

MARIETTA CITY SCHOOL DISTRICT STUDENT CONSENT TO PERFORM URINALYSIS FOR DRUG / ALCOHOL TESTING (FOR STUDENT'S UNDER 18 YEARS OLD)

I hereby consent to have my urine collected and tested for the presence of drugs or alcohol in accordance with the Marietta High School Drug and Alcohol Testing Policy for Performance Activity Participants.

I understand that this testing will occur in accordance to the guidelines of the Marietta High School Drug and Alcohol Testing Policy for Performance Activity Participants.

I understand that any urine samples taken for drug/ alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the Marietta City Schools Board of Education, its doctors, employees, or agents together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on me, for the detection of drugs/ alcohol.

I further give my permission to the medical laboratory selected by the Marietta City Schools Board of Education, its doctors, employees, or agents, to release all results of these tests to the designated School District employees or agents, if applicable. I understand that positive, adulterated, inconclusive or suspect results will also be made available to me and to my parent(s)/ guardian(s).

I hereby authorize the release of the results of such testing to my parent(s)/ guardian(s).

This consent shall be valid for one year from date of execution.

I hereby in conjunction with my parent/ guardian consent and knowledge, release, waive, and discharge the Marietta City Schools Board of Education, its individual members, employees, agents and anyone acting on its behalf, from any and all liability claims, or causes of action arising from or related to the urinalysis drug/ alcohol testing for Performance Activity participation and/ or release of confidential medical information as authorized in this form and in the Drug and Alcohol Testing Policy for participants.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Athlete's Name \_\_\_\_\_

Sport & Level (ie; Football 7<sup>th</sup> grade) \_\_\_\_\_

18 AND OVER

**MARIETTA CITY SCHOOL DISTRICT PARENT/GUARDIAN AND STUDENTS WHO  
ARE AT LEAST 18-YEARS OF AGE CONSENT TO PERFORM URINALYSIS  
FOR DRUG/ALCOHOL TESTING**

Student Name: \_\_\_\_\_

Activity/Activities: \_\_\_\_\_

I hereby consent to have my son/ daughter/ ward undergo urinalysis testing for the presence of drugs or alcohol in accordance with the Marietta City School District Drug and Alcohol Testing policy for Performance Activity Participants. I understand that this testing will occur according to the guidelines of the Marietta Drug and Alcohol testing policy for Performance Activity Participants. I understand that any urine samples taken for drug/ alcohol testing will be sent only to a certified medical laboratory for actual testing. I hereby give my consent to the medical laboratory selected by the Marietta City Board of Education, its doctors, employees, or agents together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son/ daughter for the detection of drugs/ alcohol.

I further give my permission to the medical laboratory selected by the Marietta City Board of Education, its doctors, employees, or agents, to release all results of these tests to the designated School District employees or agents if applicable. I understand that copies of the positive, inconclusive, adulterated or suspect results will also be made available to me.

This consent will be valid for a period of one year from date of execution.

I hereby release, waive, and discharge the Marietta City Board of Education, its individual members, employees, agents, and anyone acting on its behalf, from any and all liability claims, or causes of action arising from or related to the urinalysis drug/ alcohol testing for Performance Activity participation and/ or the release of confidential medical information as authorized in this form and in the Drug and Alcohol Testing Policy for Performance Activity Participants.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(students over 18)

EMERGENCY 1

## Emergency Medical Authorization

School \_\_\_\_\_

Student Name \_\_\_\_\_ Student's Telephone \_\_\_\_\_

Student's Address \_\_\_\_\_

**Residential Parent or Guardian:**

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relative or Childcare Provider \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

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

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**PART II - REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

Date \_\_\_\_\_

### OHSAA Regulations On

## Instruction/Camps

You may attend camps, clinics and workshops that involve team play any time between June 1 and July 31.

- Team play means there is more than one player opposing one player.
- There is no limit on the number of students from the same school team that may participate on the same non-school team from June 1 to July 31.

