

Bartram Trail Student-Athletes 2025-2026

To participate in conditioning, camps, and tryouts, **ALL** new and returning student-athletes must be registered online and cleared in Athletic Clearance (AC). This paperless system manages athlete registrations, physicals, and all required documents to play sports at Bartram.

BEFORE you register, please gather the following items:

1. **Updated Physical**, aka FHSAA EL2 Form that was revised 2/25: [New EL2](#)
 2. Make sure all information is accurate & complete.
 - o **Only upload page 4 of the EL2 but keep all pages for your records. All highlighted areas must be completed.**

- Page 4 Example

- o Page 5 may be necessary if you are referred to a specialist.
- o All physicals expire one year from physician's signature and date.

3. Proof of Insurance

- o Copy or photo of insurance card is sufficient.
- o If you do not have insurance, please upload a note stating **you will be relying on SJCSID insurance for coverage**. There is also an option to buy accident insurance in AC.

4. GA04 Form

- o Only required for transfer and non-traditional student-athletes.

5. Student-Athlete Video Certificates (3)

- o Athletes are required to watch these videos **yearly** and upload new certificates.
 - 1) FHSAA Heat Illness Certificate
 - 2) FHSAA Sudden Cardiac Arrest Certificate
 - 3) FHSAA Concussion Video Certificate
- o The videos can be found in AC under 'Files'.

- Certificate Example

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
 SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
 This form is valid for 365 calendar days from the date of exam. **EL2**
 Revised 2/25

MEDICAL ELIGIBILITY FORM
 Student information (to be completed by student and parent) print legibly
 Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ City/State: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Emergency Contact Cell Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
 Family Healthcare Provider: _____ City/State: _____ Office Phone: (____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent
 Check this box if there is no relevant medical history to share related to participation in competitive sports. **Provider Stamp (if required by school)**

Medications: (use additional sheet, if necessary)
 List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)
 Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other
 Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction after clearance by medical specialist for: _____
 (If this option is checked, additional medical history must be provided on separate sheet.)
 Medically eligible for only certain sports as listed below: _____
 Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary) _____

In accordance with §1006.20(2)(c), F.S., I, hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____
 Address: _____ Phone: (____) _____
 Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

This form is not considered valid unless all sections are complete.

NFHS LEARNING CENTER
 NFHSlearning.com

CERTIFICATE OF COMPLETION

TITLE OF VIDEO

STUDENT NAME

DATE _____ **Florida**
 Date Issued _____ State of Completion

DR18C7B681506 **Dr. Kerwin L. Hickey**
 Completion Code NFHS Chief Executive Officer

This certificate documents course completion, not mastery of content. This course is approved for 1 (one) Clock Hour by the NFHS.

Athletic Clearance Instructions 2025-2026

Register using a computer, not a phone or tablet; use Google Chrome as the browser

1. Click on www.athleticclearance.com and select Florida.
2. **FIRST TIME USERS** will click on “Create an Account”. **RETURNING USERS** will enter Login information. For help, please refer to this [video](#).
3. Select “Start Clearance Here” or “New Clearance” to start the AC process.
4. Choose: School Year (2025-26), then select Bartram Trail and finally select sport(s). Add ANY and ALL sports your child will be trying out for, so they are preapproved when it is time for try outs.
5. Complete all required fields
 - **Student Information** (Numbers ONLY for Student ID; child’s SJCS S# **without the S**)
 - **Parent Information**
 - **Medical History**
 - **Read & sign all Signature Forms** (Pursuing Victory with Honor Student-Athlete Contract, Student Code of Conduct, EL3 Consent Forms)
 - **Files:** Upload EL2 page 4, 3 Video Certificates, Proof of Insurance and GA04 Form

*Watch the videos by clicking on the **blue** words that say

 - 1) FHSAA Heat Illness Video Certificate
 - 2) FHSAA Sudden Cardiac Arrest Video Certificate
 - 3) FHSAA Concussion Video Certificate

*Select FL as the State and click “Order Course”. For help, refer to Instructions on page 3.

 - **Confirmation** - you have completed the online registration process, and your account should say *Pending*.



6. **Your student is not yet CLEARED!** The data is electronically filed with BTHS Athletic Department for review. When your athlete is cleared for participation, you will receive an email notification usually 48-72 hours after submission. Make sure to check your junk or spam folder.
7. If you have questions, please use the green “Help” button on the bottom right of the screen, contact the BTHS Athletic Department or the Athletic Trainer shelly.vann@stjohns.k12.fl.us.
8. Please note that you can register Additional Athletes: **Under the same account**, select “register additional students”.



Course Ordering

Step 1: Go to www.nfhslearn.com

Step 2: “*Sign In*” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “*Register*” for an account.

Step 3: Click “*Courses*” at the top of the page.

Step 4: Scroll down to the specific course from the list of courses.

Step 5: Click “*View Course*”.

Step 6: Click “*Order Course*.”

Step 7: Select “*Myself*” if the course will be completed by you.

Step 8: Click “*Continue*” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com

Step 2: “*Sign In*” to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “*Dashboard*,” click “*My Courses*”.

Step 4: Click “*Begin Course*” on the course you wish to take.

*For help viewing the course, please contact the help desk at NFHS. There is a **HELP** tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the **NFHS Help Desk** at **(317) 565-2023**.*

FAQ

What is my Username?

Your username is the email address that you registered with.

Multiple Sports

If you know or think your student will play multiple sports, it is best to add all sports on the first step. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student and parent info from the dropdown on those respective pages, the information will autofill.

Physicals

The physical form can be downloaded on **Medical History** page. Please note that physicals expire after 365 days from the date it is signed by the physician. Also, the **FHSAA EL2 Physical** is the only form accepted. The form **MUST BE SIGNED** by the **PARENT, STUDENT**, all yes answers explained and Florida **PHYSICIAN prior to uploading the file**.

Your Files

This area is meant to store your files so you can access them later in the year or perhaps years following.

Why haven't I been cleared?

The Athletics Department will review the information you have submitted and Clear or Deny your student for participation within a reasonable time frame. 48-72 hours. Do not wait till the last minute. You will receive an email when the student is cleared to participate.

My student was denied, now what?

You should have received an email with the reason for denial. Please update your Clearance record accordingly, then send an email to the Athletic Trainer shelly.vann@stjohns.k12.fl.us and ask to review the information.

Expired physical and updating

If your physical expires during the season please upload a new physical on the correct EL2 page 4 form and email the Athletic Trainer so your paperwork can be reviewed for approval. The system does not alert us when changes are made, and it is the responsibility of the student/parent to communicate with the Athletics Department.

Of course, if you have any challenges with this process, please email the Athletic Department for assistance.