



## **WCA Athletic Forms**

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**WESTSIDE CHRISTIAN ACADEMY**  
**Athletic Registration Form**

Please Print

<b>Players Name</b>		<b>Grade</b>	
<b>Address City/Zip</b>		<b>Parent/Guardian</b>	
<b>Phone</b>	<b>Home #</b> _____ <b>Cell #</b> _____	<b>E-Mail</b>	
<b>Cost</b>	<b>Cross Country GS \$60 HS \$120</b> <b>5K Club \$80</b> <b>Volleyball \$100</b> <b>Basketball \$120</b>	<b>Sport</b>	<b>Golf \$100</b>

**Waiver of Liability**

I/We, parents/legal guardians, of the above named registrant and in consideration for participation in any and all of the activities involved in the Westside Christian Academy Athletic and Lutheran Elementary School League, including, but not limited to sport play, practice, and transportation to any league sanctioned activities. These athletic activities which we know and understand to involve inherent risks of personal injury. I/We hereby release, absolve, indemnify and hold harmless the Westside Christian Academy and its administrators, the Westside Christian Academy Board, team sponsors, team coaches and their assistants, and referees, and any other persons or entities involved with the administration of league activities from any and all liability for personal injuries, damages, or losses which we or my child may sustain in the above referenced activities.

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

**I would like to ensure the success of the Westside Christian Academy Athletic program by:**

\_\_\_\_\_ **I am willing to help transport the team to games - (A Volunteer Driver Form must be on file at the Westside Christian Academy office)**

\*\*\*\*\*

**I/We, parents/legal guardians give permission for (child's name) \_\_\_\_\_**

**to be transported to/from all games for the Westside Christian Academy athletic season.**

**Parent Name (Please Print)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Westside Christian Academy Athletic Philosophy**

## **“Glorifying God In All We Do!”**

The Philosophy and approach to athletics at Westside Christian Academy flow naturally from the school’s mission statement, “Raising up leaders to impact the west side of Cleveland for Jesus Christ”. The purpose and intent of our sports programs a WCA is to bring glory to God through our participation and involvement in athletics. Our goal is to develop within those who participate in athletics the character traits of Jesus Christ; producing positive Christian men and women who honor the Lord both on and off the playing field.

WCA believes that the condition of the heart comes before the score of the game. When winning is kept in the right perspective, our student athletes are allowed to develop without the fear of failure. They learn to understand the value of praise, and the importance of loving Shepherding. Winning must be accomplished while competing in a Christ – honoring sense of fair play and good sportsmanship. Athletics challenges student athletes to grow in their spiritual journey.

We desire for our athletes to grow spiritually by teaching them to think and act like Christ in the competitive arena and to model Godly character through their words, their attitudes and their deeds.

Our goal is for students to leave with a greater understanding of their God-given purpose, who they are in Christ, and how they can serve others. Our ultimate goal is that the world will see Christ in us as we compete and that we would know “victory beyond competition”.

## **The WCA Athlete**

We believe all WCA students should be diligent in preparation, relentless in effort, disciplined by nature, respectful in actions, self-controlled with words, humble in spirit, and aggressive in pursuit of excellence, without regard to the score, opponent, time or referee. As Christian athletes display these characteristics, good things usually happen: teams are successful, players are motivated, fans are supportive and enthusiastic, parents are proud, prospective athletes want to participate, and very often non-believers are drawn to Christ. Each student athlete is expected to strive for excellence in their academic endeavors while participating in the WCA athletic program.

## Academic Eligibility

In order to maintain academic excellence, eligibility will be granted for extra curricular endeavors according to the following criteria.

- A. Each participant must maintain a C average (77%) prior to and concurrent with the quarters of participation.
- B. In the case that a participant's average "drops below" a C – (74%):
  1. The teacher will notify the student, parents, and supervisor/coach of the extra-curricular activity.
  2. An intervention will be put into place to assist the student in his/her academic success
    - Interventions are the responsibility of the staff member and supervisor
    - Interventions may include loss of privileges to attend practices, competitions, performances, etc.
    - The intervention plan will be submitted to the principal for approval.
  3. Participants may be reinstated to full privilege at any time during the intervention process if the teachers and supervisor/coach feel that the desired academic improvement has been achieved.

# Expectations of Athletes

**Each student is expected to:**

**Be Responsible-**

Be at practice, try to limit appointments, vacations or other family events that may cause you to miss valuable time; be on time; keep your grades up; turn in homework; be an example in the classroom, hallways, and outside WCA.

**Be Respectful-**

Speak to teammates, coaches, parents, and officials with kind words and respect; dress modestly and appropriately.

**Be Honest-**

Speak the truth in love; avoid gossip or listening to gossip; keep your speech clean and pure.

**Be Loyal-**

Believe the best about your teammates and coaches; keep team issues within the team.

**Work Hard-**

Be diligent to take advantage of every opportunity to improve; push and encourage your teammates faithfully.

**Play Smart-**

Know your plays and assignments; take care of your body by eating right, staying hydrated and getting plenty of rest; stay away from activities and habits that may harm your body and /or jeopardize your athletic career.