You may receive instruction from a coach from a school team only:

1. During the season of the sport, or
2. For 10 days only from June 1 to July 31.

**Note:** Interscholastic coaches in the individual sports of bowling, golf, gymnastics, swimming & diving and tennis may coach athletes from the school where employed outside the interscholastic season of the sport.

Individual skill instruction may be received in any sport by a squad member at any time in individual lessons provided that these individual skill instructions do not violate any Board of Education, school administrators' or coaches' policies. Again, however, the school coach may not conduct individual or group lessons for a squad member in a team sport except during June 1 to July 31 and during the season of the sport.

Members of a school football team may play in non-contact football contests and attend non-contact team football camps at any time between June 1 and July 31. Remember, however, that the 10-day regulation for instruction from school coaches is in effect.

**Note:** It is a violation if a coach suggests your participation in an instructional program is mandatory.

### OHSAA Regulations On

## Non-School Teams

A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football, ice hockey, soccer, softball and volleyball) may not participate in an athletic contest, tryouts or any type of team or group training or practices on or with a non-school squad in a team sport in the same sport during the school's interscholastic season.

- In individual sports of bowling, cross country, golf, gymnastics, swimming and diving, tennis, track and field and wrestling, however, you may practice and try out for a non-school team but may not compete in a contest.

A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football,

ice hockey, soccer, softball and volleyball) may try out, practice and compete on non-school teams before and after the school season provided:

1. The number of students from the same school on the roster of the non-school team is limited to five (5) students in the sports of soccer, field hockey and ice hockey; four (4) students in the sports of baseball and softball; three (3) students in the sport of volleyball, and two (2) students in the sport of basketball. School football team members are prohibited from competing on non-school teams except from June 1 to July 31.
31. **Note:** Seniors are exempt from these limitations after the conclusion of their sport season. In addition, there is no limit on the number of students from the same school team that may participate on the same non-school team from June 1 to July 31.
2. You have no contact with school coaches while on a non-school team other than the 10 days permitted between June 1 and July 31.
- You may be declared ineligible for the remainder of the school season for violating these rules during the school season.
- You may be declared ineligible for the next season for violating these rules outside the school season.
- A senior may be declared ineligible for the remainder of the school year for violating these rules.

**Note:** Check the OHSAA Sports Regulations (available on the OHSAA web site) for the date you must cease participation on non-school teams in order to be eligible for OHSAA tournament competition along with penalties for non-compliance with this date.

### OHSAA Regulations On

## Recruiting

You will be declared ineligible if you are recruited by a person or group of persons to change schools. Any attempt by you to recruit a prospective student-athlete for athletic purposes is also prohibited. A violation may also affect the eligibility of the school team.

### OHSAA Regulations On

## Alcohol, Tobacco, Drugs

You are prohibited from using any form of alcohol, tobacco or illegal drugs at the playing site of an interscholastic contest. The penalty is disqualification from that contest, and you will likely face additional school and/or legal penalties.

### OHSAA Regulations On

## Steroids and Performance-Enhancing Drugs

If you use anabolic steroids or other performance-enhancing drugs, you are ineligible for interscholastic competition until medical evidence indicates that your system is free of these items.

### OHSAA Regulations On

## Preparticipation Evaluations and Consent Forms

Each year you must submit a physical examination form signed by a medical examiner before you begin practice for a school sport. In addition, your parents/guardian, and you must sign the OHSAA Authorization and Consent Forms.

- Physical examinations will be reviewed by school officials.
- Physical examinations are valid for one year from the date of the exam except for those that take place from May 1-June 1. Those exams are valid for one year plus through the end of the next school year.

### OHSAA Regulations On

## Sporting Behavior

You are expected to accept seriously the responsibility and privilege of representing your school and community while participating in interscholastic athletics. You are expected to:

- Treat opponents, coaches and officials with respect.
- Display no behavior that could incite fans or other participants in the contest or which is intended to embarrass, ridicule or demean others under any circumstances including on the basis of race, religion, gender or national origin.
- Remember that winning isn't everything. Having fun, improving your skills, making friends and doing your best are also important.

