



GLENWOOD MIDDLE SCHOOL

Required Athletic Forms

2009-2010

The enclosed forms must be complete in their entirety and
TURNED IN TO THE COACH OF YOUR FIRST SEASON BEFORE
trying out or practicing in any sport at Glenwood Middle School.



GLENWOOD MIDDLE SCHOOL
"Taking Flight and Soaring to New Heights"

Phone: (419) 425-8373

David R. Alvarado, Principal

1715 North Main St. Findlay, OH 45840

Deb Rollins, Assistant Principal

Fax: (419) 427-5455

Julie Lauck, Guidance Counselor

Dear Parents:

This packet contains items that are relative to your son or daughter's eligibility for athletics at Glenwood Middle School. I urge your understanding that all forms must be completed and returned to the coach of your sport before participation in tryouts or practice. Please make sure all forms are complete with required signatures. Included are:

1. **Athletic Physical Form**
Please note this is a new form beginning the 2009-10 school year. Physicals are used for the school year only. A new one must be obtained for each school year.
2. **OHSAA**
The OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement require the signatures of both the student and the parent.
3. **Insurance Waiver**
For anyone wishing to purchase school insurance, this may be done through the main office at the beginning of each sport season.
4. **Athletic Training Rules and Eligibility**
I urge you to sit down with your son/daughter and read those carefully before signing, so you understand the rules as well as the consequences for violations.
5. **Emergency Medical Authorization**
Coaches carry these with them to all away contests. Even though we are doing everything possible to cut down on the number of these you fill out in the schools, it is important for this to be completed and turned in.
6. **Injury Warning Letter and Acknowledgement of Warning**
This letter is provided to make everyone aware of the inherent risks associated with all interscholastic athletic participation. Requires signature of both athlete and parent/guardian.

Thank you for taking the time to complete these forms. If your son or daughter chooses to participate in more than one sport, these forms are kept on file and forwarded to the next sports coach. In addition, we have provided directions to our away contests on the Glenwood website for your convenience. Any cancellations or postponements necessary during a sports season are always placed on (100.5 FM) WKXA and (1330 AM) WFIN radio stations. I hope you and your child enjoy participating in athletics at Glenwood Middle School.

Sincerely,

Deb Rollins
Athletic Director

TRAINING RULES AND ELIGIBILITY

Grades 7 - 12

GOALS & PHILOSOPHY

The Athletic Department and the Findlay City Schools believes that all participants covered by these rules are persons who have a great opportunity to have a strong influence both in our community and among the student body. With this opportunity comes the responsibility of showing positive leadership to those with whom they come in contact. Thus, these rules are designed to discourage all participants from the use of drugs, alcohol, and tobacco in any form. These rules are established for the benefit and well-being of the student/athlete. Your support and encouragement for your student/athlete to abide by these training rules are vital. These rules are in effect year round.

RESPONSIBILITY OF SCHOOL & COACHES

Prior to the first contest of the season, coaches are to hold a meeting open to parents and student athletes for the purpose of reviewing these training rules, additional rules specific to that sport or activity, eligibility guidelines, and any other information relative to the season. We strongly encourage parents and their children to review these training rules together.

ELIGIBILITY

Students must conform to the following academic eligibility requirements:

- A. The current Ohio High School Athletic Association minimum standards:
 1. A student in grades 9-12 must have passed 5 or more credits during the preceding grading period.
 2. A student in grades 7-8 (includes incoming 9th graders) must have received passing grades in 75% of the subjects in which he/she is enrolled during the preceding grading period.
- B. Maintain a minimum 1.5 GPA in the previous grading period.
- C. Receive no more than 1 F in classes he/she is enrolled during the preceding grading period, whether full or partial credit.

It is strongly recommended student/athletes carry more than the minimum 5 credits since some classes are worth 1 full credit, some 1/2 credit, etc. **Summer school grades may NOT be used for eligibility purposes** in accordance with the Ohio High School Athletic Association standards.

ATTENDANCE REQUIREMENTS

A student must be in attendance at school by 11:05 a.m. until the end of the school day the day of a contest to be eligible. Special circumstances such as doctor appointments, funerals, college visitation dates are permitted on a case by case basis and must be approved by the athletic director.