**Team Before Yourself-**

Always consider others more important than yourself; encourage your teammates faithfully.

**Be Coach-able-**

Respond with a “Yes, Coach” or “Yes ma’am/sir,” not with an excuse.

**Accept Your Role-**

Be willing to sacrifice personal goals for the good of the team; give your best to the role your coach assigns to you; trust that the coaches have your best interest in mind, as well as the team’s.

**Handle Success and Failure-**

Always keep your head up; be humble in your accomplishments, and be strong and gracious in your defeats.

**Be a Competitor and Have a Winning Attitude-**

Always strive to improve; seek excellence in all facets of life.

**Keep Your Eyes on Jesus, the Author and Perfector of Faith!**

## Athletes Code of Conduct:

All players in the WCA sports program shall:

- a. Conduct themselves in a Christ-like manner and will abstain from inappropriate behavior while representing their team in any sports related function, including travel to and from events.
- b. Submit to the authority of the coaches and the Athletic Director in all matters pertaining to WCA athletics.
- c. Be a witness for Christ and serve as an example to others as well as promote unity among team members and treat all members of the team with respect.
- d. Demonstrate personal integrity by obeying all game and WCA school rules at all times.
- e. Represent WCA in a Christ honoring and respectful manner, understanding that student-athletes are highly visible WCA representatives to the student body and our Christian community.
- f. Not to argue with game officials or coaches or loudly direct comments toward those overseeing the game.
- g. Not to use words which demean any participant (including swearing or cursing).
- h. I understand that I am responsible for the care of any equipment issued to me.

I understand that I will only wear my uniform on the athletic field, unless otherwise given permission by my coach or A.D. to wear for a special event or day.

I understand and agree to pay for any equipment issued to me that is lost, stolen, or damaged (reasonable wear from the season does not apply as damage).

## **Expectations of the WCA Parent**

The parents of WCA student athletes are the key to our school establishing a distinctly different Christ-honoring sports program. As your child participates in the WCA athletic program they will experience some very rewarding moments. It is also important to remember that there will be times when adversity and disappointments occur. At all times the leadership and example of our parents will be watched by our students, and coaches along with the parents, students, and coaches of opposing teams. The parents of WCA student athletes are expected to:

### **Model Good Sportsmanship at Games-**

When cheering during a WCA game or event, cheer in an appropriate manner that glorifies Christ. There is **Never** any reason to cheer against or “taunt” the other team. (Example; In basketball, chanting “air-ball” or screaming while the opponent is on the free-throw line.) Never question or “boo” an official about a call. Negative comments and gestures of displeasure toward any coach, visiting team or officials, only undermine the efforts of all involved. Always treat the visiting school as guests before, during, and after games. Realize that the word Christian means “Christ-like”. We as Christians are always testimonies, whether good or bad. WCA wants to portray a good testimony always, but especially to the schools we compete against. Every visitor, opponent, and official is a partner in Christ or a potential partner in Christ. Cheer for the Eagles to play hard and to play to win, but with an attitude of Christian sportsmanship. Long after the score is forgotten, our behavior will be remembered and is a reflection upon the entire ministry that is WCA.

### **Be Supportive of Coaches-**

In front of your child, be supportive and positive of the coaches’ decisions. If you have problems with what the coach is doing, it is best to call and arrange a time to talk directly with the coach.

### **Teach Respect for Authority-**

There will be times when you disagree with a coach or official but always remember they are trying their best and are trying to be fair. Let your conduct always model Christ and show good sportsmanship by being positive.

### **Let the Coach Do the Coaching-**

When your child is competing, let the coach do the coaching. Shouting instructions or criticism may hinder the overall experience of the athlete. You can teach life skills that athletics and activities bring to the forefront.

### **Help Your Children Learn Through Failure-**

The way your student handles failure can help them face the certainty of disappointment that they will encounter throughout their lives. After a disappointment, encourage and support them as they cope with the disappointment. Remind them that God loves them and has a plan for them that will be far greater than ever expected, pray with them over the disappointment.

### **Be Mindful Of Your Role as a Role Model-**

Take a good honest look at your attitude, actions and reactions in the athletic arena. The loudest thing your child will hear is not what you say but what they see you do.

**Show Unconditional Love-** The most important thing: show your child you love them and are proud of them, win or lose.

## The Bottom Line

If we are to be the people our loving God intends for us to be, we must not separate athletics from our calling as Christians. Coaches must coach, players must play, and fans must cheer as Christians. Among many things, this means that we will respect authority, our opponents, and each other. Athletics can be an act of worship and a celebration of God's gift to us.

WCA Athletics is committed to develop a Christ-like character among our student athletes, encouraging them to develop their God-given athletic abilities to their maximum potential and equipping them for their real test:  
Life as a follower of Christ Jesus.

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We have read and understand the policies established by the Board of Trustees for the purpose of athletics as outlined by the Athletic Policies.

