy relating to your social media presence... **What is acceptable vs. What is not acceptable!**
- **BE SMART!** The internet is forever! Tone, sarcasm, intent are all up to interpretation!
- If you believe something is **questionable** PLEASE DO NOT POST!



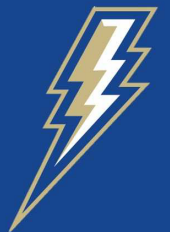


Athletic Eligibility

The FHSAA mandates a 2.0 cumulative unweighted GPA for eligibility!

Keys to Success:

- Attend all classes on a daily basis...be on time!
- Concentrate and put forth maximum effort in class and school work
- Ask for help from the teacher and utilize school resources (study hall, tutoring, etc.)
- You are a student before you are an athlete!
- Parents should check Pinnacle weekly!
- Information relating to graduation requirements are available on Cypress Bay Website.. Pull down under the student/parent tab





NCAA Eligibility

- Division 1 schools require passing 16 **CORE** courses...10 of those courses **MUST** be complete **BEFORE** their senior year
- Division 2 schools require passing 14 **CORE** courses
- All students will need a **2.3 GPA** in CORE courses to be eligible for a Division 1 scholarship or a **2.0 GPA** in CORE courses to be eligible for a Division 2 scholarship
- CORE courses include: **English, Math, Social Studies, Science and Foreign Language**





CB Head Coaches



Fall Sports

Cheerleading=Judith Malone
Cross Country (B/G)=Joe Monks
Football=Rocco Casullo
Golf (Boys)= Jason Looky
Golf (Girls)= Lonny Shapiro
Swimming and Diving=John Spire
Volleyball (Girls)=Ore Pablos

Winter Sports

Basketball (Boys)= Jason Looky
Basketball (Girls)= Kemar Cole
Soccer (Boys)= Colin Ilgner
Soccer (Girls)= Kate Dwyer
Wrestling=Allen Held

Spring Sports

Baseball=Bo Diaz
Flag Football=Jason Gordon
Lacrosse (Boys)=Emilio Loeza
Lacrosse (Girls)=Jon Urban
Softball=Lonny Shapiro
Tennis (B/G)=Marina Andreoni
Track and Field=Joe Monks/Jarrell Griffin
Boys Volleyball=Breno Ertty
Water Polo (B/G)=Andres Schmidt





**THANK YOU AND GO
LIGHTNING!**

FOLLOW US AT: @teamcypressbay