IN-SCHOOL VS OUT OF SCHOOL SUSPENSION

Any student suspended from school by in-school or out-of-school suspension shall be declared ineligible to participate during the period of suspension. Two or more day suspensions that include Friday and Monday shall render a student/athlete ineligible for all competition over the weekend or until the return to regular classes.

HAZING/BULLYING

Though 'hazing' falls under the guidelines of ORC 2903.31, it is important to address it in these training rules. In part, no student may do any act or coerce another, including a victim, to do any act of initiation into any athletic team that causes or creates a substantial risk of causing mental or physical harm to any person. No person shall recklessly participate in the hazing of another. No administrator, employee or faculty member shall recklessly permit the hazing of any person. In addition to being subject to school disciplinary procedures, a person guilty of hazing is subject to punishment under ORC 2903.31.

ADDITIONAL TEAM RULES

As approved by the athletic director, additional training rules, such as curfew, appropriate attire, etc. may be added at the discretion of the head coach for each sport. All additional rules must be presented in writing to all participants and their parents/guardians at required parent meetings.

SELF-REFERRAL

An initial self referral reported by the student athlete to the athlete's coach or another staff member will be treated confidentially and will not be subject to disciplinary action. A self referral will become a first offense if:

1. A law enforcement agency is involved in the investigation of a potential violation or either formal or informal charges have been filed.
2. If knowledge of a potential violation is known by any staff member.

A self referral may be used only once during the 7-12 athletic career of a student athlete.

I. DEFINITIONS

Alcohol: Any liquor, wine, beer, or other beverage containing intoxicating substances.

Education and Awareness Program: A program approved by the Findlay City Schools Board of Education consistent with the Lifestyle Risk Reduction philosophy of the Findlay City Schools.

Students under the age of 18 may:

1. Gain their education and awareness through 8 class session periods with the Drug Free Schools (DFS) Prevention Specialist.
2. Gain their education and awareness through attendance at the Family Resource Center's program which is currently an 8 hour program. Upon completion of the program at the students expense, one additional appointment with the DFS Prevention Specialist is required.
3. Gain their education and awareness through attendance at the Underage Consumption Program at Clearview Services at their own expense and follow up with up to three meetings with the DFS Prevention Specialist. The number of meetings will be at the discretion of the DFS Prevention Specialist.

Students over the age of 18 may:

1. Gain their education and awareness by attending one of the court approved programs at their own expense and follow up with up to three meetings with the DFS Prevention Specialist. The number of meetings will be at the discretion of the DFS Prevention Specialist.

Denial of Participation: The loss of game or event participation with the team/activity. The number of events denied participation shall be counted from the date of the contact with parents and student. The student may still practice with the group with the advisor/coach's approval.

Distributing: Making available to or passing on to another individual (even if not for profit) any alcohol, drug, or tobacco products.

Drugs: Any drug, including illegal drugs, narcotics, depressants, stimulants, hallucinogens, cocaine, anabolic steroids, amphetamines, barbiturates, marijuana, inhalants, legal prescription and over-the-counter drugs used or possessed or distributed for unauthorized purposes, counterfeit (look-alike) substances, and clove cigarettes.

Drug Paraphernalia: Equipment or apparatus designed for or used for the purpose of measuring, packaging, distributing, or facilitating the use of drugs, including, but not limited to, pipes, roach clips, syringes, hypodermic needles, and cocaine spoons or kits.

Establishment of Guilt: Guilt of a violation of the Code of Conduct may be substantiated by 1) admission of guilt, 2) arrest and/or conviction, or 3) other reliable evidence.

Extra-curricular Participant: Any Findlay High school student participating in extra-curricular activities (as defined by the Ohio Revised Code) including athletics and activities sponsored by the Findlay City Schools which are not required by the graded course of study approved by the Findlay City Schools.

Leadership Position: Any elected or appointed office in a school recognized sport, club or activity. Examples include, but are not limited to, captain designation on a team.

One Calendar Year: 365 consecutive days from the date of the infraction.

Parent: The student's parent (unless the rights of that parent have been restricted by court order or legal agreement), guardian, or legal custodian.

