

SARASOTA SUNCOAST ACADEMY
MIDDLE GRADES
8084 Hawkins Rd.
Sarasota, FL 34241
941.924.4242
www.suncoastacademy.org

Golf (Coed)



Dear Suncoast Parents,

We are pleased to inform you that Suncoast will be offering golf as a fall sport this year. The season will take place from late August through early October. Coach Poll will lead our golf program this year. It is important to note that joining the golf team requires a commitment to dedication and a strong work ethic for skill improvement. Members of the team will be expected to attend practices and matches.

Tryouts for the golf team are scheduled for **August 25th and 26th at Serenoa Golf Club (6773 Serenoa Dr., Sarasota, FL 34241) from 3:30 pm-5:00 pm.** Students must provide their golf clubs at tryouts, practices, and matches. **All participants must arrange transportation to and from tryouts/practices. A carpool can be set up once the team is established.** This season, practices will take place Monday through Thursday at Serenoa Golf Club from 3:30 to 5:00. Please see the attached schedule and calendar for the current practice/match schedule, but be aware that some things may change as the season approaches.

Please review the information in this packet and **have all the medical forms/Athletic Policy completed and turned in to Coach Hill by Friday, August 22nd.** All forms must be completed and turned in before students are allowed to try out for the team. Please note that a doctor must complete the "Pre-Participation Physical Evaluation" form included in this packet (no other form will be accepted). Urgent care centers typically perform athletic physicals for about \$40, and Dr. Walsh will be offering sports physicals at student schedule pick up on August 7th. Physicals will begin at 8:00 am, and Students' schedule pick-up begins at 9:00 am. Bring \$25.00 cash or a check, and we will provide the physical forms. Also, a completed Athletic Packet is valid for all sports for the current school year. Please turn in a new signed Athletic Policies form for each additional sport. **All students who make the team are responsible for a \$75 participation fee.**

We are looking forward to a great golf season at Suncoast!

Included in this packet:

- Golf match/Practice Calendar (Subject to change, Follow TeamReach APP for up-to-date changes)
- Suncoast Athletic Policies
- 2025-26 Middle School Athletic Packet

Sincerely,

Michelle Hill

Michelle Hill
Suncoast Academy Athletic Director
michelle.hill@suncoastacademy.org

August

2025

Suncoast Academy Golf

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25 Golf Try Outs 3:30-5:30	26 Golf Try Outs 3:30-500	27 Practice 3:30-5:30	28 Practice 3:30-5:30	29	30

September

2025

Suncoast Academy Golf

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Practice 3:30-5:30	2 Practice 3:30-5:30	3 Practice 3:30-5:30	4 Practice 3:30-5:30	5	6
7	8 Practice 3:30-5:30	9 Practice 3:30-5:30	10 Home Match	11 Practice 3:30-5:30	12	13
14	15 Practice 3:30-5:30	16 Practice 3:30-5:30	17 Sky Englewood Match	18 Practice 3:30-5:30	19	20
21	22 Practice 3:30-5:30	23 Practice 3:30-5:30	24 Home Match	25 Practice 3:30-5:30	26	27
28	29 Practice 3:30-5:30	30 Practice 3:30-5:30				

October

2025

Suncoast Academys Golf

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Imagine North Manatee Match	2 Practice 3:30-5:30	3	4
5	6 Practice 3:30-5:30	7 Practice 3:30-5:30	8 Championship	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Student Name: _____ Grade: _____ Advisor: _____

Athletic Discipline / Eligibility Policy

- **Academics** - Student-athletes **MUST** maintain a GPA of 2.0. Failure to maintain this standard will result in that player missing games until the minimum GPA is achieved. The player will be able to practice and stay on the team, but will not be able to participate in the game(s).
- **Outstanding Monies Due to SSA**- Any student who owes money to the cafeteria, After Care, or has not returned library books or uniforms from other sports will not be allowed to try out.
- **Cost**- Each participating student-athlete will contribute 75.00 to defray the costs of uniforms, coaches, equipment, and other associated expenses. Check should be made payable to Suncoast Academy and turned in to Michelle Hill.
- **Absence from School**- The student-athlete may not participate in practice or a contest on a day that they are absent from school unless excused by an administrator.
- **School Conduct**- Students must comply with all of SSA Middle's behavioral and attendance expectations. Athletic events may be forfeited due to misconduct during the school day.
- **Disciplinary Action**- Disciplinary action by an administrator may result in the following penalties:
 - **1st**- Incident as directed by administrator = 1 game suspension
 - **2nd**- Incident as directed by administrator = 1 week suspension
 - **3rd**- Incident as directed by administrator = removal from the team (possibly from all sports for the year)
- **Language**- Profanity will not be tolerated. Violation of this rule will be referred to the administration.
- **Appearance**- Students involved in interscholastic athletics are required to follow the school's guidelines for proper appearance as well as any additional requirements from the coach. Students who are not properly attired will not be allowed to participate.
- **Practice**- Athletes are expected to attend all practices. Athletes must be excused in advance by the coach for any practices missed. **Injured athletes who can attend practices and games will be expected to do so.**
- **Missing a contest**- If a student has to miss any game or contest, the coach must be notified at least **1 week** in advance. If the absence is excused, no penalty will follow.
- **Quitting without notifying the Coach**- Suspension from all athletics for the remainder of the current season and next sports season.
- **Transportation**- Parents will be responsible for transportation to and from all athletic events and practices. Any carpool arrangements must be made by parents in advance and the school must have written permission for students to be driven by anyone other than their parent or guardian.
- **Playing Time**- No player is guaranteed an equal amount of playing time in each game and may not be chosen to play in a game. If you do not get playing time in a game it is important to maintain a positive attitude during that game and in practices.

