

James A. Garfield Local School District

2016 - 2017

Athletic Handbook

Athlete: _____ Grade: _____

Philosophy

Participation in athletic activities is a privilege that will be regulated. The athletic program is an integral part of the James A. Garfield educational system. As such, our goal is to provide each participant the opportunity to grow mentally, morally, physically, emotionally, and to attain athletic excellence. The athletic code applies to all James A. Garfield student athletes in grades 7-12. It must be adhered to by the student athlete year round, both in season and out of season. **Consequences may extend beyond the school year into a new school year and from season to season.**

Athletic Department Goal and Objectives

Goal: Students will become more effective members of a democratic society.

Specific Objectives:

1. To learn teamwork – To work with others in a democratic society, an individual must develop self discipline, respect for authority and the spirit of hard work and sacrifice. Athletes must place the team and its objectives higher than personal desires.
2. To have fun – the main reason people participate in sports and games. Athletic competitions as well as practice sessions should be a rewarding and enjoyable experience for **ALL** students athletes involved.
3. To be successful – Our society is very competitive. We do not always win, but we succeed when we continually strive to do so. You can learn to accept defeat only by striving to win with earnest dedication. Develop a desire to excel.
4. Sportsmanship – To accept success and defeat like a true sportsman, knowing you have done your best. We must learn to treat others as we would have others treat us. We need to develop desirable social traits, including emotional control, honesty, cooperation and dependability. Sportsmanship should not only be demonstrated in competitive settings, but also during daily practice sessions.
5. To improve – Continual improvement is essential to good citizenship. As an athlete, you must establish a goal and constantly try to reach that goal.
6. Enjoy athletics – Participating in athletics is a right and privilege. It is necessary to acknowledge all of the personal rewards we derive from athletics and to give sufficiently of ourselves in order to preserve and improve the program.
7. To develop desirable personal health habits – To be an active, contributing citizen, it is important to obtain a high degree of physical fitness through exercise and good health habits and to develop a desire to maintain this level of physical fitness after formal competition has been completed. The knowledge and skills obtained as a high school athlete should last a life time.

Sportsmanship Guidelines and Philosophy

Demonstrating good sportsmanship is the cornerstone of the James A. Garfield Athletics Code of Conduct. Sportsmanship is not something that simply happens, but is a trait that must be taught and learned. The promotion of sportsmanship is the responsibility of all school personnel (principals, athletic directors and coaches) and is directed to the behavior of spectators, coaches and players. An additional component to consider is coaches' ethics. We believe the development of good sportsmanship through the practice of ethical behavior and moral reasoning is one of the acknowledged objectives of interscholastic athletics.

We, therefore, expect school administrators, coaches, athletes, cheerleaders and spectators to know and embrace the following fundamentals of sportsmanship:

1. Respect should be demonstrated for athletic opponents and for their school at all times. Opponents are guest of the James A. Garfield Community, and should be treated that way at all times.
2. Respect should be demonstrated for the officials at all times.
3. All participants should strive to maintain self-control at all times. Maintaining self-control is a direct reflection of the participant's use of good Sportsmanship.
4. Knowledge of and a proper respect for the current rules of the contest should guide the behavior of all participants. Rules are essential for a fair contest. Good sportsmanship suggests the importance of conforming to the rules.

Players

Because players are admired and respected, they exert a great deal of influence over the actions and behavior of spectators. It is important that athletes embrace the following behaviors:

1. Treat opponents with the respect that is due them as guests and as fellow human beings.
2. Shake hands with opponents and wish them a good game when appropriate.
3. Demonstrate self-control at all times.
4. Handle defeat with dignity.
5. Understand that as an athlete of the James A. Garfield Schools your actions are not only a direct reflection of yourself, but also your school and community.
6. Follow both team and Athletic Department rules and standards at all times.

