



SPORT/ACTIVITY & YEAR \_\_\_\_\_

ACKNOWLEDGEMENT OF RISK

Risk in sports is a topic which has received great publicity recently. All human activities, including sports, have a potential for causing injury to individuals. Sport injuries can range from simple cuts and bruises to serious conditions such as fractures and severe sprains. There is a possibility that some injuries may require hospitalization and surgery. Catastrophic occurrences may also occur which include: blinding eye injuries, neck and back injuries, with resulting paralysis, and, although rare, death. Proper conditioning, correct coaching techniques, adequate training and well-fitted equipment can greatly reduce your child's risk of injury. The coaches in the Sandy Valley Local Schools will do their best to prevent, protect and treat injuries to your son/daughter.

PROOF OF INSURANCE AND/OR WAIVER OF SCHOOL INSURANCE FOR INTERSCHOLASTIC SPORTS

\_\_\_\_\_, a student in the Sandy Valley Local School District is required to be covered with a valid medical insurance policy:

\_\_\_\_\_ School Insurance    \_\_\_\_\_ Family Insurance    \_\_\_\_\_ Special Football Insurance

If family insurance, please complete the following information:

NAME OF COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

NOTE: Parents are responsible to notify the school of any change in insurance coverage. We acknowledge the fact that the risk of injuries is present in the sports/activities offered in the Sandy Valley Local School District. We grant our child permission to assume these risks while participating in all facets of the athletic programs. I, the parent/guardian of the above named student agree to exonerate and indemnify the Sandy Valley Local School District and District Personnel from any and all claims, actions, judgments and costs which shall arise from injury due to participation in the interscholastic program.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*THIS FORM MUST BE SIGNED AND RETURNED TO THE RESPECTIVE COACH/ADVISOR PRIOR TO THE BEGINNING OF EACH SPORT/ACTIVITY.

## Eligibility Checklist For High School Student-Athletes

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes will likely mean you are NOT eligible. For questions, see your principal or athletic administrator.

- 1. I am officially enrolled in an OHSAA member high school.
- 2. I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.

Fill in the following lines with your current classes.

A double-blocked class takes up 2 lines.  
A one period class takes up 1 line.  
Physical Education takes up 1 line.

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Eligible  
Example with Double Blocked:

English  
English  
Algebra  
Algebra  
PE  
Nutrition  
Band

Eligible  
Example with NO double-blocked classes:

Nutrition  
Speech  
Band  
Yearbook  
Computer Applications

- 3. I received passing grades in at least five one credit courses or the equivalent, each of which counts toward graduation, during my last grading period.
- 4. My parents live in Ohio.
- 5. 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.
- 6. If I have changed schools (transferred), I have followed up with my previous school and my new school to ensure that all proper forms have been submitted to the OHSAA.
- 7. I have not been enrolled in high school for more than eight semesters.
- 8. I did not turn 19 before August 1, 2007.
- 9. I have not received an award, equipment or prize valued at greater than \$200 per item.
- 10. I am competing under my true name and have provided my school with my correct home address.
- 11. I have not competed in a mandatory open gym/facility or mandatory instructional program.
- 12. I have not been coached or been provided instruction by a school coach in a team sport or cross country, track & field, or swimming.

- 13. I am not competing on a non-school team during a school team's season.
- 14. I have not been recruited to attend this school.
- 15. I am not using anabolic steroids or other performance enhancing drugs.
- 16. I have had a physical examination within the past year and it is on file at my school.
- 17. 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 CONDUCT AND EJECTION/ DISQUALIFICATION POLICIES

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

- Treat opponents, coaches and officials with respect.
- Display no behavior that could incite fans or other participants in the contest or which is intended to embarrass, ridicule or demean others under any circumstances included on the basis of race, religion, gender or national origin.
- Remember that winning isn't everything. Having fun, improving your skills, making friends and doing your best are also important.

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

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

If you are ejected or disqualified a second time in a season, you are subject to additional, stiffer penalties, including suspension from play for the remainder of the season in that sport.

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

Many aspects of the highly emotional and dynamic setting of interscholastic athletics are often questioned. These may include decisions made by coaches, administration, officials, athletes, parents and fans. As you have seen from the previous list, certain concerns can be and should be discussed with your child's coach. They make judgment decisions based on what they believe to be best for all students involved under the circumstances present.

### PROCEDURE TO FOLLOW IF YOU HAVE A CONCERN TO DISCUSS WITH A COACH

There are situations that may require a conference between the coach and parent. Such a meeting is encouraged when necessary. It is important that both parties have a clear understanding of the other person's position. Each should be willing to listen. The following procedure should be followed to help promote a resolution to the issue.

- Contact the coach to set up an appointment
- If the coach cannot be reached after a reasonable period of time, call the Athletic Director. An appointment with the coach will be arranged for you.
- Important. Please do not attempt to confront a coach before or after a contest or practice session. These can be emotional times for both the parent and coach. Meetings of this nature do not promote resolution and in fact often escalate the issue.

