

## CHAPTER

# 2

# ATHLETIC ELIGIBILITY

- CMSD Eligibility Requirements
- 
- Pre-Season Athletic Participation Packets and Physical Evaluation Forms
  - Eligibility Guide and Checklist

# CLEVELAND METROPOLITAN SCHOOL DISTRICT

## Eligibility Policy

The District prohibits students in grades 7 through 12, from participating in interscholastic extracurricular activities if they fail to meet the following eligibility requirements:

- The student must not receive a failing grade in the previous grading period;
- The student must have a grade point average of 2.0 or higher in the previous grading period.

Eligibility Cards are for coaches to monitor student athletes' grades. The preceding quarterly report card is the final determination of eligibility.

Students will carry a weekly eligibility card to all classes.

SPORT

SCHOOL

HEAD COACH'S SIGNATURE

ATHLETIC DIRECTOR'S SIGNATURE

## CLEVELAND METROPOLITAN SCHOOL DISTRICT 7<sup>TH</sup>/8<sup>TH</sup> GRADE ELIGIBILITY CARD

NAME		DATE
TEACHERS: Sign and circle the CUMULATIVE letter grade of the above named student.		
SUBJECT	GRADE	TEACHER'S SIGNATURE
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	
	F A B C D	

Cards distributed Tuesday of each week and returned on Thursday of the same week.

# CLEVELAND METROPOLITAN SCHOOL DISTRICT

## Eligibility Policy

Any student who turns in any eligibility card containing less than a 2.0 GPA or an 'F' in any class will be ineligible to participate in a athletic event in the week beginning the following Sunday and will remain ineligible until s/he next submits an eligibility card that contains a GPA at or above 2.0 and no 'F' grade.

## Cleveland Metropolitan School District Board Policy

Students will carry a weekly eligibility card to all classes.

SPORT

SCHOOL

HEAD COACH'S SIGNATURE

ATHLETIC DIRECTOR'S SIGNATURE

## CLEVELAND METROPOLITAN SCHOOL DISTRICT SENIOR HIGH ELIGIBILITY CARD

NAME		DATE	
TEACHERS: Sign and circle the CUMULATIVE letter grade of the above named student.			
SUBJECT	GRADE	TEACHER'S SIGNATURE	
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		
	F A B C D		

Cards distributed Tuesday of each week and returned on Thursday of the same week.



## INTERSCHOLASTIC ATHLETICS INSURANCE COVERAGE

SPORT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

I hereby permit \_\_\_\_\_, a student in the Cleveland Metropolitan  
Athlete's Name  
School District to participate in \_\_\_\_\_ K-8 or Senior High  
School  
Schools' Interscholastic Athletics Program.

\_\_\_\_\_ has no health insurance  
Athlete's Name

\_\_\_\_\_ is covered by the following family medical and dental insurance  
Athlete's Name

	NAME OF COMPANY	POLICY NUMBER
MEDICAL	_____	_____
DENTAL	_____	_____

All students participating in the Interscholastic Athletics program are covered by a supplemental insurance policy through the Cleveland Metropolitan School District. This athletic coverage covers the following sports in our K-8 and Senior High School Athletics Programs:

**FOOTBALL, VOLLEYBALL, SOCCER, CROSS-COUNTRY, GOLF, BASKETBALL, SWIMMING, WRESTLING, BOWLING, SOFTBALL, BASEBALL, TRACK, TENNIS, WEIGHTLIFTING, CHEERLEADING, HI-STEPPING, MILITARY DRILL, CMSD ROWS, RUGBY AND ANY OTHER ACTIVITY ORGANIZED BY THE INTERSCHOLASTIC ATHLETICS/STUDENT ACTIVITIES OFFICE.**