Spectators

Spectators, by their behaviors and reactions, play an important role in their school's reputation for sportsmanship. Spectators should be reminded and should keep in mind that athletes are friendly rivals as members of opposing amateur teams. They are expected to be treated as such. Spectators should be reminded, too, that the contest should be between the teams engaged in the competition and not between their supporters. It is important that all spectators embrace the following:

1. Know and demonstrate the fundamentals of sportsmanship.
2. Respect, cooperate and respond enthusiastically to the cheerleaders, coaches and athletes of all teams.
3. Be positive toward players and coaches regardless of the outcome of the contest.
4. Respect the judgment and the professionalism of the officials and coaches. It is the responsibility of the James A. Garfield Athletic Department to evaluate the performance of coaches and officials.

Conditions and Procedures

1. All athletes will be good representatives of the Garfield School District 24 hours a day, exhibiting good citizenship in the school and in the community.
 - A. Athletes convicted of a crime or sentenced to the juvenile detention center will be removed from all Garfield athletic teams for a semester or a season, whichever is greater.
 - B. *Athletes suspended out of school for any offense other than items covered in Items 2 and 3 below will be denied the privilege to participate in all practices and contests during the suspension.*
2. All athletes will abstain from possession, use, sale or distribution of alcohol, drugs, intoxicants or controlled substances of any kind, or possession of drug paraphernalia.

Violation of this section will result in:

1st Offense – Denied the privilege to participate in not less than 10% of the scheduled contests and mandatory participation in a professional counseling service. The athletic manager may consider cases of extreme hardship. An athlete refusing to attend a professional counseling service will be denied the privilege to participate in not less than 50% of the scheduled contests. An athlete caught lying during questioning about his/her use will be denied the privilege to participate in not less than 50% of the scheduled contests and will be required to attend professional counseling before returning to contest participation.

2nd Offense – Denied the privilege to participate in not less than 50% of the scheduled contests and no local post-season awards. The student will be required to undergo an assessment by a professional counselor (such as Townhall II or the Alcoholism Services of Portage County) and follow the recommendations of the assessment counselor before returning to contest participation.

3rd Offense – Denied the privilege to participate in the athletic program for one calendar year from the date of the infraction.

Violation of this section will result in:

1st Offense – Denied the privilege to participate in not less than 10% of scheduled contests.

2nd Offense – Denied the privilege to participate in not less than 50% of scheduled contests.

3rd Offense – Denied the privilege to participate for a semester or season, whichever is greater.

NOTE: Consequences for Students violating Items 2 or 3 above between seasons will carry into the next season of participation.

DENIAL OF PARTICIPATION AND DUE PROCESS

1. The infraction(s) will be verified by the following: a school employee, chaperone, or a member of any law enforcement agency, an adult or the parents of admission by the athlete.
2. In the event of an infraction of these rules and/or training rules established by the athletic department, the following procedure will take place.
 - A. The athletic manager will conduct an informal hearing to notify the athlete (verbally) of the infraction(s) and what discipline might take place. The athlete will have the opportunity to explain his/her actions in regard to the infraction(s).
 - B. If the athletic manager denies the student the opportunity to participate, he shall inform the student and his/her parents/guardians, both verbally and in writing of the infraction and the punishment to be levied. They may appeal in writing within three school days of the athletic manager's written notice.
 - C. If appealed, the principal will meet with the student(s), his/her parents and the athletic manager to hear the issue. The student may have a representative of his/her choosing at the appeal.
 - D. The principal's decision may be appealed to the superintendent and Board of Education with conformity with the current acceptable practice.

Athletic Eligibility

1. All student athletes must adhere to the OHSAA eligibility standards.
 - A. High School Athletes must pass a minimum of five (5) one-credit classes, or the equivalent (P.E. does not count), in the immediately preceding grading period.
 - B. Middle School Athletes must pass at least 75% of subjects in which enrolled the immediately preceding grading period. All students enrolled in 7th grade for the first time will be eligible to participate in athletics during the first grading period.
 - C. All student athletes must also adhere to the James A. Garfield Board of Education eligibility policy and maintain a minimum GPA of 1.0 in the immediately preceding grading period.
 - D. Athletes may not fail more than one (1) class in the immediately preceding grading period.
 - E. All athletes will maintain academic eligibility as set forth by the Ohio High School Athletic Association and the Board of Education Policy No. 2431.