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

Parent  
Signature: \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_

Date : \_\_\_\_\_





## WCA Athletic Equipment Agreement

I \_\_\_\_\_ (parent name) am aware that my son/daughter \_\_\_\_\_ (student name) will be issued equipment and/or uniforms to participate in athletics at WCA. I am also aware that there is no fee for use of the equipment and/or uniforms unless the items are lost, stolen, misplaced, left in the care of any person other than the person issued the item(s), exchanged with another student, and/or damaged beyond use. I understand that the coach and/or the Athletic Department is not responsible for informing me that items must be paid for until after inventory is taken and it is confirmed that the item(s) have not been returned or have been damaged beyond use. I am also aware that my son/daughter will NOT be issued more equipment and/or uniforms for the next sport until their fees are paid in full. Requested office records, including progress reports and report cards, will also be withheld till outstanding fees are paid in full. (9/15/2020)

\_\_\_\_\_  
Student Athlete Name

\_\_\_\_\_  
Parent or Guardian Name

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

\_\_\_\_\_  
Date

# Westside Christian Academy Athletics Emergency Medical Authorization Form

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

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birth Date

**Purpose:** To enable parents to authorize emergency treatment for children who become ill or injured while participating in WCA athletic practices or games when parents cannot be reached.

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### PART I (TO GRANT CONSENT) Part I or Part II MUST BE COMPLETED

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

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for each surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

.....

### PART II (REFUSAL TO CONSENT) DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 WCA authorities to take no action or to:

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date



**PREPARTICIPATION PHYSICAL EVALUATION | Ohio High School Athletic Association – 2022-2023**

**HISTORY FORM**

**Note:** Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects): \_\_\_\_\_

\_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

<b>BONE &amp; JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had, or do you have any problems with your eyes or vision?		

<b>MEDICAL QUESTIONS (CONTINUED)</b>	<b>Yes</b>	<b>No</b>
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
<b>FEMALES ONLY</b>	<b>Yes</b>	<b>No</b>
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here:**

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**Additional questions, as authorized by the Ohio High School Athletic Association, were not a part of the revised 5<sup>th</sup> edition PPE as authored by the American Academy of Pediatrics and are optional.**

1. On average, how many days per week do you engage in moderate to strenuous exercise (makes you breathe heavily or sweat)? \_\_\_\_\_
2. On average, how many minutes per week do you engage in exercise at this level? \_\_\_\_\_
3. Have you had COVID-19 or tested positive for COVID-19? \_\_\_\_\_
4. If answered yes, when did you have/test positive for COVID-19? \_\_\_\_\_
5. If answered yes, have you had any ongoing medical issues secondary to COVID-19? \_\_\_\_\_
6. If answered yes, were you cleared by a health care provider following the diagnosis to return to sport activity? \_\_\_\_\_
7. Has a physician ever denied or restricted your participation in sports for reasons related to COVID-19? \_\_\_\_\_
8. If answered yes, please state reasoning: \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or 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 use 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 as having 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 whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (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 questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2022-2023

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

### 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, e-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-enhancing 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, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, DC, NP, or PA



PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION – 2022-2023

MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

- Not medically eligible pending further evaluation
Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, DC, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_



## PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS  
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



### OHSAA AUTHORIZATION FORM | 2022-2023

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

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

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

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

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

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

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

Name of Principal: \_\_\_\_\_

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 | 2022-2023

### 2022-2023 Ohio High School Athletic Association Eligibility and Authorization Statement

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

I have read, understand and acknowledge receipt of the **OHSAA Student Eligibility Guide and Checklist** (<https://ohsaaweb.blob.core.windows.net/files/Eligibility/OtherEligibilityDocs/EligibilityGuideHS.pdf>) which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at [ohsaa.org](https://ohsaa.org). I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules. I understand that participation in interscholastic athletics is a **privilege not a right**.

#### **Student Code of Responsibility**

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

- I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.
- I will be **fully responsible** for my own actions and the consequences of my actions.
- I will **respect the property** of others.
- I will **respect and obey the rules** of my school and laws of my community, state and country.
- I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.
- I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.

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

- I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.
- I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.
- To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school, I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), enrollment documents, financial and scholarship records, residence address of the student, academic work completed, grades received and attendance data.
- I **consent to the OHSAA's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics. I **understand that if I drop a class**, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I **accept full responsibility** for compliance with Bylaw 4-4, Scholarship, and the passing five credit standard expressed therein.
- I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or another health care provider working under the supervision of a physician will be required in order for the student to return to participation.
- I **have read and signed** the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.
- I **have read and signed** the Ohio Department of Health's **Sudden Cardiac Arrest Information Sheet** and have retained a copy for myself.

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

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

Student's Signature

Birth Date

Grade in School

Date

Parent's or Guardian's Signature

Date

# 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.



## 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.

# 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.

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Athlete

---

Date

---

Athlete *Please Print Name*

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Parent/Guardian

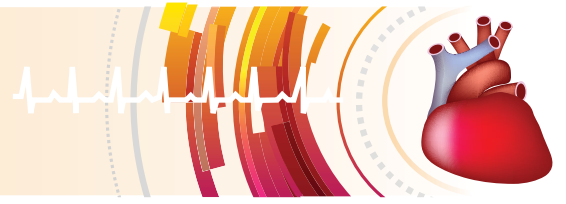
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Date





# 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