The OHSAA has established a policy for students ejected or disqualified for unsportsmanlike or flagrant fouls. If you are ejected or disqualified:

- You will be ineligible for all contests for the remainder of that day, and
- You will be ineligible for all contests at all levels in that sport until two regular season/tournament contests are played at the same level as the ejection (one contest in football).

If you are ejected or disqualified a second time in a season, you are subject to additional, stiffer penalties, including suspension from play for the remainder of the season in that sport.

**Note:** The complete OHSAA ejection/disqualification policy for unsportsmanlike behavior can be found in the OHSAA Handbook and is posted on the OHSAA web site ([www.ohsaa.org](http://www.ohsaa.org)).

### OHSAA High School

## Eligibility Checklist

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes will likely mean you are NOT eligible. For questions, see your principal or athletic administrator.

- I am officially enrolled in an OHSAA member high school.
- I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.
- I received passing grades in at least five one credit courses or the equivalent, each of which count toward graduation, during my last grading period.
- I have at least one parent living in Ohio.
- I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.
- If I have changed schools (transferred), I have followed up with my previous school and my new school to ensure that all proper forms have been submitted to the OHSAA.
- I have not been enrolled in high school for more than eight semesters.
- I did not turn 19 before August 1, 2011.
- I have not received an award, equipment or prize valued at greater than \$200 per item.
- I am competing under my true name and have provided my school with my correct home address.
- I have not competed in a mandatory open gym/facility, conditioning or instructional program.
- I have not been coached or provided instruction by a school coach in a team sport or cross country, track & field and wrestling other than during my sport season or for no more than 10 days between June 1 and July 31 (applies to team sports only).
- I am not competing on a non-school team during my school team's season.
- I have not been recruited to attend this school.
- I am not using anabolic steroids or other performance-enhancing drugs.
- I have had a physical examination within the past year and it is on file at my school.
- My parents and I attended a preseason meeting at my school which the OHSAA requires to be held no later than two weeks after the beginning of each sports season. We viewed a DVD prepared by the OHSAA to review key eligibility issues and address sporting behavior.
- My school reviewed its concussion management protocol and my parents and I reviewed a short presentation on concussions that is available at no cost at [www.nflslearns.com](http://www.nflslearns.com).
- My parents and I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement and they are on file at my school.



# 2011-12 Edition

## Student-Athlete Eligibility Guide

Published by the Ohio High School Athletic Association

### Ohio High School Athletic Association Overview

Participating in your school's interscholastic athletics program will provide some of your most memorable and enjoyable moments ever. Since your school is a member of the Ohio High School Athletic Association, there are standards that must be met in order to be eligible to compete.

The essential eligibility requirements in this publication are only a summary of some of the regulations affecting student eligibility. Most requirements are published in the OHSAA Handbook, which can be found in the offices of your principal and athletic administrator and is posted on the OHSAA web site ([www.ohsaa.org](http://www.ohsaa.org)). Your school district also has the authority to establish additional academic standards and codes of student or athletic conduct.

Any questions you have concerning the OHSAA standards or your athletic eligibility should be reviewed with your school principal or athletic administrator. You should also meet with these administrators EVERY TIME before you change your course schedule or drop a course. Should you transfer schools, you must follow up with your previous school and your new school to ensure that all proper forms have been submitted to the OHSAA.

The eligibility standards of the OHSAA have been adopted by the member schools and were accepted by your school when it became an OHSAA member. You are urged, as a student-athlete, to study these standards carefully since you are responsible for compliance with these standards.

Best wishes as you learn the valuable lessons that come with your participation in interscholastic athletics!



There are several exceptions to this regulation. To see if you qualify for an exception, you and your parents should arrange a meeting with your principal or athletic administrator.