**I AGREE WITH THE ABOVE STATEMENTS AND WILL UPHOLD THE SARASOTA SUNCOAST
ACADEMY MIDDLE SCHOOL ATHLETIC POLICIES.**

Athlete Signature _____ (Date) _____

Parent Signature _____ (Date) _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

Instructions: This completed form must be kept on file by the school. This form is valid for 365 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 Name (Print) _____ Sex _____ Age _____ Date of Birth _____
School _____ Grade _____ Sport(s) _____
Home Address _____ Home Phone _____
Parent/Guardian Name (Print) _____ E-mail _____
Person to Contact in Case of Emergency _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Personal/Family Physician Name _____ 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.

- | | Yes | No | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------|-------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | _____ | _____ | 26. Have you ever become ill from exercising in the heat? | _____ | _____ |
| 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 seasonal allergies that require medical treatment? | _____ | _____ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | _____ | _____ | 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? | _____ | _____ |
| 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 been dizzy during or after exercise? | _____ | _____ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate blank and explain below: | _____ | _____ |
| 11. Have you ever had chest pain during or after exercise? | _____ | _____ | Head _____ Elbow _____ Hip _____ | | |
| 12. Do you get tired more quickly than your friends do during exercise? | _____ | _____ | Neck _____ Forearm _____ Thigh _____ | | |
| 13. Have you ever had racing of your heart or skipped heartbeats? | _____ | _____ | Back _____ Wrist _____ Knee _____ | | |
| 14. Have you had high blood pressure or high cholesterol? | _____ | _____ | Chest _____ Hand _____ Shin/Calf _____ | | |
| 15. Have you ever been told you have a heart murmur? | _____ | _____ | Shoulder _____ Finger _____ Ankle _____ | | |
| 16. Has any family member or relative died of heart problems or sudden death before age 50? | _____ | _____ | Upper Arm _____ Foot _____ | | |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | _____ | _____ | 36. Do you want to weigh more or less than you do now? | _____ | _____ |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ | 37. Do you lose weight regularly to meet weight requirements for your sport? | _____ | _____ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? | _____ | _____ | 38. Do you feel stressed out? | _____ | _____ |
| 20. Have you ever had a head injury or concussion? | _____ | _____ | 39. Have you ever been diagnosed with sickle cell anemia? | _____ | _____ |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | _____ | _____ | 40. Have you ever been diagnosed with having the sickle cell trait? | _____ | _____ |
| 22. Have you ever had a seizure? | _____ | _____ | 41. Record the dates of your most recent immunizations (shots) for: | | |
| 23. Do you have frequent or severe headaches? | _____ | _____ | Tetanus _____ Measles _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? | _____ | _____ | Hepatitis B _____ Chickenpox _____ | | |
| 25. Have you ever had a stinger, burner or pinched nerve? | _____ | _____ | FEMALES ONLY (optional) | | |
| Explain "Yes" answers here. | | | 42. When was your first menstrual period? | _____ | _____ |
| | | | 43. When was your most recent menstrual period? | _____ | _____ |
| | | | 44. How much time do you usually have from the start of one period to the start of another? | _____ | _____ |
| | | | 45. How many periods have you had in the last year? | _____ | _____ |
| | | | 46. What was the longest time between periods in the last year? | _____ | _____ |

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, 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 (EKG), echocardiogram (ECG) and/or cardio stress test.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____
RET: Master, ES7, GS7 37
Dupl., OSA

PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

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 Name (Print) _____ Date of Birth _____

Height _____ Weight _____ % of Body Fat (Optional) _____ Pulse _____ Blood Pressure _____

Temperature _____ Hearing: right: P _____ F _____ left: P _____ F _____

Visual Acuity: Right 20/ _____ Left 20/ _____ Corrected: ☐ Yes ☐ No Pupils: Equal _____ Unequal _____

Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pupils: Equal _____ Unequal _____		
FINDINGS		NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL				
1. Appearance				
2. Eyes/Ears/Nose/Throat				
3. Lymph Nodes				
4. Heart				
5. Pulses				
6. Lungs				
7. Abdomen				
8. Genitalia (males only)				
9. Skin				
MUSCULOSKELETAL				
10. Neck				
11. Back				
12. Shoulder/Arm				
13. Elbow/Forearm				
14. Wrist/Hand				
15. Hip/Thigh				
16. Knee				
17. Leg/Ankle				
18. Foot				
*station based examination only				

*station based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/ASSISTANT/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(s).

