

Lakewood Athletics

Participation Forms

First Time Participant

Emergency Medical Form

Insurance Waiver

OHSAA Physical Form

Concussion Form

OHSAA Code of Ethics Form

Equipment Form

Please return all forms to the Athletic Office at LHS or your middle school main office. Do not return the forms to your coach! You must have these forms on file to participate in practice, scrimmages and athletic contests.



(X) RETURN TO YOUR COACH

PARENT NOTIFICATION EMERGENCY MEDICAL & STUDENT RELEASE AUTHORIZATION

MAIN CONTACTS: In case of an emergency with your student, the school office will call and notify you at the primary phone number provided. If you are not reached at the primary number, phone calls will be made to the contacts and phone numbers listed below in the order given until someone is notified. The same procedure will be used each day after 9 a.m. if your elementary student or Harding Middle School student is absent and the school has not been notified. Automated attendance calls are used at Garfield Middle School and LHS.

Child's Name _____ Grade _____
 Address (if new): _____ Primary Phone: _____

Place an X in one or both columns at the far right for the contacts for whom you allow to authorize emergency medical treatment for your student and to whom your student may be released.

Print Full Name	Home Phone	Cell Phone	Work Phone	Emergency Medical	Student Release
1 st Contact/Relationship	()	()	()		
2 nd Contact/Relationship	()	()	()		
3 rd Contact/Relationship	()	()	()		
4 th Contact/Relationship	()	()	()		

PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby give my consent for:
 (1) the administration of any treatment deemed necessary by:

(Physician) Dr. _____, Address _____ Phone () _____
 (Dentist) Dr. _____, Address _____ Phone () _____

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 preferred hospital: Lakewood Fairview

If the emergency is such that your child needs immediate attention, he/she will be taken to the most accessible of these hospitals. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of the surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, food supplements, modified diets, fluoride supplements, and any physical impairment to which a physician should be alerted: _____

Date: _____ Parent Signature: _____

Student Last Name

Student First Name



**PARENT NOTIFICATION
EMERGENCY MEDICAL & STUDENT RELEASE AUTHORIZATION**

If You Completed Part 1 On Page 1 – Do NOT Complete Part 2 in Box Below

PART 2 – REFUSAL TO CONSENT

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, 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 no action, or to:

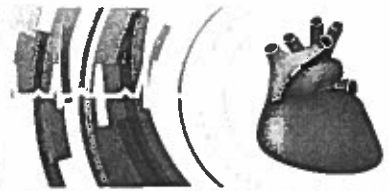
Date: _____ Parent Signature: _____

**The remainder of this page
intentionally left blank**

Student Last Name

Student First Name

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date



KEEP A COPY FOR YOUR RECORDS
Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019

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.)

Date of Exam _____

Name _____ Date of birth _____

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

Address _____

Emergency Contact: _____ Relationship _____

Phone (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		
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

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: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019

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: _____



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 1. 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Table with columns: EXAMINATION, DATE OF EXAMINATION, Height, Weight, Male/Female, BP, Pulse, Vision, L20, Corrected, MEDICAL (Appearance, Eyes/ears/nose/throat, Lymph nodes, Heart, Pulses, Lungs, Abdomen, Genitourinary, Skin, Neurologic), MUSCULOSKELETAL (Neck, Back, Shoulder/arm, Elbow/forearm, Wrist/hand/fingers, Hip/thigh, Knee, Leg/ankle, Foot/toes, Functional).

*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 2018-2019

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 a 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

2018-2019 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.

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 _____

Lakewood City School Athletic Department

Signature and Insurance Verification Form

Student Name _____ Grade _____ School Year _____

Address _____ Phone _____

School () Lakewood HS () Garfield MS () Harding MS

ACKNOWLEDGEMENT OF RISK

Risk in sports is a topic, which has received great publicity recently. All human activity, including sports, has a potential for causing injury to individuals. Sports injuries can range from simple cuts and bruises to serious conditions such as fractures and severe sprains possibly requiring surgery to catastrophic occurrences which include eye injuries, neck and back injuries with resulting paralysis, and although rare, death. I acknowledge the fact that the risk of injuries detailed above is present in the sports offered in the Lakewood City Schools. I grant my child permission to assume these risks with the understanding that the Lakewood City School's coaches will do everything in their power to reduce the injury potential to my/our child.

Signed _____ Date _____
Signature of parent or guardian

INSURANCE VERIFICATION

I the parent or guardians of _____ have

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 Garfield or Harding Middle School / Lakewood High School.

Since I, the parent or guardian of the above-named student, have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result there from, I, the parent or guardian agree to release the Lakewood City School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the school year or any period of the time thereafter.

Signed _____ Date _____
Signature of parent or guardian

Only fill out bottom portion if you have NO insurance

INSURANCE WAIVER

Only fill out if you have No Insurance

I, the parent or guardian of _____ do 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 Garfield or Harding Middle School / Lakewood High School. Since I, the parent or guardian of the above-named student do not have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result there from, I, the parent or guardian agree to release the Lakewood City School District or any part thereof, from any obligation as pertains to financial responsibility in these matters for the school year or any period of the time thereafter.

Signed _____ Date _____
Signature of parent or guardian

**Lakewood City School District
Athletic Department
Ohio High School Athletic Association Eligibility**

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

- 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.
- 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 will 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.
 - I will remember that winning isn't everything. Having fun, improving your skills, making friends and doing your best are also important.
 - 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.

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

- Will be ineligible for all contests for the remainder of that day.
- 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. The complete OHSAA ejection/disqualification policy for unsporting behavior can be found in the *OHSAA Handbook* and is posted on the OHSAA web site (www.ohsaa.org).

