

ATHLETIC RESIDENCE AFFIDAVIT

Pursuant to Bylaws from the OHIO HIGH SCHOOL ATHLETIC ASSOCIATION, all participating athletes must be residents (i.e. daily habitat) of the school district for whom they are participating. Specifically Bylaw 4-6-1 states:

“A student is eligible at the school located in the district where the parent resides. If, however, the student is a ward of a court-appointed guardian, the student is eligible at the school located in the district where the guardian resides provided the student lives with the guardian. A student may be eligible at only one school.

‘Parent’ refers to the natural and/or adoptive parents of the student. If the parents are divorced, or their marriage has been dissolved or annulled, ‘parent’ means the residential parent’ and ‘legal custodian’ (pursuant to O.R.C. Chapter 3109) of the student. If the student has been temporarily or permanently removed from the home, ‘parent’ shall mean the person or government agency with legal or permanent custody.”

Violation of the above shall result in the imposition of penalties upon the school district. Specifically, in accordance with Bylaw 12-1-2:

“Penalties include suspension, forfeiture of games, forfeiture of championship rights, probation, public censure, denial of participation or fines not to exceed \$1000 per occurrence, or such other penalties as the Commissioner may deem appropriate.”

I have read and understand the above residence requirements and recognize that falsification of this information may have serious penalty ramifications upon the Strongsville inter-scholastic athletic program and hereby attest that my son/daughter, _____, is in fact residing with parents or legal guardians within the Strongsville City School’s attendance district.

Parent/Guardian Signature: _____

Residence Address: _____ **Telephone:** _____

**ACKNOWLEDGEMENT OF
OHIO HIGH SCHOOL ATHLETIC ASSOCIATION
ATHLETIC ELIGIBILITY INFORMATION BULLETIN**

The Ohio High School Athletic Association (OHSAA) Eligibility information is available upon request and/or inserted in this booklet. The information contained within this bulletin has been communicated to us or I have had the opportunity to review the contents of the bulletin. I realize that I will be expected to fulfill my responsibilities in compliance with the OHSAA.

Signature of Student

Date

Signature of Parent/Guardian

Date

**STRONGSVILLE CITY SCHOOLS
CODE OF CONDUCT FOR
EXTRACURRICULAR ACTIVITIES**

Violations of any Rule or Regulation may result in Disciplinary Action, Including Denial of Participation in the Activity.

1. Unexcused absence from any competitive activity.
2. Use or possession of tobacco in any form.
3. Drinking or possession of alcoholic beverages.
4. Using or possession of drugs.
5. Stealing.
6. Hazing.
7. Abusive treatment of school property and equipment.
8. Violation of appearance code, as published.
9. Violation of bus behavior code.
10. Use of profane, vulgar, or improper language at any activity.
11. Insubordination to advisor or teacher.
12. Violation of activity rules, activity requirements (i.e. attendance), sportsmanship, and proper etiquette.
13. Violation of published rules, regulations or requirements unique to a particular group (i.e. academic standing for honor societies).
14. Violations of the Board Adopted Policy on the code of conduct or Student/Parent Handbook codes of student conduct.

ATHLETIC CODE OF CONDUCT

STUDENT-ATHLETE:

I have read and I understand the Strongsville School's Code of Conduct for Extracurricular Activities and the Code of Conduct for my sport.

Student Signature: _____ **Date:** _____

PARENT/GUARDIAN:

I have read and I understand the Strongsville School's Code of Conduct for Extracurricular Activities and the Code of Conduct for my son's/daughter's sport.

Parent/Guardian Signature: _____ **Date:** _____

RISK OF PARTICIPATION

All athletes and parents must realize the risk of serious injury which may be a result of athletic participation. The Strongsville School District will use the following safeguards to make every effort to eliminate injury.

1. All coaches will follow state guidelines by being trained in sports first aid prior to employment.
2. All coaches will possess current CPR certification.
3. All coaches will conduct a pre-season parent meeting to fully explain athletic policies and to advise, caution and warn parents of the potential for injury.
4. A certified athletic trainer will be available to all athletes for consultation and rehabilitation of injury.
5. Maintain a continuing education program for coaches to have the opportunity to learn the most up-to-date techniques and skills to be taught in their sport.

RELEASE AND ACKNOWLEDGMENT OF WARNING BY STUDENT AND CONSENT OF PARENT/GUARDIAN

I, _____, do hereby acknowledge that I have been
(Name of Student)
properly advised, cautioned and warned by the proper administrative and coaching personnel of
the Strongsville School District that by participating in the _____,
(Sport/Activity)

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 the above sport, and should I choose to participate in the above sport, 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 via participation. I further release the Strongsville School District, its employees and agents, from liability for any such injury so occurring.

Student signature: _____ Grade 7 8 9 10 11 12

INSURANCE

To comply with the policy set by the Strongsville School BOE, all students participating in interscholastic sports must have the protection of some form of hospitalization. Therefore, we must have the following acknowledgement:

We do have: _____ adequate family hospitalization
(initial)

The Ohio High School Athletic Association provides catastrophic insurance coverage for any student who participates on any middle or high school approved interscholastic athletic team. This policy is of a secondary type.