### COVERAGE

Parents MUST submit their own family insurance claim first. The Board of Education Athletics' coverage will then pay all other charges, which are in excess of the amount collectible from all other family insurance (maximum \$25,000). A student is covered while practicing for, competing in, or traveling to and from, athletic contest as a representative of the Cleveland Metropolitan School Districts' K-8 and/or Senior High School Programs. All events must be under the regulation and jurisdiction of the school and under the direct supervision of a full-time school employee. I release \_\_\_\_\_ School, and/or the State Board of Education, and the Interscholastic Athletics Office, of any and all medical, dental, and hospital expenses beyond the Interscholastic Athletic Insurance Coverage. Any and all expenses are the responsibility of the parent/guardian of the student-athlete.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**MUST BE SIGN AND RETURNED TO SCHOOL BEFORE  
THE FIRST DAY OF TRYOUTS.**



**EMERGENCY INFORMATION**

School \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First MiddleAddress \_\_\_\_\_  
Street City State Zip

Lives with Mother/Stepmother/ Custodian (Circle One)

\_\_\_\_\_  
Name Employed at \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Lives with Father/Stepfather/ Custodian (Circle One)

\_\_\_\_\_  
Name Employed at \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_**EMERGENCY NUMBER: IN THE EVENT PARENT  
CANNOT BE REACHED FOR EMERGENCY**Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Does your child have any medical condition or allergies which may require emergency treatment or to which a physician should be alerted (Circle) NO YES

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PART I – TO GRANT CONSENT****In the event that I cannot be contacted, I hereby give my consent for:**

1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred Physician) \_\_\_\_\_ (Physician phone #) or Dr. \_\_\_\_\_ (preferred Dentist) \_\_\_\_\_ (Dentist phone #) or medical specialist Dr. \_\_\_\_\_ (preferred specialist) \_\_\_\_\_ (medical specialist phone #) or if they are unavailable, by another licensed practitioner: and

2) The transfer of my child to \_\_\_\_\_ (Preferred hospital) \_\_\_\_\_ (Hospital phone #), or any hospital reasonably accessible. **(This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring on the necessity for such surgery, are obtained prior to the performance of such surgery).**

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

Address \_\_\_\_\_

**PART II – REFUSAL TO CONSENT****I do not give my consent for emergency medical treatment of my child. I wish the school to take NO action or to:** \_\_\_\_\_

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

Address \_\_\_\_\_

**PLEASE NOTIFY US OF ANY CHANGES IN THE ABOVE INFORMATION.**

Dear Parents:

We appreciate your help in completing the necessary forms for your son/daughter to be eligible to participate in Interscholastic Athletics in the Cleveland Metropolitan School District (CMSD).

The forms in this packet include:

1. **PHYSICAL EXAM (White) FORMS** – Parent/guardian are to complete and sign all required pages in its entirety. The third and fourth page will be completed by the physician. Parent/guardian should write the students name, date of birth and school on the top of each form. The doctor will not give your child a physical, if all pages are not complete.  
  
Physical forms must be **completed and returned to the coach before** your son/daughter will be eligible to participate in any school sponsored activities, including: conditioning, open gym, weight room, tryout, or practice.
  2. **OHSAA AUTHORIZATION (Yellow) FORM** – Parent/guardian and athlete should read, sign, and **return to coach before participating in any school sponsored activity.**
  3. **STUDENT CODE OF RESPONSIBILITY (Green) FORM** – Parent/guardian and athlete should read, sign, and **return to coach before participating in any school sponsored activity.**
  4. **EMERGENCY MEDICAL (Blue) FORM** – The emergency information form provides updated physician and contact information to our coaches in case of an emergency. Please update the form when changes occur. This form will be in the coaches' possession at all times. **Complete and return to the coach before participating in any school sponsored activity.**
  5. **INSURANCE COVERAGE (Grey) FORM** – Each parent must notify CMSD of their family's insurance, and sign the waiver releasing CMSD of any medical expenses beyond our athletic insurance. The **Parent/guardian must complete the form and return to the coach, before participating in any school sponsored activity.**
- 
6. **ELIGIBILITY CHECKLIST (White) FORM**– Please read carefully, **complete and return to the coach before participating in any school sponsored activity.**
  7. **OHSAA ELIGIBILITY GUIDE (White)** – Parent/guardian and athlete should **read and keep this form for your records.**

**Please complete all forms and return in the same UNSEALED envelope to your child's coach.**

If you have any questions, please contact the Interscholastic Athletics Office at: 216-838-0150.