If your parent or legal guardian lives outside of Ohio, you are ineligible unless one of the exceptions to the regulation is met. These exceptions to the out-of-state residency rules are found in Bylaw 4-6.

If additional questions concerning these regulations remain, school principals or athletic administrators should contact the OHSAA.

### OHSAA Regulations On Semesters

After establishing ninth-grade eligibility, you are permitted eight (8) semesters of athletic eligibility. The semesters are taken in order of attendance once ninth-grade eligibility has been established.

Semesters are counted toward eligibility whether you participate in interscholastic athletics or not. There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.

### OHSAA Regulations On Home Schooling

If you are home schooled and also enrolled in an OHSAA member school in accordance with the school's board-adopted partial enrollment policy, you may be eligible for interscholastic athletics participation at the school where you are enrolled and attending.

To be eligible, you must enter the OHSAA member school from the home school at the beginning of the school year after having been home schooled for at least one calendar year. Failure to meet the one-year provision will require you to be enrolled for a minimum of one grading period before eligibility can be granted.

### OHSAA Regulations On Age

High school students (grades 9-12) who turn 19 years of age prior to August 1, 2011, are ineligible for interscholastic athletics.

Seventh- and eighth-grade students who turn 15 years of age prior to August 1, 2011, are ineligible for 7th-8th grade athletics but are eligible to participate in high school athletics.

There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.

### OHSAA Regulations On Awards

You may receive awards as a result of athletic participation in interscholastic athletics from any source. However, the value cannot be more than \$200 per award.

### OHSAA Regulations On Amateurism

You will lose your amateur status and forfeit your eligibility if you:

- Compete for money or other monetary compensation.
- Capitalize on your athletic fame by receiving money, merchandise or services.
- Receive expenses or compensation from a sponsor unless that sponsor is a recognized amateur governing body or organization, recognized by a member school or is your parent or guardian.
- Sign a contract or make a commitment to play professional athletics.
- Receive services, merchandise or any form of financial assistance from a professional sports organization.
- Complete with a professional athletics team even if no pay is received.
- Enter into an agreement with a sports or marketing agent.

### OHSAA Regulations On False Information

If you compete under a name other than your own or provide a false address, you immediately become ineligible.

### OHSAA Regulations On Open Gyms

School officials may designate open gyms or facilities and the sports to be played. You may participate in open gyms or facilities provided:

- No one is limited from participating.
- No one is required to attend.
- No school officials invite selected students or determine the teams.
- No school officials transport students to either school or non-school facilities.
- No timing or written scoring is kept.
- No coaching or instruction is provided.

You may be declared ineligible for a maximum of one (1) year for violating these rules.

MARIETTA CITY SCHOOL DISTRICT  
ATHLETIC RESPONSIBILITY ACKNOWLEDGEMENT

\_\_\_\_\_  
ATHLETE'S NAME

\_\_\_\_\_  
YEAR

Prior to participating in any practice or tryout session for any inter-scholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the office of the Athletic Director. One current physical examination per year is sufficient for all sports during that school year.
2. Return to his/her coach the Athletic Responsibility Acknowledgment form properly signed.
3. Properly fill out and return to the coach the Emergency Medical Form.

As a Marietta Schools student athlete participating voluntarily in interscholastic athletics, I understand that:

1. I will abide by the Marietta Schools student code of conduct; the school's Athletic Handbook, the coaches team rules, and the rules of O.H.S.A.A.
2. I will conduct myself in an exemplary social manner at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the athletic handbook.
5. I acknowledge that I have been properly advised, cautioned and warned by administrative and coaching personnel of the Marietta School District that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parents, certify that I have read and understand all of the Marietta School Districts Athletic Policies in the athletic handbook and in order to be eligible for participation I must comply with all requirements listed.