Possession: Alcohol, tobacco, controlled substance or drug paraphernalia physically on or in student's body; or physically within his/her personal property (i.e. book or gym bag, coat, etc.); being present in a car where alcohol or controlled substances are being used or are present.

Practice: Scrimmages, previews and exhibition games are considered as practice and do not count toward the percentage of regularly scheduled games an individual is denied participation.

Regularly Scheduled Games, Meets or Matches: Regular season games scheduled as of the start of a team's regular season. This does not include scrimmages, previews or exhibition games.

Second Offense: Any offense that is dealt with sequentially after a first offense.

Tobacco: Any product with tobacco as an ingredient that is smoked, chewed, inhaled, or placed against the gums.

Team Awards: Awards voted or created by a coach at the conclusion of a season. Includes, but not limited to, "Most Valuable Player", "Most Improved" type awards. Does not include varsity letter awards earned through guidelines set at the beginning of a season.

Under the Influence: Manifesting signs of chemical or alcohol misuse, such as staggering, reddened eyes, odor on breath, nervousness, falling asleep in class, memory loss, abusive language, or any other behavior not normal for the particular student.

II. TRAINING RULES

Rule 1

The sale or distribution of drugs, drug paraphernalia, tobacco, and/or alcohol at any time for any purpose is prohibited.

A. **First Offense**

1. The participant shall be denied participation privileges for one calendar year from the date of the infraction.
2. **The participant shall assign himself/herself to an Education and Awareness program** approved by the Drug Free Schools Prevention Specialist and successfully complete the program **before** regaining participation privileges.
3. The participant shall serve 20 hours of community service approved by the Athletic Director. The participant shall make a written proposal for the community service hours to the athletic director and have the written approval by the Athletic Director.
4. The participant shall forfeit all leadership roles on his/her team as well as any leadership roles in student organizations.
5. The participant shall forfeit all team awards for the season(s) in which the suspension occurs.

Before regaining participation privileges, the participant must also:

- a.) appear before the building athletic director
- b.) make a statement explaining why he/she should regain his/her participation privileges
- c.) accept the athletic director's directives regarding his/her participation privileges.

B. Second Offense (A second offense occurs any time in a participant's career after a first offense violation.) Middle School (grades 7-8) and High School (grades 9-12) are considered separate careers.

1. The participant shall be denied participation privileges in the athletic program for the remainder of his/her career at Findlay High School.

Rule 2

The possession or use of drugs and/or drug paraphernalia (except as medically required), tobacco, and/or alcohol, or being under the influence of drugs or alcohol (except as a consequence of required medical use) is prohibited at all times. Participants are encouraged to set a proper example in all areas of training. These rules are in effect year round.

A. First Offense

1. The participant shall be denied participation privileges for one calendar year from the date of the infraction. This denial of participation privileges may be reduced to 50% of the regularly scheduled games, meets, or matches upon meeting the requirements listed in #2, #3 below. In cases where the suspension IS reduced to 50% and a fraction results, the number will be rounded off to the nearest whole number. If additional contests remain on the number of games suspended, the percentage of games missed in the current season, including tournaments will be calculated. The remaining percentage (of the original 50% suspension) will be used to calculate how many additional contests will be missed in the next sports season of participation, even if this season goes into a new school year.

2. **The participant shall assign himself/herself to an education and awareness program** approved by the Drug Free Schools Prevention Specialist and successfully complete the program **before** regaining participation privileges.

3. The participant shall serve 20 hours of community service approved in advance by the Athletic Director. The participant shall make a written proposal for the community service hours to the athletic director and have the written approval by the Athletic Director.

4. The participant shall forfeit all leadership roles on his/her team as well as any leadership roles in student organizations.

5. The participant shall forfeit all team awards for the season(s) in which the suspension occurs.

Before regaining participation privileges, the participant must also:

- a.) appear before the building athletic director
- b.) make a statement explaining why he/she should regain his/her participation privileges
- c.) accept the athletic director's directives regarding his/her participation privileges.

B. Second Offense (A second offense occurs any time in a participant's career after a first offense violation.) Middle School (grades 7-8) and High School (grades 9-12) are considered separate careers.

1. The participant shall be denied participation privileges in the athletic program for one calendar year from the date of the violation.