**SENATE**  
ATHLETIC LEAGUE





## 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: \_\_\_\_\_





## 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

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

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

<sup>a</sup>Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.<sup>b</sup>Consider GU exam if in private setting. Having third part present is recommended.<sup>c</sup>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 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




**PREPARTICIPATION PHYSICAL EVALUATION 2018-2019**  
**2018-2019 Ohio High School Athletic Association Eligibility and Authorization Statement**

Page 6 of 6


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](http://ohsaa.org).

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


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

**Student Code of Responsibility**


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


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


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


 I will **respect the property** of others.

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


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

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


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


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

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

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

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

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

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

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

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

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

Student's Signature

Birth date

Grade in School

Date

Parent's or Guardian's Signature

Date



# Ohio Department of Health Concussion Information Sheet

## For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

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

### What is a Concussion?

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

### Signs and Symptoms of a Concussion

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

#### Signs Observed by Parents of Guardians

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

#### Symptoms Reported by Athlete

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

### Be Honest

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

### Seek Medical Attention Right Away

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

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

### The Dangers of Returning Too Soon

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



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>



## Returning to Daily Activities

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

## Returning to Learn (School)

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

### Resources

ODH Violence and Injury Prevention Program  
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

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

## Sample Activity Progression\*

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

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

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

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

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

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

# 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

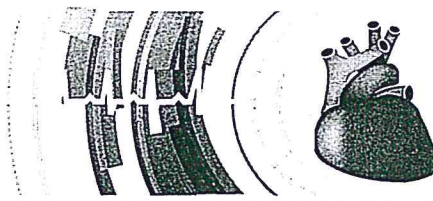
---

Date





## 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





Health Special Risk  
HSR Plaza II  
4100 Medical Parkway  
Carrollton, TX 75007  
P: 888-765-7223 | F: 972-512-5820  
claims@hsri.com

## Special Risk Claim Form

### Instructions for Filing a Claim

1. Complete this form (including the appropriate signatures).
2. Attach all itemized bills relating to the claim.
3. Submit the completed form and bills to the address or fax number above.

**\*\*In order to pay claims we must have your Social Security Number\*\***

Claim procedures, online access to our claim form, and our privacy policy are available from our website at: [www.MarkelAH.com](http://www.MarkelAH.com)

### Part 1 – POLICYHOLDER'S REPORT

Name of School		Name of Policyholder		Policy Number	
Claimant's Name (Injured Person)	Social Security Number (Required)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Email Address	
Claimant's Address		City	State	Zip	Phone Number
Parent's Name (if applicable)	Parent's Address (if applicable)	City	State	Zip	Phone Number

1. Date and time of the accident: \_\_\_\_\_ Place where the accident occurred: \_\_\_\_\_

2. Was the injured person? ☐ Participant ☐ Staff Member ☐ Guest ☐ Volunteer

#### FOR DENTAL CLAIMS ONLY

3. Indicate which teeth were involved in the accident: \_\_\_\_\_

4. Describe condition of injured teeth prior to accident: ☐ Whole, Sound, and Natural ☐ Filled ☐ Capped ☐ Artificial

5. Nature of injury: \_\_\_\_\_

(Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.)

6. Describe how the accident occurred – give all possible details – must be a bodily injury due to accident: \_\_\_\_\_

7. Did the accident occur?

A. During a policyholder sponsored & supervised activity?

☐ Yes ☐ No

B. During programmed hours?

☐ Yes ☐ No

C. On activity premises?

☐ Yes ☐ No

D. While traveling directly to or from a sponsored event?

☐ Yes ☐ No

E. During a USGF sanctioned event (Gymnastics schools only) or competition?

☐ Yes ☐ No

8. Name of the event or activity: \_\_\_\_\_ Name and Title of Supervisor: \_\_\_\_\_

9. Representative Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Part 2 – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care coverage through an employer or other source on you? ☐ Yes ☐ No

If Yes, Name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Is the Claimant enrolled as an individual, employee or dependent member of one of the following:

Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan? ☐ Yes ☐ No

If Yes, Name of insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.**

I agree that should it be determined at a later date there is insurance (or similar), to reimburse Markel Insurance Company to the extent of any amount collectible.