INTRODUCTION

We are very pleased that your child has chosen to participate in Marietta High School interscholastic athletics. Research indicates that students involved in co-curricular activities have greater success. Many of the character traits required to participate in athletics are those that positively impact life after high school. Therefore, the goal of the Athletic Department is to create an environment, which will provide a meaningful athletic experience. To do so, appropriate communication among all involved parties is required. This guide has been developed to enhance that communication among, coaches, parents, administrators, and athletes. We hope these guidelines will result in a less stressful and more enjoyable experience for each athlete.

COMMUNICATION CHAIN OF COMAND

The Marietta City School District, in conjunction with its Athletic Department, follows the chain of command listed below. All parties are asked to observe this line of communication in regard to athletic matters.

1. Assistant Coach (if applicable)
2. Head Coach
3. Athletic Director
4. Building Principal
5. Superintendent
6. Board of Education

COMMUNICATION ATHLETES & PARENTS SHOULD EXPECT FROM COACHES

1. Coaching philosophy
2. Team & Athlete expectations
3. Practice/contest times & locations
4. Participation requirements (fees, special equipment, eligibility, attendance, off-season conditioning, etc.)
5. Injury procedures
6. Athletic Code of Behavior policies
7. Lettering requirements
8. Disposition of lost/outstanding equipment
9. Team discipline

COMMUNICATION THE COACH WILL EXPECT FROM ATHLETES & PARENTS

1. That concerns will be directed to the coach first (see Chain of Command)
2. Notification of schedule conflicts well in advance
3. Notification of special needs (i.e. physical limitations, medical, etc.)
4. Notification of behavior/discipline concerns
5. Notification of information which impacts athlete's mental/physical health and/or improvement

Communication between coaches, athletes and parents is imperative to avoid misunderstandings and is welcomed by the coaching staff. However, the highly emotional and dynamic setting of interscholastic athletics often results in athlete and parental concerns. To promote effective programs, the following factors must be left to the discretion of the coach.

1. Playing time
2. Position assignments
3. Team strategy/play calling
4. Matters concerning other athletes

PROCEDURE FOR ARRANGING FOR DISCUSSION WITH COACHING STAFF

Meetings with coaches are encouraged whenever necessary to address concerns. Please request an appointment to meet with coaching staff. Please do not attempt to confront a coach before or after a contest or practice session. Spontaneous meetings rarely result in a resolution of problems and may, instead, unnecessarily escalate an issue.

Please contact the coach to request an appointment. If you have difficulty, please contact the Athletic Department and an appointment will be scheduled on your behalf.

If your meeting does not result in a resolution of your concern or problem, please contact the Athletic Director for an appointment to discuss the situation and determine any necessary further course of action.

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MARIETTA CITY SCHOOL PHONE NUMBERS

ADMINISTRATIVE OFFICE  
740-374-6500

MARIETTA HIGH SCHOOL  
740-374-6540

MHS ATHLETIC DEPARTMENT  
740-374-6542

MARIETTA MIDDLE SCHOOL  
740-374-6530

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T.E.A.M.  
Together  
Everyone  
Accomplishes  
More

**SPORTS  
COMMUNICATION  
GUIDE**

MARIETTA CITY SCHOOL DISTRICT  
ATHLETIC DEPARTMENT  
(PLEASE FILL OUT EITHER THE INSURANCE VERIFICATION OR THE WAIVER)

**INSURANCE WAIVER**

We, the parents or guardian of \_\_\_\_\_ do  
(Student's Name)

hereby acknowledge that an accident insurance policy is not in force for our son/daughter that will pay the medical or surgical expense that results from any injury, major or minor, that the above named student may receive as a result of practicing or performing in athletics at Marietta Middle/High School.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**INSURANCE VERIFICATION**

We, the parents or guardian of \_\_\_\_\_ have  
(Student's Name)

insurance with \_\_\_\_\_ policy number \_\_\_\_\_  
that will pay the medical or surgical expenses that result from any injury, major or minor that the above named student may receive as a result of practicing or performing in athletics at Marietta Middle/High School. This insurance will also cover the above named student while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above names student, have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we, the parents or guardians agree to release the Marietta City School System or any part thereof, from any obligations as pertains to financial responsibility in those matters for the \_\_\_\_\_  
school year or any period of the time thereafter.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

