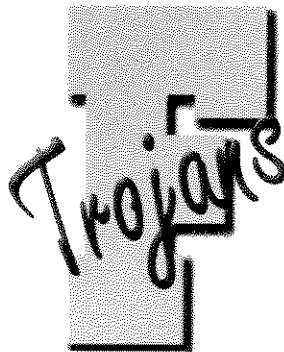


FINDLAY CITY SCHOOLS

Required Extra Curricular Forms 2015-16



The enclosed forms must be completed in their entirety and **TURNED IN TO THE COACH OF YOUR FIRST SEASON before trying out or practicing** in any sport in the Findlay City School District

Ohio High School Athletic Association Official Season Coaching Start Dates

Baseball: February 22, 2016
Basketball—Boys: October 30, 2015
Basketball—Girls: October 23, 2015
Cross Country: August 1, 2015
Football: August 1, 2015
Golf—Boys: August 1, 2015
Golf—Girls: August 1, 2015
Gymnastics: November 6, 2015
Ice Hockey: November 6, 2015

Soccer—Boys: August 1, 2015
Soccer—Girls: August 1, 2015
Softball: February 22, 2016
Swimming & Diving: November 6, 2015
Tennis—Boys: March 7, 2016
Tennis—Girls: August 1, 2015
Track & Field: March 7, 2016
Volleyball: August 1, 2015
Wrestling: November 9, 2015





Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2015-2016

Page 1 of 6

HISTORY FORM – Please be advised that this paper form is no longer the OHSA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner. The medical examiner should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		
3.	Have you ever spent the night in the hospital?		
4.	Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7.	Does your heart ever race or skip beats (irregular beats) during exercise?		
8.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10.	Do you get lightheaded or feel more short of breath than expected during exercise?		
11.	Have you ever had an unexplained seizure?		
12.	Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
13.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS		Yes	No
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?		
18.	Have you ever had any broken or fractured bones or dislocated joints?		
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		

BONE AND JOINT QUESTIONS - CONTINUED		Yes	No
22.	Do you regularly use a brace, orthotics, or other assistive device?		
23.	Do you have a bone, muscle, or joint injury that bothers you?		
24.	Do any of your joints become painful, swollen, feel warm, or look red?		
25.	Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS		Yes	No
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27.	Have you ever used an inhaler or taken asthma medicine?		
28.	Is there anyone in your family who has asthma?		
29.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30.	Do you have groin pain or a painful bulge or hernia in the groin area?		
31.	Have you had infectious mononucleosis (mono) within the past month?		
32.	Do you have any rashes, pressure sores, or other skin problems?		
33.	Have you had a herpes (cold sores) or MRSA (staph) skin infection?		
34.	Have you ever had a head injury or concussion?		
35.	Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36.	Do you have a history of seizure disorder or epilepsy?		
37.	Do you have headaches with exercise?		
38.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39.	Have you ever been unable to move your arms or legs after being hit or falling?		
40.	Have you ever become ill while exercising in the heat?		
41.	Do you get frequent muscle cramps when exercising?		
42.	Do you or someone in your family have sickle cell trait or disease?		
43.	Have you had any problems with your eyes or vision?		
44.	Have you had an eye injury?		
45.	Do you wear glasses or contact lenses?		
46.	Do you wear protective eyewear, such as goggles or a face shield?		
47.	Do you worry about your weight?		
48.	Are you trying to gain or lose weight? Has anyone recommended that you do?		
49.	Are you on a special diet or do you avoid certain types of foods?		
50.	Have you ever had an eating disorder?		
51.	Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY			
52.	Have you ever had a menstrual period?		
53.	How old were you when you had your first menstrual period?		
54.	How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

★ Signature of Student _____ ★ Signature of parent/guardian _____

Date: _____

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



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2015-2016

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THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1.	Type of disability		
2.	Date of disability		
3.	Classification (if available)		
4.	Cause of disability (birth, disease, accident/trauma, other)		
5.	List the sports you are interested in playing		
		Yes	No
6.	Do you regularly use a brace, assistive device or prosthetic?		
7.	Do you use a special brace or assistive device for sports?		
8.	Do you have any rashes, pressure sores, or any other skin problems?		
9.	Do you have a hearing loss? Do you use a hearing aid?		
10.	Do you have a visual impairment?		
11.	Do you have any special devices for bowel or bladder function?		
12.	Do you have burning or discomfort when urinating?		
13.	Have you had autonomic dysreflexia?		
14.	Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?		
15.	Do you have muscle spasticity?		
16.	Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student _____ Signature of parent/guardian _____ Date: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2015-2016

Page 3 of 6

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

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

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

*Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third part present is recommended.