Signature of Volunteer: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

For services rendered or to be rendered I hereby authorize MARKEL INSURANCE COMPANY or their representatives to pay benefits in connection with this accident or illness direct to the doctor, hospital or other rendering service. If receipted bills are submitted, the benefits are to be paid to the insured.

Claimant, Parent or Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Authorized Representative, Relationship to Patient or Legal Designation: \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE any physician, medical care provider, hospital, clinic, medical care facility, insurance company, government-sponsored health plan, or employer having information available as to diagnosis, treatment and prognosis with respect to any illness, injury, physical or mental condition, and/or treatment for me or my minor children now or in the past, to give to Markel Insurance Company (MIC) or its legal representative, any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by MIC to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released by MIC to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be valid as the original. I also AGREE this Authorization shall be valid for a period of two years from the date shown below. I may revoke this authorization at any time by written request to MIC. I CERTIFY that the above information given by me in support of this claim is true and correct.

Claimant, Parent or Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Authorized Representative, Relationship to Patient or Legal Designation: \_\_\_\_\_

MSR-CF (06/09)





## 2018-19 Edition

# Eligibility Guide For Participation In High School Athletics

Published by the Ohio High School  
Athletic Association (revised 5/1/18)

### Ohio High School Athletic Association Overview

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

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

Any questions you have concerning the OHSAA standards or your athletic eligibility should be reviewed with your school principal or athletic administrator. **You should also meet with these administrators EVERY TIME before you change your course schedule or drop a course.** If you are a transfer student, you must ensure that you and your school administrators have submitted all forms, if applicable, to the OHSAA Office in Columbus.

The bylaws and regulations, including the eligibility standards, of the OHSAA are annually adopted by each member school as a required condition of membership within the Association. You are urged, as a student-athlete, to review these standards carefully since you are responsible for compliance with these standards.

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

Student-athletes and parents have the opportunity to ask school administrators questions on OHSAA and school eligibility requirements, the school's Athletic Code of Conduct policy and other issues during preseason meetings that the OHSAA requires schools to hold no later than two weeks after the beginning of each sports season. Meetings should include showing a presentation prepared by the OHSAA that reviews key student eligibility issues, healthy lifestyles, sporting behavior, concussion management and sudden cardiac arrest.

### OHSAA Regulations On Scholarship

In order to be eligible for the first grading period upon entrance into grade 9, you must have received passing grades in a minimum of five (5) of the classes for which you received grades in the immediately preceding grading period.

In order to maintain eligibility for grades 9-12, you must have received passing grades in a minimum of five (5) one credit courses, or the equivalent, in the immediately preceding grading period. In addition:

- Summer school, College Credit Plus and other educational options (e.g. work permitted after the conclusion of the grading period) may not be used to bring a student into compliance with scholarship bylaws, nor can they be used to compensate for lack of courses taken in the preceding grading period.
- Your semester or yearly grades have no effect on OHSAA eligibility (although they could, depending upon your school's official grading periods). OHSAA eligibility is dependent upon grades received in the immediately preceding grading period.
- Those taking postsecondary school courses, including College Credit Plus, 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 become effective. **Note:** Check with your principal or athletic administrator for the exact date that eligibility will be determined.

### OHSAA Regulations On Semesters

After establishing ninth-grade eligibility, you are permitted only eight (8) semesters of athletic eligibility.

- The semesters are taken in order of attendance once ninth-grade eligibility has been established.
- Semesters are counted toward eligibility whether you participate in interscholastic athletics or not.
- There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.



