

Signature Sheet Packet

To be returned to the Coach

By signing below, I acknowledge that I have been given a copy of the Student-athlete handbook. I understand that I am responsible for following the guidelines set forth by this handbook, the Southern Local board of Education, and those of the OHSAA. I understand that if changes are made at the state and local level as it relates to athletics, those changes will be enforced.

NOTE: By signing below you are also acknowledging:

- *Changes made at the OHSAA level will be enforced.*
- *You have received a copy of the SLSD JR/SR High Handbook.*
- *That you have/will attend the Mandatory OHSAA meeting or its equivalent. (must attend at least one a year)*
- *That you have attended a preseason coaches meeting (must attend for every sport played).*

Student Signature

Student Name (Print)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Return all the pages of this signature packet completed and signed to your coach. Further information can be found in the Athletic handbook.

- *Handbook Signature Sheet*
- *OHSAA Eligibility Checklist*
- *Emergency Medical Form*
- *Drug Screening Consent*
- *Sudden Cardia Arrest and Lindsay's Law*
- *ODH Concussion Information Sheet*
- *Pre-participation Physical Evaluation*



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

OHSAA Eligibility Checklist

For High School Students Enrolled and/or Participating at an OHSAA Member School

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes may 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, or as an incoming 9th grader, I have passed four classes.
- ☐ I have a biological and/or adoptive parent who 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 understand I am permitted only eight semesters of eligibility taken in order of attendance, whether I play or not, once I have become eligible for athletics at grade 9.
- ☐ I understand I will become ineligible once I turn 20 years old.
- ☐ I have not received an award, equipment or prize in a sport in which I compete interscholastically valued at greater than \$500/item/source.
- ☐ I was either 1) born in the United States, 2) born outside the United States but am living here with a parent, or 3) have been approved for eligibility under Bylaw 4-8, International Students.
- ☐ 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 outside the school season.
- ☐ I have not been coached or provided instruction by a school coach in a team sport in which I participate other than during my sport season, during an instructional period approved by the OHSAA outside the season observing the 50% roster limitation.
- ☐ 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 school also reviewed with my parents and me the Sudden Cardiac Arrest video, and we reviewed and have signed the Ohio Department of Health's "Sudden Cardiac Arrest Information Sheet" prior to participation and we reviewed a short presentation on Sudden Cardiac Arrest.
- ☐ My parents & I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement. They are on file at my school.

Student Printed Name

Parent/Guardian Printed Name

Student Signature

Date

Parent/Guardian Signature

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.



EMERGENCY CONTACT and MEDICAL FIRST AID AUTHORIZATION and CONSENT

Child's Name _____ Date of Birth _____ SS# _____
Home Address _____ Telephone _____ Male or
Female _____

Instructions to reach PARENT/GUARDIAN (daytime):

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone: _____	Home Telephone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email contact: _____	

EMERGENCY CONTACT PERSONS In the event parents cannot be contacted, the school should contact:

I hereby give *Southern Local Schools* my permission for my child (name) _____, to be released to the following:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Address: _____	Address: _____
Telephone (day): _____	Telephone (day): _____
Cell Phone: _____	Cell Phone: _____
Email: _____	
Physician Name: _____	Dentist Name: _____

HEALTH INSURANCE INFORMATION

Insurance Company: _____
Subscriber Name: _____
Policy #: _____ Card#: _____
Authorized Hospital: _____

DENTAL INSURANCE INFORMATION

Insurance Company: _____
Subscriber Name: _____
Policy #: _____ Card#: _____
Authorized Hospital: _____

If you would like the wellness center to give your child over the counter medication, please provide the medication in the original container marked with the child's name and homeroom teacher.

___ Yes ___ No I give the Wellness Center with signed consent or the school nurse permission to give my child Tylenol, Motrin, Tums, and/or cough drops as needed.