### THE NEXT STEP

What can a parent do if the meeting with the coach does not provide a satisfactory resolution? Although total agreement may not always be reached, most often such a meeting does afford the opportunity for productive discussion and better understanding. If the parent desires further communication, please call the Athletic Director to discuss the situation. The appropriate next step will be determined.

### CHAIN OF COMMAND

The Sandy Valley Local Schools District in conjunction with its' Department of Athletics follows the chain of command listed below. We ask that you observe the order of this line of communication if you elect to pursue any concern you may have with regard to the athletic program.

- 1. Assistant Coach (if applicable)
- 2. Head Coach
- 3. Athletic Director
- 4. Building Principal
- 5. Superintendent
- 6. Board of Education

We hope that the information provided in this "Communication Guide" will help you and your child to have a rewarding and enjoyable athletic experience.

### T.E.A.M

*Together Everyone Accomplishes More*

**SANDY VALLEY LOCAL SCHOOLS**  
**ATHLETIC COMMUNICATION GUIDE**

**INTRODUCTION:** We are pleased that your son/daughter has chosen to participate in the interscholastic athletic program of the Sandy Valley Local Schools District. A goal of the Athletic Department is to provide our athletes with the best environment in which their sport experiences may be as rewarding as possible. We believe that this goal may not be realized without appropriate lines of communication available to all involved. This "Communication Guide" has been developed to help coaches, parents, administrators and athletes communicate more effectively.

**COMMUNICATION YOU SHOULD EXPECT FROM THE COACH**

- Philosophy of the coach
- Expectations the coach may have for your child and team
- Locations and times of all practices and contests
- Team requirements, for example; Fees, special equipment, eligibility, attendance, off-season conditioning, etc.
- Procedure to follow should your child become injured during participation
- Athletic Code of Behavior policy and any additional rules that may affect your child's participation
- Requirements to earn a letter
- Disposition of lost/outstanding equipment at the end of the season

**COMMUNICATION THE COACH EXPECTS FROM PARENTS & ATHLETES**

- Concerns expressed directly to the coach **first**
- Notification of schedule conflicts well in advance
- Special needs of the athlete; Example, physical limitations that may not be obvious to the coach

**APPROPRIATE CONCERNS TO DISCUSS WITH A COACH**

- The treatment of your child mentally and physically
- Ways to help your child improve
- Concerns about your child's behavior

As your child becomes involved in the various athletic programs of the Sandy Valley Local Schools District, it is our hope that she/he will experience some of the most rewarding moments of her/his life. It is important to understand that things may not always go as you or your child wishes. At these times, discussion with the coach may be desirable (in fact is encouraged) to clear up the issue and avoid any misunderstanding.

**AREAS NOT APPROPRIATE TO DISCUSS WITH THE COACH**

- Playing Time/Position assignment
- Team Strategy/Play Calling
- Matters concerning other student athletes

**EMERGENCY MEDICAL AUTHORIZATION**

**PURPOSE** - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information may be shared with the educational team to best meet your child's needs.

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_ Bus # \_\_\_\_\_  
 Address \_\_\_\_\_ School District \_\_\_\_\_  
 \_\_\_\_\_ School Attending \_\_\_\_\_  
 Address Change   Birth Date \_\_\_\_\_ Sex  M  F  Grade \_\_\_\_\_ Home Room \_\_\_\_\_

**Residential Parent or Guardian**

Mother \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Pager # \_\_\_\_\_  
 Father \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_ Pager # \_\_\_\_\_  
 Other Name \_\_\_\_\_ Day Ph # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name of Relative or Childcare Provider \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Specialist \_\_\_\_\_ Phone # \_\_\_\_\_  
 Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Below check any current health condition that may require attention during the school day:

<input type="checkbox"/> Allergies (be specific)	<input type="checkbox"/> Concussion/head injury — year _____
<input type="checkbox"/> Foods _____	<input type="checkbox"/> Physical disability (be specific) _____
<input type="checkbox"/> Medicines _____	_____
<input type="checkbox"/> Bee Stings _____	<input type="checkbox"/> Respiratory (be specific) _____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Vision problems (be specific) _____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Hearing problems <input type="checkbox"/> Hearing aid(s)	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
<input type="checkbox"/> Heart problems (be specific) _____	<input type="checkbox"/> ADD/ADHD _____
_____	<input type="checkbox"/> Behavior/emotional problems _____
<input type="checkbox"/> Surgeries (include year) _____	_____
_____	<input type="checkbox"/> Other (be specific) _____
_____	_____

List all medications and dosages your child receives on a continual basis:

**PLEASE COMPLETE PART I OR PART II — NOT BOTH**

**Part I -- TO GRANT CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

**Part II — REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_