#### OHSAA Regulations On

### Age

When a high school student (grades 9-12) turns 20 years of age, he/she becomes ineligible for interscholastic athletics.

- There is an exception to this bylaw, so please arrange a meeting with your principal or athletic administrator to review this exception within Bylaw 4-2-1.

#### OHSAA Regulations On

### Residence

If your parent(s) or legal guardian live outside of Ohio, you are ineligible unless one of the exceptions to the residence bylaw is met. These exceptions to the out-of-state residency bylaws are found within Bylaw 4-6.

#### OHSAA Regulations On

### Non-Enrolled Students

Legislation permits non-enrolled students (home educated, non-public, community school, STEM students) to have participation opportunities at the public high school that the student would be entitled to attend under the tuition statute, i.e., the school located in the parents' residential district or attendance zone for multiple high school districts. There is an additional option for home-educated and non-public school students. If you are participating via this legislation, note that the language says you shall be given the "same opportunities" to participate – not greater opportunities – and that you must meet the same eligibility requirements as other students. In addition, once you establish eligibility at a high school, a transfer to a different high school means you may lose eligibility for interscholastic athletics for a period of time at your new school.

For more information on participation opportunities for non-enrolled students, go to the Eligibility section of the OHSAA website ([www.ohsaa.org](http://www.ohsaa.org)).

#### OHSAA Regulations On

### Transfers

Once your eligibility is established at a high school, a transfer to a different high school may mean you will lose eligibility for interscholastic athletics for a period of time at your new school. For the specifics on the period of ineligibility, visit [www.ohsaa.org](http://www.ohsaa.org).

- If you are new to this school as a transfer student, all required paperwork must be submitted to the OHSAA by your school administrator, and, depending on your situation, the state office may have to grant approval for eligibility. Immediate eligibility insofar as transfer is concerned will be granted only if one of the exceptions to the OHSAA transfer regulation has been met or if you have not participated in the sport within 12 months immediately preceding your transfer.
- To determine if you qualify for an exception or you have other questions on these regulations, arrange a meeting with your principal or athletic administrator. If questions remain, ask them to contact the OHSAA.

#### OHSAA Regulations On

### Awards

You may receive awards valued at \$400 or less from any source as a result from participation in any sport in which you are an interscholastic athlete. You may never accept cash awards, however.

#### OHSAA Regulations On

### Amateurism

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

- Compete for money or other compensation.
- Capitalize on your athletic fame by receiving money, merchandise or services.
- 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.
- Compete with a professional athletics team even if no pay is received.
- Enter into an agreement with a sports or marketing agent.

Expenses for travel, meals and lodging may be accepted provided they are available to all participants and they are not contingent upon your team's and/or your finish. A form is available at [www.ohsaa.org](http://www.ohsaa.org) to maintain amateur status and must be submitted to the OHSAA.

#### OHSAA Regulations On

### Recruiting

You may be declared ineligible if you are recruited by a person or group of persons to transfer to or enroll in a high school for athletic purposes. This may include your transferring to a school at which one of your former school coaches has been hired. In addition, any attempt by you to recruit a prospective student-athlete for athletic purposes is also prohibited. A violation may also affect the eligibility of the school team.

#### OHSAA Regulations On

### Open Gyms/Facilities

School officials may designate open gyms/facilities, the sport to be played, the grade levels involved and may also limit participants to those from your school. You may participate in open gyms/facilities, but remember:

- No one from the respective school may be excluded from participating;
- No one shall be required to attend;
- No school officials may invite selected students or determine the teams;
- No school officials may transport students to or from either school or non-school facilities;
- No timing or written scoring may be kept, and
- No coaching or instruction may be provided.

The OHSAA may impose penalties against you, your school and/or your coach for violating these regulations.



## OHSAA Regulations On False Information

If you compete under a name other than your own or provide false information in an attempt to establish athletic eligibility, you may immediately become ineligible.