Parent/Guardian Signature: _____ Date: _____

Please Complete back of form 

Does your student have an allergy to any medications, foods, insects, latex or other substances?
☐ Yes ☐ No

If **Yes**, please list in detail: _____

Please circle if allergy is **severe moderate mild**

List symptoms: _____

What medication(s) or treatment is used to treat the allergy? _____

Has your child ever had a severe "anaphylactic" reaction requiring emergency care (list date)?

If your student is on medication, please list medication, dosage, frequency and reason for medication: _____

Please note any concerns of which the school nurse needs to be aware:

Please check all that apply to your student:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies-seasonal | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Psychiatric Psychological Disorder |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eczema | <input type="checkbox"/> Serious Accident |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Chicken Pox - Date: _____ | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorder | |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Migraine Headache | |
| <input type="checkbox"/> Dyslexia/Learning Disorder | <input type="checkbox"/> Muscular/Orthopedic Disorder | |

MEDICAL EMERGENCY TREATMENT AUTHORIZATION

I authorize staff members at *Southern Local Schools* who are trained in the basics of first aid and CPR to administer aid and/or CPR to my child (name) _____, when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (name) _____.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or when delay would be dangerous to my child's health, I hereby authorize *Southern Local Schools* to transport my child (name) _____ to the nearest medical facility and/or Hospital. I hereby authorize *Southern Local Schools* to secure for my child the necessary medical treatment.

Parent/Guardian Signature: _____ Date: _____

**SOUTHERN LOCAL SCHOOLS CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT**

Student Name: _____ **Student School ID:** _____ **Grade:** _____
(Please Print)

AS A STUDENT:

*I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**, hereinafter **Code of Conduct**.

*I have read the **Code of Conduct** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Code of Conduct**.

*I understand and realize that there is risk of injury in participating in activities.

*I understand that when I participate in any athletic program, extracurricular activity, and/ or receive a parking permit, I may be subjected to an initial screening and will be subjected to random urine drug testing, and if I refuse, I will not be allowed to practice, participate or park. I have read the consent on the reverse of this form and agree to its terms.

*I understand this is binding while a student within the Southern Local School District.

Student Signature

Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the **Code of Conduct** and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Southern Local School District.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.

I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice, participate, or park. I have read the consent on the reverse of this form and agree to its terms.

I also understand that after my son/daughter/ward has completed their season and does not intend on participating in other activities and/or parking for the remainder of the year, they will still be subjected to random drug screening for the rest of that school year.

I understand this is binding while my son/daughter/ward is a student within the Southern Local School District.

Parent/Guardian/Custodian Signature

Date _____

Parent/Guardian/Custodian Name (print)

Home Phone _____
Work Phone

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Southern Local School District Students** as approved by the Southern Local School District Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Southern Local School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Southern Local School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

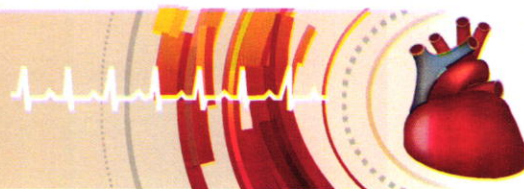
We understand refusals to participate or provide a sample will prevent my student-athlete from being permitted to participate in extracurricular activities.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Southern Local School Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

READ CODE OF CONDUCT AND EXPECTATIONS ON REVERSE SIDE AND SIGN!

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) an 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 review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

Athlete *Please Print Name*

Parent/Guardian

Date



PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

**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 | 2022-2023

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: Daniel Otto

School Address: 920 Elm St. Rising OH 45771

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

PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

2022-2023 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 guardian

I have read, understand and acknowledge receipt of the **OHSAA Student Eligibility Guide and Checklist**

(<https://ohsaaweb.blob.core.windows.net/files/Eligibility/OtherEligibilityDocs/EligibilityGuideHS.pdf>) 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), enrollment documents, financial and scholarship records, 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, 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 another health care provider 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.
- I **have read and signed** the Ohio Department of Health's **Sudden Cardiac Arrest 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