☐ Cleared without limitation

☐ Disability _____ Diagnosis _____

☐ Precautions _____

☐ Not Cleared For _____ Reason _____

☐ Cleared after completing evaluation/rehabilitation for _____

☐ Referred to _____ For _____

Recommendations _____

Physician/Assistant/Nurse Practitioner Name (Print) _____

Address _____

Physician/Assistant/Nurse Practitioner Signature _____

RET: Master, ESY, GS7 37
Dupl., OSA

Date _____

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR
HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION**

Instructions: This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) _____ Student No. _____ DOB _____

School Name _____ School Year _____

Name of sport/activity this agreement governs _____

Parent/Guardian Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

I/we fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/we understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

☐ Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District.

☐ No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Insurance Company Name _____

Policy No. _____ Effective Dates _____

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/we acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

STATE OF FLORIDA, SARASOTA COUNTY

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ who is

☐ Personally Known ☐ Produced Identification Type of Identification Produced _____

(Seal) _____
Typed or Printed Name of Notary Public

Signature of Notary Public _____

My Commission Expires _____ Commission No. _____

RET: Master, 7SY, GS7 172

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
RISK MANAGEMENT
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

PRIVATE VEHICLE TRANSPORTATION PERMISSION

Instructions: The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.

I, _____ give my permission for
Parent/Guardian Name (Print)

_____ to be transported to/from field trips/athletic
Student Name (Print)
events in a private passenger vehicle during the 20____ 20____ school year. The phone number(s) where I can be
reached during this school year is(are) _____

Parent/Guardian Signature Date

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this
_____ day of _____ 20____ by _____
(Name of Person Making Statement)

The foregoing instrument was acknowledged by _____ who is:
_____ Personally known to me, or
_____ Produced identification consisting of _____

Notary Public Signature _____

Name of Notary Public (print, stamp, or type as commissioned) _____

My Commission Expires _____ Commission Number _____

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Dupl., OSA

063-12-R/KM
Rev. 3-4-2020

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR ATHLETICS

Instructions: This form is required to allow Athletic Trainers from Agility Physical Therapy & Sports Performance, LLC, to release protected medical information for student athletes to The School Board of Sarasota County, Florida, coaching staff. This form must be returned to the Head Coach or Athletic Secretary. The original will be given to the Athletic Trainer and a copy will be maintained in the Athletic Director's office. This authorization is not valid unless signed and dated by the athlete or legally authorized representative. If you have questions pertaining to this form, contact the Athletic Director of your child's school.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Agility Physical Therapy & Sports Performance, LLC, is required to provide the patient, the patient's parent, or legally authorized representative with the Notice of Privacy Practices describing how they use and disclose patient health information. If you have not received a copy of the Notice of Privacy Practices, it is available through the Athletic Trainer at your High School.

Authorization of Disclosure

Student Name (Print) _____
Last First Middle DOB _____

I authorize Agility Physical Therapy & Sports Performance, LLC, to release/disclose the following protected health information from my student athlete records including information regarding my medical condition, injuries, prognosis, diagnosis, athletic participation status, treatment and care information, and related personal identifiable health information. I certify that this authorization has been made voluntarily. This information is to be released/disclosed to the Athletic Director, Team Physician, School Health Professional, or coaching staff for The School Board of Sarasota County, Florida, for the purposes of my care as a student athlete.

Possibility of Re-disclosure

I understand that any information provided under this release may be subject to re-disclosure by the recipient under circumstances no longer protected by state and federal regulations.

Expiration and Revocation

I understand that this authorization is valid for 14 months from the date I sign it. I understand that I have the right to revoke this authorization in writing at any time. The revocation will take effect on the day it is received except to the extent it has already been acted upon.

Conditions of Treatment

I understand that Agility Physical Therapy and Sports Performance cannot condition my treatment upon my signing this authorization.

Acknowledgement of receipt of Notice of Privacy Practices (initial) _____

Student Signature _____ Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

*Legally Authorized Representative Name (Print) _____

Legally Authorized Representative Signature _____ Date _____

*If other than student athlete signing, state relationship _____

RET: Master, 7AY, GS7 132
Dupl., OSA

Distribution: Original -- Athletic Trainer

Copy -- Student Athlete File

062-14-DIS
Rev. 2-27-2020