## OHSAA Regulations On Instruction

There are restrictions on the instruction you can receive from school coaches outside of your season. Some of these regulations are also different for team sports vs. individual sports. Before receiving instruction outside the season from your school coaches, visit [www.ohsaa.org](http://www.ohsaa.org), go to the General Sports Regulations and review the section on Individual Skill Instruction to ensure all regulations are being followed. Some other key notes on these regulations:

- Besides during the season of your sport, school coaches may also provide team instruction for a maximum of 10 days between June 1 and July 31. This would include such activities as volleyball, field hockey, soccer, basketball, ice hockey, lacrosse, baseball or softball teams competing in tournaments or 'shootouts,' football teams participating in 7-on-7's, or coaches conducting or taking teams to instructional camps.
- Between August 1 and May 31 and outside defined "no contact periods," school coaches may also provide individual instruction outside the season of play. There are restrictions for team sports and some individual sports, so review the OHSAA's Individual Skill Instruction regulations to ensure all standards are being followed.
- Individual skill instruction from non-school coaches may be received in any sport by a squad member at any time in individual or group lessons *provided* that this instruction does not violate any Board of Education, school administrators' or coaches' policies.
- It is a violation if a coach suggests your participation in instructional programs outside the school season is mandatory.

## OHSAA Regulations On Non-School Teams

If you compete on a non-school team or in non-school competition as an individual in the same sport during your school team's season (example: non-school soccer during the school's soccer season), you may lose eligibility. There are also certain restrictions regarding tryouts, practices and competitions with non-school teams before, during and after your school season. Before participating with a non-school team, visit [www.ohsaa.org](http://www.ohsaa.org), go to the General Sports Regulations and review the sections on Non-School Programs/Teams to ensure all regulations are being followed. Some other key notes on these regulations:

- A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football, ice hockey, lacrosse, soccer, softball and volleyball) may not partici-

pate in an athletic contest, tryouts or any type of team or group training or practices on or with a non-school squad in the same sport during the school's interscholastic season once you become a member of the school team. **This would include college teams and/or college tryouts.**

- In the individual sports of bowling, cross country, golf, gymnastics, swimming and diving, tennis, track and field and wrestling, however, you may practice and try out for a non-school team but **may not compete in a contest during your school season.**
- A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, ice hockey, lacrosse, soccer, softball and volleyball) may try out, practice and compete on non-school teams **before and after** the school season from August 1 to May 31 (there are exceptions for baseball and softball) provided:  
The OHSAA's '50 percent limitation' regulation is maintained, meaning the number of students from the same school team on the roster of the non-school team is limited to five (5) students in the sports of soccer, field hockey, ice hockey and lacrosse; four (4) students in the sports of baseball and softball; three (3) students in the sport of volleyball, and two (2) students in the sport of basketball. ***School football team members are prohibited from competing on non-school teams except from June 1 to July 31. All football activities during the June 1 to July 31 period must be non-contact and the only football equipment permitted are helmets and cleats.*** Note: Seniors are exempt from these limitations after the conclusion of their sport season.
- 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.
- Check the OHSAA Sport-by-Sport Regulations (available at [www.ohsaa.org](http://www.ohsaa.org)) for the date you must cease participation on non-school teams in order to be eligible for OHSAA tournament competition along with penalties for non-compliance with this date.

## OHSAA Regulations/Guidance On Alcohol, Tobacco, Drugs and Steroids

The OHSAA does not permit the use of any form of alcohol, tobacco or illegal drugs at the site of any interscholastic contests. Besides the health risks involved, use of any of these items will result in you being disqualified from contests and likely facing additional school and legal penalties. There are additional issues related to illicit drugs, such as anabolic steroids and some prescription drugs used with the goal of aiding performance. If you use anabolic steroids or other performance-enhancing drugs of which the OHSAA is aware, you are ineligible for interscholastic competition until medical evidence indicates that your system is free of these drugs.



Another prominent issue is the use of supplements. The increased availability of these items allows student-athletes access to a wide variety of products aggressively marketed in fitness and strength training magazines and websites. Often their marketing campaigns include promises, endorsed by faulty research claims, of extraordinary weight loss, explosive power or tremendous strength gains. It is important for coaches, athletic administrators and parents to educate themselves about what substances student-athletes may be using and about the potential risks involved with uneducated supplement use.