2. The participant shall assign himself/herself to an education and awareness program approved by the Drug Free Schools Prevention Specialist and successfully complete the program before regaining participation privileges.

3. The participant shall serve 20 hours of community service approved by the Athletic Director. The participant shall make a written proposal for the community service hours to the athletic director and have the written approval by the Athletic Director.

4. The participant shall forfeit all leadership roles on his/her team as well as any leadership roles in student organizations.

5. The participant shall forfeit all team awards for the season(s) in which the suspension occurs.

Before regaining participation privileges, the participant must also:

- a.) appear before the building athletic director.
- b.) make a statement explaining why he/she should regain his/her eligibility
- c.) accept the Athletic director's directives regarding his/her participation privileges.

C. Third Offense

1. The participant shall be denied participation privileges in the athletic program for the remainder of his/her career at Findlay High School.

Rule 3

Conduct --and the penalty for such conduct, if any -- will be evaluated case by case, taking into consideration the following factors, among others:

1. The degree to which the participant /conduct poses a threat or risk to the safety and well being of others;
2. The degree to which non-action by school officials would be viewed as condonation of, or indifference to the conduct;
3. The degree to which the conduct brings discredit to the Findlay City Schools and its programs;
4. The status of the matter under the criminal or juvenile justice system, if any such system is involved. While determinations by school officials under this rule are not dependent on such status or any conclusion reached under such a system, that status or conclusion may be a relevant investigation and analysis of the underlying facts, including the degree of cooperation of the student participant, may be accorded predominant weight.

The above factors are not intended to be exhaustive and no particular factor is, in and of itself, necessarily determinative in a particular case. Parts III and VII of these rules shall apply to alleged violation of this rule.

III. DUE PROCESS

A participant suspected of violating any of the above-mentioned rules will be afforded a due process hearing and levels of appeal consistent with those afforded to students being considered for suspension or expulsion from school under the district's Code of Student Conduct.

Recognizing that participation in athletic extracurricular activities is a privilege, not a fundamental right, and that such participation represents the Findlay City Schools to the community at large, a condition of such participation is that each student participant at all times -- both within and outside the school day and on or off school property -- *will* maintain good citizenship within the community.

IV. PROCEDURAL PROCESS IN EVENT OF STUDENT-ATHLETE VIOLATIONS

- A. If a training rule violation is suspected, the coach and/or athletic director will have a preliminary meeting with the participant(s) involved.
- B. The participant shall be provided an opportunity to explain his/her side of the story.
- C. If the coach and/or athletic director determines that a training rule violation has occurred, the coach and/or athletic director will meet with the participant and provide written notice of the disciplinary action and the reasons for that action.
- D. Personal contact will be made by the athletic director(or designee) to the parents, followed by written notice of the disciplinary action and the reasons for that action.

V. APPEALS

The participant shall be given the right to appeal the decision of the coach and/or athletic director. The participant may not participate in contests during the appeal process, but may practice at the discretion of the coach.

A written request for appeal at any of the three levels must be received within five school days following the appellant's receipt of the written decision being appealed. Level 1-3 hearings will be held within five school days following receipt of a written request for appeal. A level 3 appeal hearing will be held at the next regularly scheduled Board of Education meeting or at a special meeting within 15 school days of receipt of the written request. At all levels, the appellant will be provided a written decision within five school days following a hearing.

A. Level 1 Appeal

Appeal may be made to the school principal. All parties mentioned above may be called together for a hearing. Either or both parties may be represented by persons of their choosing. The principal will provide a written decision on this appeal.

B. Level 2 Appeal

Appeal may be directed to the Findlay City Schools Superintendent through written request. All parties mentioned above may be called together for a hearing. Either or both parties may be represented by persons of their choosing. The superintendent will provide a written decision on this appeal.

C. Level 3 Appeal

Appeal may be made to the Findlay City Schools Board of Education through the Superintendent. All parties to the dispute or issue must be present at a hearing held for resolution of the matter. Either or both parties may be represented by persons of their choosing. A majority opinion of the Board of Education will determine the final ruling.

VI. COSTS

A. All costs for any rehabilitation program or counseling for a tobacco, alcohol, or drug violation under these rules shall be the responsibility of the participant.