2. All athletes will be responsible for the proper maintenance of athletic equipment and uniforms.
3. Game uniforms are to be worn only at games, not as regular clothing, for practices, or for P.E. classes. (Exception may be made for team shirt day and for articles purchased by the athletes.)
4. Athletes who lose, damage equipment, or have financial obligations with the Athletic Department, will not be permitted to participate in another sport until the loss, damage, or financial obligation has been remedied. Athletes required to purchase uniforms, equipment, etc. ordered by a school district employee must have parental consent.
5. All athletes shall be provided the following authorization forms, which must be returned prior to their first practice:
 - A. physical form completed by a licensed physician
 - B. insurance waiver form
 - C. emergency medical form (athletic department copy)
 - D. athletic eligibility form
 - E. concussion information sheet
 - F. athletic code of conduct signature page
 - G. if provided, the coach's specific rules and regulations signature page

Athletes without proper authorization forms are ineligible for inter-scholastic contests and cannot participate in practices.

6. All athletes shall follow rules, procedures, and regulations set down by the coach and/or athletic manager. Athletes failing to comply with the rules, procedures, and regulations may be subject, but not limited to, the following:
7. If an athlete participating in "Sport A" either quits the team or is denied participation for a violation, he/she is not eligible to join other organized sports within that same season. If an athlete is "cut" from the team, before the regular season begins, not because of a violation, he/she will be eligible for "Sport B". Athletes unable to complete during a season due to extreme hardship or medical reason may be eligible for other organized sports in the same season.
8. It is the intent of this school district to provide the opportunity to excel and become successful in the endeavor a student may choose. An opportunity shall be given to the student to change sports once started. A student may elect to change sports not later than two calendar weeks from the beginning of the first scheduled practice. Once that grace period has expired a student may not change programs.
9. Academic probation – Students athletes who have below a 2.0 Grade Point Average on their previous Interim Report or Report Card will be placed on academic probation. They will be required to complete a daily academic progress sheet, which will be signed by all of their classroom teachers and parents or guardians daily. The forms need to be turned into the Athletic Department at the end of each school week. Students will be removed from academic probation once their Grade Point Average is above 2.0 on their next Report Card.

Parent / Coach Communication Guide

Both parenting and coaching are extremely difficult vocations. By establishing communication and understanding of each position, we are better able to accept the actions of the other and provide greater benefit to our student athletes. To be successful, communication is vital and requires involvement, dedication, sacrifice, and commitment from parents, student athletes, and coaches.

1. COMMUNICATION YOU SHOULD EXPECT FROM YOUR CHILD'S COACH
 - A. Coach's and program's philosophy.
 - B. Individual and team expectations.
 - C. Location and times of all practices and games.
 - D. Team requirements, i.e., practices, special equipment, off season conditioning.
 - E. Procedure followed should your child be injured during practice or games.
 - F. Any discipline that may result in the denial of your child's participation.
2. COMMUNICATION COACHES EXPECT FROM PARENTS
 - A. Concerns expressed directly to the coach.
 - B. Notification of schedule conflicts well in advance.
 - C. Specific concerns with regard to a coach's philosophy and/or expectations.
 - D. Support for the program and the attributes of dedication, commitment, and responsibility that are ingredients for success and excellence. Encourage your child to excel.
3. APPROPRIATE CONCERNS TO DISCUSS WITH COACHES
 - A. The treatment of your child, mentally and physically.
 - B. Ways to help your child improve and develop.
 - C. Concerns about your child's behavior.
4. ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES
 - A. Playing time
 - B. Team strategy
 - C. Play calling
 - D. Other student athletes

Two – Sport Participation

Athletes may participate in more than one sport within the James A. Garfield Local School District in any one sport season (fall, winter or spring) **if both coaches concur and cooperatively** work out the details of practices, games, etc. with the athlete. The athlete who is attempting to “double up” must declare one of the sports as a “sport of first priority”. This means the athlete will attend all “events” (contests, practices, meetings, etc.) connected with that squad. The athlete can participate with the other squad during the time there are no obligations to the sport of first priority. Student athletes have a responsibility to avoid continuous conflicts.