Summary of the Rules

1. Scholarship:

High school students (grades 9-12) must be currently enrolled in a member school and have received passing grades in a minimum of five (5) one credit courses, or the equivalent, in the immediately preceding grading period.

Seventh- and eighth-grade students must be currently enrolled in a member school and have received passing grades in 5 classes in which enrolled.

- You may not use summer school grades for failing grades received or lack of courses taken in the final grading period.
- Your semester and yearly grades have no effect on eligibility.
- Those taking postsecondary school courses must comply with OHSAA scholarship regulations.
- The eligibility or ineligibility of a student continues until the start of the fifth school day of the next grading period, at which time the grades from the immediately preceding grading period becomes effective.

2. Residence and Transfer of Schools:

You may attend any public or non-public high school in which you are accepted when you enter high school (grade 9) from a 7th-8th grade school. Eligibility at that school is established by:

1. Participating in a contest (scrimmage, preview or regular season game) prior to the first day of school, or
2. Attending the first day of school at any high school.

Once you establish eligibility at a high school, a transfer to a different high school will mean you will be ineligible for 50% of the season for each sport(s) the student participated at their previous school.

- There are eight (8) 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 four (4) exceptions to the regulation is met. These exceptions to the out-of-state residency rules are found in Bylaw 4-6 at www.ohsaa.org. Note: Changing custody to a person in Ohio will not provide eligibility to a student whose parents live in another state.
- If additional questions concerning these regulations remain, school principals or athletic administrators should contact the OHSAA

3. Semesters of Enrollment:

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.

4. Age Limitations:

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

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

- Those with a disability may qualify for an exception to this regulation and should arrange a meeting with the principal or athletic administrator to review the exception.

5. 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.

6. Amateur Status:

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.

Lakewood City Schools Athletic Department

7. False Information:

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

8. Open Gyms/Facilities:

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, determine the teams or transport students.
- > No timing or written scoring is kept.
- > No coaching or instruction is provided.
- > No one is restricted from observing.

Violating these rules may result in your being declared ineligible for a maximum of one (1) year.

9. Instructional Programs:

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 your school team only:

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

You may receive individual skill instruction from a non-school coach at any time during the year in individual or group lessons.

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.

10. Participation on Non-School Teams:

You may not try out, practice or participate in a contest with a non-school team while a member of a school team in the same sport.

- > In individual sports, however, you may practice and try out for a non-school team but may not compete in a contest.

Those in team sports 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 and field hockey; four (4) students in the sports of baseball and softball; three (3) students in the sports of volleyball and ice hockey, 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.

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).

- > Violating these rules during the school season may result in your being declared ineligible for the remainder of the school season.
- > Violating these rules outside the school season may result in your being declared ineligible for the next season.
- > Violating these rules by a senior may result in that student being declared ineligible for the remainder of the school year.

11. Recruiting:

You will be declared ineligible if you are recruited by a person or group of persons to change schools. This may also affect the eligibility of the school team.

12. Use of Alcohol, Tobacco & Illegal 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. The penalty is disqualification from that contest, and you will likely face additional school and/or legal penalties.

13. Steroids or Other 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.

14. Pre-Participation Evaluation and Consent to Participate:

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.

- > Procedures 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.

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 Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athlete:

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

- Athlete dazed or stunned
- Is confused about assignment or position
- Forgets play
- Is unsure of game, score or opponent
- Shows clumsiness
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes (irritability, sadness, irritability, feeling more emotional)
- Can't recall events before or after hit or fall

Symptoms Reported by Athlete

- Any headache or "pressure" in head, (How bad? How long does not matter)
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, fuzzy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"
- Trouble taking sleeping
- Sleeping more or less than usual

The Headset

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 DEPARTMENT OF HEALTH
OHIO INJURY PREVENTION
www.healthhazardprogram.org/concussion

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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 teachers, school counselor or administrator about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems remembering or learning new information.
 - b. Longer time needed to complete tasks or assignments.
 - c. Greater irritability and decreased ability to cope with stress.
 - d. Symptoms worsen (headache, dizziness) when doing homework.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms. 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.healthhazardprogram.org/violenceinjury.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 exact Step 4/5/6/7. **Only the doctor who treated the concussion can give the go-ahead to return to play.** Follow instructions and guidance provided in health care professional. It is important that you, your parent and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing a 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 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 staircase climbing for 10-30 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, joint calisthenics, and 5-6 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, free weights, more intense non-contact soccer SPEC drills, agility training and funning drills for 45-60 minutes)

Step 4: Full contact in controlled practice or scrim.
Step 5: Full contact in game play

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



Ohio Department of Health
Violence and Injury Prevention
216 North High Street, 8th Fl
Columbus, OH 43215
(614) 466-2144
www.healthhazardprogram.org/concussion

LAKEWOOD CITY SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS-ATHLETIC EQUIPMENT AGREEMENT

I _____ (parent name) am aware that my son/daughter _____ (student name) will be issued equipment and or uniforms to participate in athletics in the Lakewood City School District. I am also aware that there is no fee for use of the equipment and or uniforms unless the items are lost, stolen, misplaced, left in the care of any person other than the person issued the item(s), exchanged with another student, and or damaged beyond use (*item(s) can no longer be loaned out for use*). I understand that the coach and or the Athletic Department is not responsible for informing me that items must be paid for until after inventory is taken and it is confirmed that the items have not been returned or have been damaged beyond use. I am also aware that my son/daughter will **NOT** be issued more equipment and or uniforms for the next sport until their fees are paid in full.

Paying Fees

Checks should be made out to "Lakewood Board of Education" and send to Lakewood High School, 14100 Franklin Blvd, Lakewood, Ohio, 44107, Attention: Athletics.

Parent or Guardian Signature

E-mail Address

Date