VII. RELATIONSHIP OF THESE RULES TO THE DISTRICT'S CODE OF STUDENT CONDUCT

A. These rules supplement the District's Code of Student Conduct and are administered independently of that code. A violation of these rules may also independently violate the Code of Student Conduct and result in the participant's suspension or expulsion from school or the participant's removal from a curricular or extracurricular activity under the provisions of that Code in addition to any disciplinary penalty that is called for under these rules.

VIII. RELATIONSHIP OF TRAINING RULES TO TRANSFER STUDENTS

A student who transfers into the Findlay City School district and has documented information of violation of training rules from the previous school system automatically enters at the level of the second offense

adopted 7/15/91

revised 5/15/97

revised 7/21/97

revised 4/1/98

revised 5/11/98

revised 4/11/00

revised 5/11/01

revised 5/28/02

revised 5/29/2007

FINDLAY CITY SCHOOL DISTRICT

Parents' Consent Form

We have received and read a copy of the training rules for athletes, cheerleaders, trainers, managers, and related personnel in grades 7 - 12. We understand that our son/daughter's participation in athletics is a privilege and is governed by these regulations. We also understand these training rules are in effect year round.

Student's Signature

Parent or Guardian Signature

This form must be returned to the head coach prior to the beginning of the season.

(Please sign and return along with other forms to the coach of the sport you are entering)

School Year 2009/10

**FINDLAY CITY SCHOOL DISTRICT
EMERGENCY PROCEDURE/MEDICAL AUTHORIZATION FORM**

Student's Name _____ Grade _____
School _____ Home Phone _____
Soc. Sec. # _____ Parent Email _____ Date of Birth _____
Address _____ City _____ Zip _____

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

*****PART I OR PART II MUST BE COMPLETED*****

PART I – GRANT CONSENT

In the event reasonable attempts to contact the following have been unsuccessful:

Father/ _____
Guardian (First Name) (Last Name) (Home Phone) (Cell Phone) (Daytime Phone)

Mother / _____
Guardian (First Name) (Last Name) (Home Phone) (Cell Phone) (Daytime Phone)

Other Contact _____
(First Name) (Last Name) (Home Phone) (Cell Phone) (Daytime Phone)

Other Contact _____
(First Name) (Last Name) (Home Phone) (Cell Phone) (Daytime Phone)

I hereby give consent for the administration of any treatment deemed necessary by:

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

In the event the designated physician is not available, I hereby give consent for treatment by any licensed physicians or dentist.

Yes _____ No _____
I hereby give consent to allow my child to be transported by Emergency Medical Services to _____
(Hospital) or any hospital accessible. This authorization does NOT cover major surgery unless the medical opinions of two other licensed
physicians or dentists, concurring to the performance of such surgery, are obtained prior to the performance of such surgery.

Please list facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a
physicians should be alerted:

Date _____ Signature of Parent/Guardian _____

.....
DO NOT COMPLETE PART II IF YOU COMPLETED PART I
.....

PART II – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency
treatment, I wish the school authorities to take no action or to: _____

Date _____ Signature of Parent/Guardian _____

SECTION 3313.712 - OHIO REVISED CODE

(Pursuant to Am. H. B. 1175)

(A) Annually the Board of Education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the Board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the Board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide HIS parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and required emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.



Ohio High School Athletic Association Preparticipation Physical Evaluation



DATE OF EXAM: _____

Page 1 of 4

Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal Physician _____			
In case of emergency, contact:		Name _____	Relationship _____
Phone (H) _____	(W) _____	(Cell) _____	(Cell) _____

History

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

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

<p>1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No</p> <p>2. Do you have an ongoing medical condition (like diabetes or asthma)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you think you are in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A heart infection</p> <p>11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Has any family member or relative died of heart problems or of sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">Head</td> <td style="width: 10%;">Neck</td> <td style="width: 15%;">Shoulder</td> <td style="width: 10%;">Upper Arm</td> <td style="width: 10%;">Elbow</td> <td style="width: 10%;">Forearm</td> <td style="width: 10%;">Hand / Fingers</td> <td style="width: 15%;">Chest</td> </tr> <tr> <td>Upper back</td> <td>Lower back</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Calf/shin</td> <td>Ankle</td> <td>Foot / Toes</td> </tr> </table> <p>19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes	<p>25. Do you cough, wheeze, or have difficulty breathing during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. Have you had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Do you have headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you happy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>47. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">FEMALES ONLY</p> <p>48. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>49. How old were you when you had your first menstrual period? _____</p> <p>50. How many periods have you had in the last 12 months? _____</p>
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes										