**PARENT'S TRAVEL PERMIT**

I hereby, give my consent for \_\_\_\_\_  
(Name of Athlete)

to and from athletic events scheduled by the Marietta Athletic Department. I understand the department policy will be to provide transportation by school bus, but in the event a bus is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (coaches or parents of athletes), and they cannot be held responsible for any accident or injury that might occur.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

**PLAYER PERSONNEL FORM**  
 \_\_\_\_\_ (YEAR)

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
 PHONE ( ) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Month/Day/Year)  
 DATE OF ENROLLMENT (H.S. ONLY) MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

SPORT: FALL \_\_\_\_\_ WINTER \_\_\_\_\_  
 SPRING \_\_\_\_\_

CLASS SCHEDULE 1<sup>ST</sup> SEM

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

CLASS SCHEDULE 2<sup>ND</sup> SEM

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Last)

We have read the entire packet of Athletic Eligibility Information, and have had the opportunity to review its contents with school administration. We understand the information contained and realize that we will be expected to fulfill any responsibilities in compliance with the rules set forth. We have also signed all other forms where a student or parent/guardian signature is necessary.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Before you play you must be eligible. Please review the following checklist with your parents. Unchecked boxes will likely mean you are NOT eligible. For questions, see your principal or athletic director.

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | 1. I am officially enrolled in an OHSAA member high school.  | <input type="checkbox"/> | 10. I am competing under my true name and have provided my school with my correct home address   |
| <input type="checkbox"/> | 2. I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.  | <input type="checkbox"/> | 11. I have not competed in a mandatory open gym/facility, conditioning or instructional program.   |
| <input type="checkbox"/> | 3. I received passing grades in at least five one credit courses or the equivalent, each of which counts toward graduation, during my last grading period.                 | <input type="checkbox"/> | 12. I have not been coached or been provided instruction by a school coach in a team sport or cross country, track & field and wrestling other than during my sport season or for more than 10 days (seven in football) between June 1 and July 31 (applies to team sports only) |
| <input type="checkbox"/> | 4. I have at least one parent living in Ohio.  | <input type="checkbox"/> | 13. I am not competing on a non-school team during my school team's season.  |
| <input type="checkbox"/> | 5. I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.    | <input type="checkbox"/> | 14. I have not been recruited to attend this school.   |
| <input type="checkbox"/> | 6. If I have changed schools (transferred), I have followed up with my previous school and my new school to ensure that all proper forms have been submitted to the OHSAA. | <input type="checkbox"/> | 15. I am not using anabolic steroids or other performance enhancing drugs.   |
| <input type="checkbox"/> | 7. I have not been enrolled in high school for more than eight semesters.  | <input type="checkbox"/> | 16. I have had a physical examination within the past year and it is on file at my school.   |
| <input type="checkbox"/> | 8. I did not turn 19 before August 1, <del>2009</del> 2011   | <input type="checkbox"/> | 17. My parents and I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement and they are on file at my school.   |
| <input type="checkbox"/> | 9. I have not received an award, equipment or prize valued at greater than \$200 per item  |                          |  |

2010-2011 - 2012

Student Signature

Student Printed Name

Date

Parent or Guardian Signature

Date



## OHSAA AUTHORIZATION FORM

I hereby authorize the release and disclosure of the personal health information of \_\_\_\_\_ ("Student"), as described below, to \_\_\_\_\_ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

This authorization will expire when the student is no longer enrolled as a student at the school.

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

\_\_\_\_\_  
Student's Signature Birth date of Student, including year

\_\_\_\_\_  
Name of Student's personal representative, if applicable  
I am the Student's (check one):  Parent  Legal Guardian (documentation must be provided)

\_\_\_\_\_  
Signature of Student's personal representative, if applicable Date

A copy of this signed form has been provided to the student or his/her personal representative  
THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN  
SIGNED AND RETURNED TO THE SCHOOL

### 2019-2020 Ohio High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant from an OHSAA member school and by the participant's parent.