Students must hold a minimum 2.0 GPA in order to participate in two sports during the same sport season.

Definitions

1. Athlete – Any student participating in an athletic sport as a contestant, manager, scorekeeper, statistician, trainer or cheerleader.
2. Sport Season – The season begins with the first day of organized practices and is terminated when that athlete is no longer eligible for State Tournament competition, as per the OHSAA handbook.
3. Possession – The custody and control of property.
4. Self-Referral – Seeking help before a violation is detected.
5. Tobacco/Drug/Alcohol Rehabilitation Program – A recognized treatment program with a history of tangible positive results. (All costs for assessment, treatment, rehabilitation, or counseling shall be the responsibility of the athlete and his/her family.)
6. Penalty Carry Over – Consequences carried over into another sport season or school year.
7. Sport- Any athletic extracurricular
8. Attendance at Activity – Student must be in school the equivalent of ½ day to participate in **practice and /or contest**. For events during the school year but not on a school day, the student athlete must be in school for ½ day the day prior to the contest.

Athletic Code of Conduct Agreement Page

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ATHLETIC CODE OF CONDUCT ESTABLISHED BY THE JAMES A. GARFIELD LOCAL SCHOOLS.

Athlete's Signature

Date

Parent/Guardian's Signature

Date

Coach or Advisor

Date

Comments/Questions:



JAG Athletics Parental Consent and Insurance Waiver Sign-Off

Name of Student-Athlete: _____ Grade _____

Parent/Guardian Name (Printed): _____

Home Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Email Address: _____

JAG Athletic Insurance Waiver

Some form of health insurance is necessary for your son/daughter to participate in James A. Garfield Interscholastic Athletics.

My son/daughter is insured for athletic injuries in which we the parent or guardian subscribe.

My son/daughter is not insured for athletic injuries. We the parent or guardian will assume the responsibility for covering the cost of any injuries incurred during participation in interscholastic athletics.

Signature of Parent or Guardian: _____ Date: _____

JAG Athletic Participation Waiver, Consent and Release

The undersigned in my capacity as parent and legal guardian of _____, hereby consent to his/her participation in interscholastic sports sponsored by the James A. Garfield Local School District. Furthermore, I hereby acknowledge that there are inherent risks associated and accompanied with the above activities and that the child named above may be injured as a result of an accident arising out of participation in these activities.

In consideration for permitting the individual named above to participate in interscholastic athletics, the undersigned releases and holds harmless the James A. Garfield Local School District and/or its employees, teachers, coaches, administrators, etc., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Print Name: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____

Signature of Parent or Guardian: _____ Date: _____

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs Observed by Parents of Guardians

- ♦ *Appears 'dazed' or stunned.*
- ♦ *Is confused about assignment or position.*
- ♦ *Forgets plays.*
- ♦ *Is unsure of game, score or opponent.*
- ♦ *Moves clumsily.*
- ♦ *Answers questions slowly.*
- ♦ *Loses consciousness (even briefly).*
- ♦ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ♦ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ♦ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ♦ *Nausea or vomiting.*
- ♦ *Balance problems or dizziness.*
- ♦ *Double or blurry vision.*
- ♦ *Sensitivity to light and/or noise*
- ♦ *Feeling sluggish, hazy, foggy or groggy.*
- ♦ *Concentration or memory problems.*
- ♦ *Confusion.*
- ♦ *Does not "feel right."*
- ♦ *Trouble falling asleep.*
- ♦ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ♦ *No athlete should return to activity on the same day he/she gets a concussion.*
- ♦ *Athletes should NEVER return to practices/games if they still have ANY symptoms.*
- ♦ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



OHIO INJURY PREVENTION

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www.healthyohioprogram.org/concussion

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohioprogram.org/concussion

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Athlete

Date

Parent/Guardian

Date



Ohio High School Athletic Association Eligibility Checklist

For High School Students Enrolled In OHSAA Member Schools (Updated 5/17/16)