The OHSAA website, [www.ohsaa.org](http://www.ohsaa.org), offers a wealth of information for parents, coaches and students about these topics and other healthy lifestyles/sports medicine issues.

### OHSAA Regulations On Preparticipation Evaluations and Consent Forms

Before the student's first practice (or prior to the student's first participation should he/she join the team after the season has started), each student must have had a physical examination within the past year and an examination form signed by a medical examiner must be on file at your school. Ask your athletic administrator or licensed athletic trainer about the electronic preparticipation evaluation, the PrivIT Profile, that the OHSAA has launched.

- Physical examinations are valid for participation for 13 months 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's spring sports season.

In addition, no student will be eligible unless that student and his or her parents have signed the OHSAA Authorization Form, the OHSAA Eligibility & Authorization Statement, the Concussion Form and the Sudden Cardiac Arrest Form, all of which must be on file at your school.

### OHSAA Regulations and Expectations On Concussion and Sudden Cardiac Arrest Management

It is everyone's responsibility to take the necessary precautions to reduce the likelihood of brain injuries and sudden cardiac arrest.

In Ohio, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion, such as loss of consciousness, headache, dizziness, confusion or balance problems, shall be immediately removed from the contest or practice and shall not return to play that same day. Thereafter, the student shall not return to practice or competition until cleared with written authorization from a physician or health care provider approved by the local board in accordance with state law.

Sudden Cardiac Arrest (SCA) is the most common

cause of death among student-athletes, and dizziness, loss of breath and a racing heart are often symptoms that are overlooked. In many cases, recognizing the signs of cardiac trouble means student-athletes can continue their athletic participation.

Each school is required to review both its concussion and sudden cardiac arrest management protocols with students and their parents; each student and his or her parent(s) must review and sign both the Ohio Department of Health's "Concussion Information Sheet" and a "Sudden Cardiac Arrest Information Sheet" prior to participation, and parents and students are highly encouraged to review short video presentations on both concussions and sudden cardiac arrest. Check with your school administrators on where to find these videos.

### OHSAA Regulations and Expectations On Sporting Behavior

The OHSAA's vision for positive sporting behavior is built on expectations. It calls on the school community — administrators, teachers, coaches, students, parents and fans — to strive for positive sporting behavior in everything they do by teaching the values of ethics, integrity, equity, fairness and respect.

As a student-athlete, you are expected to accept the responsibility and privilege of representing your school and community while participating in school sports. You are expected to:

- Treat opponents, coaches and officials with respect, and
- Ensure your actions do not incite fans or other participants or attempt to embarrass, ridicule or demean others.

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

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

If you are ejected a second time in a season, you are subject to additional, more stringent penalties, including a maximum penalty of suspension from play for the remainder of the season in that sport.

As a participant in school sports, you are expected to act with dignity, speak with courtesy and play with pride. In short, Respect The Game!

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



## Interscholastic Athletics Why We Play The Games

For many of you, playing on your school teams may be the last time you will participate in competitive athletics. As a participant, you should work hard, have fun and strive to be the best. But just as important, you should also strive to be the best students, teammates and members of your community in preparation for the next phase of your life as a responsible adult and productive citizen.

The purpose of interscholastic athletics is to enrich your middle school and high school experiences; promote citizenship and sportsmanship; instill a sense of pride in community; teach lifelong lessons of teamwork and self-discipline, and help you grow physically and emotionally. In short, interscholastic athletic programs are educational in nature and therefore complement a student's school experience.

Other sporting organizations promote free player movement, are primarily designed to promote athletic development of the individual, and provide a showcase for the athletic talents of those individuals. However, these organizations do not share the primary educational purposes of OHSAA member schools and therefore cannot provide the unique type of competition created by the OHSAA through our member schools.