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

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

Signature: _____ Signature: _____ Date: _____

Athlete Parent or Guardian (If athlete is under 18)

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

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

Physical Examination Form

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

Students Name _____ Birth Date _____

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

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

Follow-Up Questions on More Sensitive Issues (Optional)

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

Notes: _____

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

*Multiple-examiner set-up only.

Notes: _____

Clearance

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

Not cleared for: All Sports Certain sports: _____ Reason: _____

Recommendations: _____

Emergency Information:

Allergies: _____

Other Information: _____

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

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

Address: _____ Phone: _____

Signature of Physician: _____



OHSAA AUTHORIZATION FORM

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

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

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

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

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

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

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

Name of Principal: _____

School Address: _____

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

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

Student's Signature Birth date of Student, including year

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

Signature of Student's personal representative, if applicable Date

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

2009-2010 Ohio High School Athletic Association Eligibility and Authorization Statement

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

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

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

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

Student Code of Responsibility

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

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

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

I will respect the property of others

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

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

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

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

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

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

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

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

***Must Be Signed Before Physical Examination**

Student's Signature

Birth date

Grade in School

Date

Parent's or Guardian's Signature

Date



WARNING OF POTENTIAL INJURY

Findlay High School Athletics

Your involvement in interscholastic athletics at Findlay High School is appreciated and we hope your experiences are pleasant and rewarding. Over 4 million students participate in interscholastic activities across the nation and while there are numerous benefits from this participation, you are assuming certain risks. In fact, it is nearly 100% certain that all who participate will experience some type of injury during the course of their athletic career. Although many of these injuries are short term, many of these injuries may be long term and could result in permanent disability. The risks are greater in contact activities where chances of injury to the head, neck, and spinal cord are greatest. As a result, rules and regulations are designed to protect all participants. Examples of these rules are:

1. Participants must wear the proper equipment.
2. Participants must be properly conditioned.
3. Proper sport techniques must be utilized.
4. Participants must exercise good judgment at all times.

With these thoughts in mind, we urge parents/guardians and students to think about the risks involved before participating in our interscholastic athletic program. In this regard, **please read and sign the form below. This form must be returned along with the other forms in this packet before an athlete can practice or participate in an interscholastic athletic activity.**

***Acknowledgement of Warning
By Student***

I, _____, hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative and coaching personnel of the Findlay City School District that by participating in athletics, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures, and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in athletics. I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in athletics.

***Acknowledgement of Warning
By Parent/Guardian***

We/I, the parents/guardians of _____, do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administration and coaching personnel of the Findlay City School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death by participating in athletics. Notwithstanding such warnings, and with full knowledge and understanding of the risk of injury to our/my child named above which may result, we/I give our consent to our/my child to participate in athletics at Findlay High School.

_____ (Parent/Guardian Signature)

_____ (Student Signature)

_____ (Date)

INSURANCE WAIVER FORM

Findlay High School Athletics

Student Name: _____

Parent/Guardian Names: _____

Insurance Company Name: _____

Policy Number: _____

Insurance Company Address: _____

Insurance Company Phone: _____

*Please
Check
One:*

_____ We, the undersigned, have adequate insurance to cover any injury in interscholastic games, practices and physical fitness for the above named student. We understand the financial responsibilities and waive all financial responsibility of the school for any accident or injury.

_____ We, the undersigned, do not carry adequate insurance to cover any injury in interscholastic games, practices and physical fitness but understand the financial responsibilities and waive all financial responsibility of the school for any incident or injury.

(Parent/Guardian)

(Parent/Guardian)

(Date Signed)

All students participating in interscholastic sports must have the above waiver filled in and signed. No student will be permitted to participate until this form is completed and given to the head coach.