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 or participating in accordance with state law.
- ☐ 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 the immediately preceding grading period.
- ☐ Both of my parents live in Ohio (or the parent with custody, due to divorce or having never been married, lives 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 new school to ensure that all proper forms (if applicable) have been submitted to the OHSAA Office.
- ☐ I have not been enrolled in high school for more than eight semesters.
- ☐ I understand I will become ineligible once I turn 20 years old.
- ☐ I have not received an award, equipment or prize valued at greater than \$400 per item per source.
- ☐ 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 other than during my sport season, during an instructional period approved by the OHSAA or for no more than 10 days between June 1 and July 31.
- ☐ I am not competing on a non-school team or in non-school competition as an individual **during my school team's season** in the same sport.
- ☐ I have not been recruited for athletic purposes 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 presentation prepared by the OHSAA to review key eligibility issues, healthy lifestyles and sporting behavior.
- ☐ My school also reviewed with my parents and me its concussion management protocol, we reviewed and signed the Ohio Department of Health's "Concussion Information Sheet" prior to participation and, we reviewed a short presentation on concussions available at no cost at www.nfhslearn.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.

Student Printed Name _____

Parent/Guardian Printed Name _____

Student Signature _____

Parent/Guardian Signature _____

Student Date _____

Parent/Guardian Date _____

NOTE: This form has been provided as a service to the OHSAA membership for schools to utilize with student-athletes and their parents/guardians. Use of this form is at the sole discretion of each member school.



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2016-2017

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HISTORY FORM – Please be advised that this paper form is no longer the OHSAA standard.

Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.

Name of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____
 Address _____
 Emergency Contact: _____ Relationship _____
 Home (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		

HEART HEALTH QUESTIONS ABOUT YOU

	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		

BONE AND JOINT QUESTIONS

	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		

BONE AND JOINT QUESTIONS - CONTINUED

	Yes	No
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS

	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the past month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes (cold sores) or MRSA (staph) skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder or epilepsy?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had an eye injury?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to gain or lose weight? Has anyone recommended that you do?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		

FEMALES ONLY

	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

Whereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____

Does student have family insurance? ☐ Yes ☐ No If yes, family insurance company name and policy number: _____



THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device or prosthetic?		
7. Do you use a special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you have any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2016-2017

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PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet or use condoms?
 - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		DATE OF EXAMINATION	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	Pulse	Vision R 20/	L20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)			
Pulses Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck walk, single leg hop			

Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
 Consider GU exam if in private setting. Having third part present is recommended.
 Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not Cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



OHSAA AUTHORIZATION FORM 2016-2017

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 _____


From 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

PREPARTICIPATION PHYSICAL EVALUATION 2016-2017
2016-2017 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 Student Athlete Eligibility Guide 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 website at 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 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 treatment by medical personnel and 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 treated and transported via ambulance to the nearest hospital.


 I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.


 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.

 I **understand that if I drop a class, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I accept full responsibility** for compliance with Bylaw 4-4-1, Scholarship, and the passing five credit standard expressed therein.

 I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

 I have read and signed the Ohio Department of Health's Concussion Information Sheet and have retained a copy for myself.

 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

JAMES A. GARFIELD LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

Name _____ Telephone _____

Address _____ School Attending _____
Grade _____

PART I: TO GRANT CONSENT

To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother _____ Daytime Phone _____

Father _____ Daytime Phone _____

Other Name _____ Daytime Phone _____

Name of a relative or childcare provider _____

Relationship _____ Daytime Phone _____

Address _____

I hereby give consent for the following medical care providers/local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by the above mentioned physicians.

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

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

Date _____ Signature of Parent/Guardian _____
Address _____

PART II: CONSENT TO SHARE/DISSEMINATE INFORMATION

I give consent for the school medical personnel to share appropriate medical concerns with my child's teacher and other staff as necessary.

Date _____ Signature of Parent/Guardian _____

PART III: REFUSAL TO CONSENT:

I do NOT give 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: _____

Date _____ Signature of Parent/Guardian _____
Address _____