Statistics show that students who participate in interscholastic athletics programs tend to have higher grade-point averages, better attendance records, lower dropout rates and fewer discipline problems than the general student population. Statistics also show that only one percent of all high school participants will earn a Division I college athletic scholarship and approximately five percent will play collegiately in any division. Unlike major colleges and professional sports teams, interscholastic athletic programs do not exist to entertain spectators.

As your parents can attest, middle school and high school go by in a blur, but your memories of participating in school sports will stay with you for a lifetime. The OHSAA wants to make sure your time as an interscholastic athlete is meaningful and memorable.

The privilege of participating in educational athletics is one of the most exciting experiences of your life. You must earn the privilege to participate. Please maintain the proper perspective in this journey and remember why we play the games.

## A Look At The Ohio High School Athletic Association

Participating in your school's interscholastic athletics program is not only a privilege, but also provides memorable experiences. The role of the OHSAA is to:

- Help ensure students are provided a positive environment for athletic participation;
- Ensure all rules, regulations and decisions are fair and equitable for all schools and participants;
- Ensure athletes play under safe conditions, and
- Ensure school sports programs remain a vital part of your educational experience.

Like the other 820 public and non-public high schools and approximately 800 7th and 8th grade schools, your school has volunteered to become a member of the OHSAA. Ohio is one of the top ranked states in the country in regards to participation with over 350,000 high school students competing in 26 sanctioned sports.

The OHSAA Executive Director and his staff are based in Columbus and their primary responsibilities are to:

- Interpret the rules and regulations for member schools;
- Conduct tournaments for high schools including sectionals, districts, regionals and state tournaments, and
- Serve as educators for officials, coaches, administrators and student-athletes and their parents.

To continue as a member of the OHSAA, each school's governing boards annually affirm that their schools will follow the OHSAA bylaws and regulations approved by the membership. Any changes to the bylaws must be approved by a majority vote of member school principals. The OHSAA Board of Directors has the authority to change general sports regulation, sport-by-sport regulations and tournament regulations based on recommendations from the Executive Director's staff.

The OHSAA does not charge schools any membership fees or tournament entry fees. Schools are provided rule-books, educational materials and other printed items along with catastrophe insurance coverage for all participants at a cost of approximately \$600,000 annually. Additionally, schools are reimbursed for many of their tournament expenses and in some sports have the opportunity to keep a portion of receipts from the sale of tournament tickets.

Other key programs and initiatives of the OHSAA include:

- Providing annual scholarships totaling over \$100,000 to students who excel in athletics and academics;
- Licensing, registering and training nearly 17,000 contest officials, and
- Ensuring coaches are certified to work with student-athletes through an on-going coach education program.



# Ohio High School Athletic Association Eligibility Checklist

For High School Students Enrolled and/or Participating at an OHSAA Member School (Updated 5/1/13)

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.
- ☐ 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 \$400 per item per source.
- ☐ I am competing under my true name and have provided my school with my correct home address.
- ☐ I have not competed in a **mandatory** open gym/facility, conditioning or instructional program 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 or for no more than 10 days between June 1 and July 31.
- ☐ I am not competing on a non-school team or in non-school competition as an individual **during my school team's season** in the same sport.
- ☐ I have not been recruited for athletic purposes to attend this school.
- ☐ I am not using anabolic steroids or other performance-enhancing drugs.
- ☐ I have had a physical examination within the past year and it is on file at my school.
- ☐ My parents and I attended a preseason meeting at my school which the OHSAA requires to be held no later than two weeks after the beginning of each sports season. We viewed a presentation prepared by the OHSAA to review key eligibility issues, healthy-lifestyles-and-sporting-behavior.
- ☐ My school also reviewed with my parents and me its concussion management protocol, we reviewed and signed the Ohio Department of Health's "Concussion Information Sheet" prior to participation and we reviewed a short presentation on concussions available at no cost at [www.nfhslearn.com](http://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 and I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement, and they are on file at my school.

Student Printed Name \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_

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

Student Date \_\_\_\_\_

Parent/Guardian Date \_\_\_\_\_

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