Parent signature: _____ Date: _____ 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

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

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. I understand that if I drop a class, take course work through Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.
-  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 competition due to a suspected concussion, he or she will be unable to return to competition that day without the written authorization from a physician (M.D. or D.O.) or an athletic trainer which indicates that the student has not been concussed..
-  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

Head Injury Management Program

The Athletic Training Department has instituted a program for the management of head injuries. The program will utilize IMPACT (Immediate Post Concussion Assessment and Cognitive Testing). The ImpACT test is a computerized exam that the athlete takes prior to the season (baseline test), and if the athlete is believed to have suffered a head injury they re-take the exam (post-concussion test) to help determine a.) The extent of the injury b.) The location of the injury and c.) When the injury has been resolved. The system is utilized throughout professional sports, has been mandated in the NHL, and is fast becoming the “Gold Standard” in recognizing and better managing concussion type injuries.

The exam takes approximately 20 minutes, is non-invasive, and is offered free of charge to SHS athletes. The program is basically set-up as a “video game” type format. The test is giving the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration.

If a concussion is suspected, the test is re-taken and the information can be used to better determine recovery from concussion. This information is given to the Team Physician for Strongsville High School to interpret the data, and coupled with his/her examination, will make the final determination on return to play. The test may also be shared with your doctor, if requested. If an injury of this nature occurs, one of the Licensed Athletic Trainers will be in contact with you as soon as possible.

The baseline exam is **MANDATORY** for athletes in the **sports listed below**. Any athlete in those sports who does not complete the baseline exam will be **prohibited** from **competition** until the exam has been taken. The baseline exam is done every two years, so for example, as an incoming freshman and prior to the junior year. However, any new athlete must take the exam and follow it up again in two years if applicable. Any athlete not in a mandatory sport is still welcome to take the baseline test. The baseline exam is very important when a post-concussive test is performed. It allows the SHS medical staff to compare the information with the specific athlete’s data. Again, this is a non-invasive exam and it gives us the best available information in the prevention of brain damage that can occur with multiple concussions. The Strongsville High School Administrators, Coaches and Athletic Trainers are trying to keep your child’s health and safety at the forefront of the High School athletic experience.

Mandatory Sports

Fall

Football
Soccer Boys & Girls
Volleyball

Cheerleaders

Winter

Basketball Boys & Girls
Wrestling
Hockey

Gymnastics
Cheerleader
Divers

Spring

Softball
Baseball
Track – throwers, pole vaulters, high & long jumpers, hurdlers Boys & Girls

STUDENT-ATHLETE:

I have read and I understand the Strongsville School’s Head Injury Management Program for mandatory ImpACT baseline testing and follow-up testing for my particular sport(s).

Student Signature: _____ **Date:** _____

PARENT/GUARDIAN:

I have read and I understand the Strongsville School’s Head Injury Management Program for mandatory IMPACT baseline testing and follow-up testing for my son’s/daughter’s particular sport(s).

Parent 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 health care professional.

Recovery

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

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



www.healthyohioprogram.org/concussion

What is a Concussion?

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

Returning to School

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

Resources

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

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

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

Brain Injury Association of America
www.biausa.org/

Returning to Play

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

Sample Activity Progression*

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

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

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

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

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



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

www.healthyohioprogram.org/concussion

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

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 health care provider.

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

Athlete

Date



Rev. 01.13

Athlete
Please print name

Parent/Guardian
Signature

Date

Parent/Guardian
Please print name

PLEASE KEEP THIS PAGE FOR YOUR RECORDS (DO NOT TURN IN WITH BOOKLET)

Strongsville High School Athletic Eligibility

To be eligible for athletics at Strongsville High, Students must meet the following requirements:

- Enrolled in school full time for the preceding semester.
- Must have maintained at least a 2.0 overall GPA for the previous **quarter** of their sport or during their season if the sport extends for multiple quarters.
- Enrolled in a minimum of five (5) classes other than **PE, Life Sports, OR any Audited Course**
(This is an Ohio High School Athletic Association requirement.).
- Pass at least five (5) classes other than **PE, OR any Audited Course** for the quarter preceding their sport.

It is the **student's responsibility** to maintain eligibility requirements. They must:

- Register for sufficient courses to maintain eligibility.
- Notify counselor that they are an athlete when discussing any possible schedule change.

REMINDERS ABOUT ELIGIBILITY

It is the athlete's responsibility to assure that each quarter he/she has registered for and successfully passed appropriate coursework to maintain eligibility!!! Eligibility reminders are presented to each potential athlete in the following ways.

- Statements in Course Selection Guide.
- Statements made by counselors during the scheduling process.
- Statement on the Course Selection Sheet.
- Discussions between coaches and athletes.
- Materials presented to athletes by the athletic department.

Reminder to Parents/Guardians: PLEASE check your son's/daughter's schedule to reinforce that they are taking at least five classes OTHER than Physical Education, OR Audited Courses.

What if grades are lower than 2.0?

If a student's grades for the quarter preceding his/her sport are less than 2.0:

- The student and parent/guardian will be notified and a meeting will be held with the coach and Athletic Director.
- During that meeting a contract will be established.
- A portion of every contract will include weekly progress reports, which must be completed by the student and returned to the Athletic Office to maintain eligibility.
- Other stipulations may be mutually agreed upon as a portion of the student's contract to maintain eligibility.
- The proposed contract will be forwarded home for the parent signature and agreement.