I have read, understand and acknowledge receipt of the OHSAA brochure entitled "Your Athletic Eligibility," which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the OHSAA Handbook is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the Handbook are also posted on the OHSAA web site at [www.ohsaa.org](http://www.ohsaa.org).

I understand that an OHSAA member school must adhere to all rules and regulations that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.

I understand that participation in interscholastic athletics is a privilege not a right.

#### Student Code of Responsibility

As a student athlete, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and consideration

I will be fully responsible for my own actions and the consequences of my actions

I will respect the property of others

I will respect and obey the rules of my school and laws of my community, state and country

I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country

I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period of time as determined by the principal

**Informed Consent** - By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

To enable the OHSAA to determine whether the herein-named student is eligible to participate in interscholastic athletics in an OHSAA member school I consent to the release to the OHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

I consent to the OHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

#### \*Must Be Signed Before Physical Examination

Student's Signature _____	Birth date _____	Grade in School _____	Date _____
Parent's or Guardian's Signature _____			Date _____





# Ohio High School Athletic Association

## Preparticipation Physical Evaluation



DATE OF EXAM: \_\_\_\_\_

Page 1 of 4

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

### History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers in the space provided. Circle questions you don't know the answer to.

- |  |            |          |           |           |           |                |                |       |            |            |     |       |      |           |       |             |  |
|--|------------|----------|-----------|-----------|-----------|----------------|----------------|-------|------------|------------|-----|-------|------|-----------|-------|-------------|--|
| <p>1. Has a doctor ever denied or restricted your participation in sports for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like diabetes or asthma)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you think you are in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Has a doctor ever told you that you have (check all that apply):<br/> <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur<br/> <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A heart infection</p> <p>11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Has any family member or relative died of heart problems or of sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">Head</td> <td style="width: 10%;">Neck</td> <td style="width: 10%;">Shoulder</td> <td style="width: 10%;">Upper Arm</td> <td style="width: 10%;">Elbow</td> <td style="width: 10%;">Forearm</td> <td style="width: 10%;">Hand / Fingers</td> <td style="width: 10%;">Chest</td> </tr> <tr> <td>Upper back</td> <td>Lower back</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Calf/shin</td> <td>Ankle</td> <td>Foot / Toes</td> </tr> </table> <p>21. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | Head       | Neck     | Shoulder  | Upper Arm | Elbow     | Forearm        | Hand / Fingers | Chest | Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot / Toes | <p>25. Do you cough, wheeze, or have difficulty breathing during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Do you have headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you happy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>47. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>FEMALES ONLY</b></p> <p>48. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>49. How old were you when you had your first menstrual period? _____</p> <p>50. How many periods have you had in the last 12 months? _____</p> |
| Head   | Neck       | Shoulder | Upper Arm | Elbow     | Forearm   | Hand / Fingers | Chest          |       |            |            |     |       |      |           |       |             |  |
| Upper back   | Lower back | Hip      | Thigh     | Knee      | Calf/shin | Ankle          | Foot / Toes    |       |            |            |     |       |      |           |       |             |  |

Explain "Yes" Answers Here: (Attach additional sheets as needed)

I (we) hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

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

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

Athlete

Parent or Guardian (if athlete is under 18)

The student has family insurance  Yes  No; if yes, family insurance company name and policy number: \_\_\_\_\_

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.  
 NOTE: HISTORY AND ALL CONSENT FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION

# Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Students Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

### Follow-Up Questions on More Sensitive Issues (Optional)

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrsa/index.htm>) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL	Normal	Abnormal findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

Notes: \_\_\_\_\_

## Clearance

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for:  All Sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

### Emergency Information:

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name of Physician: (print/type/stamp) \_\_\_\_\_ (M.D., D.O., D.C.) Date: \_\_\_\_\_

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_