^cConsider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not Cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

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



OHSAA AUTHORIZATION FORM 2015-2016

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 a 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 2015-2016
2015-2016 Ohio High School Athletic Association Eligibility and Authorization Statement

Page 6 of 6


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


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


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

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


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

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

 I **understand that if I drop a class**, take course work through 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 practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

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

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

***Must Be Signed Before Physical Examination**

★

Student's Signature

Birth date

Grade in School

Date

★

Parent's or Guardian's Signature

Date

**EXTRA-CURRICULAR ACTIVITIES
RULES AND ELIGIBILITY
Grades 7 - 12**

GOALS & PHILOSOPHY

Findlay City Schools believes that all participants covered by these rules are students who have a strong influence both in our community and among the student body. With this opportunity comes the responsibility of being a good role model. Thus, these rules are designed to discourage all participants in extra-curricular activities from the use of drugs, alcohol, and tobacco in any form.

These rules are established for the benefit and well-being of the students. Your support and encouragement for your student to abide by these rules is vital. These rules are in effect year round. **The Board may require that students pay reasonable fees to participate in extra-curricular activities.**

RESPONSIBILITY OF SCHOOL, COACHES AND ADVISORS

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

ELIGIBILITY

In order to remain eligible to participate in extra-curricular activities, students must adhere to the following requirements:

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

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

If a student received home schooling in the grading period preceding the participation, the student must meet any academic requirements established by the State Board of Education for the continuation of home school to be eligible to participate in the program.

If a student did not receive home schooling in the grading period preceding participation, the student's academic performance during the preceding grading period must have met any academic and non-academic standards, as well as financial requirements established by the District for eligibility to participate in the program.

Any student who commences home schooling after the beginning of the school year and at that time was considered ineligible to participate in extracurricular activities for failure to meet academic requirements

or any other requirements will be ineligible to participate in the same semester the student was deemed ineligible.

NOTE: *Districts are required to allow students in grades 7 – 12 enrolled in district-sponsored community schools to participate in the district's extracurricular activities. The district may require these students to enroll in and participate in no more than one academic course in the district as a condition for participation.*

ATTENDANCE REQUIREMENTS

A student must be in attendance at school by 11:05 a.m., regardless of the start time, until the end of the school day the day of a contest/competition to be eligible. Special circumstances such as doctor appointments, funerals, and college visitation dates are permitted on a case by case basis and must be approved by the Athletic Director (sports) or Principal (other extra-curricular activities).

IN-SCHOOL AND OUT-OF-SCHOOL SUSPENSION

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

HAZING/BULLYING

Students may not engage in hazing/bullying and may not violate Board Policy 9.06b. Though 'hazing' falls under the guidelines of ORC 2903.31 and Board Policy 9.06b, it is important to address it in these rules. In part, no student may do any act or coerce another, including a victim, to do any act of initiation into any athletic team or club that causes or creates a substantial risk of mental or physical harm to any person. No person shall recklessly participate in the hazing of another. No administrator, employee or faculty member shall recklessly permit the hazing of any person. In addition to being subject to school disciplinary procedures, a person guilty of hazing is subject to punishment under ORC 2903.31.

ADDITIONAL RULES

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

SELF-REFERRAL

An initial self-referral (seeking help for drug or alcohol problems) reported by the student/athlete to the student/athlete's coach, advisor or another staff member will be treated confidentially and will not be subject to disciplinary action. A self-referral will become a first offense if:

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

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

DRUG/ALCOHOL ABUSE

Rule 1

A student shall not knowingly transmit, sell, give, exchange, distribute or purchase or offer to transmit, sell, give, exchange, distribute or purchase any drugs, drug paraphernalia, tobacco, and/or alcohol at any time for any purpose is prohibited at all times. These rules are in effect year round.

A. First Offense

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

Before regaining participation privileges, the participant must also:

1. Appear before the Principal or designee;
2. Make a statement explaining why he/she should regain his/her participation privileges
3. Accept the Principal or designees directives regarding his/her participation privileges.

B. Second Offense (A second offense occurs any time in a participant's career after a first offense violation.)

(Middle School (grades 7-8, ending on the last day of eighth grade) and High School (grades 9-12, beginning after the last day of eighth grade) are considered separate careers.)

The participant shall be denied participation privileges in the extra-curricular program for the remainder of his/her career.

Rule 2

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

A. First Offense

1. The participant shall be denied participation privileges for one calendar year from the date of the infraction. This denial of participation privileges may be reduced to 50% of the regularly scheduled games, performances, events or competitions upon meeting the requirements listed in (2) and (3) below.

In cases where the suspension is reduced to 50% and a fraction results, the number will be rounded off to the nearest whole number.

If the participant cannot sit out the required number of suspended games, performances, events or competitions in the current season, the percentage of games, performances, events or competitions missed in the current season (including tournaments) will be calculated. The remaining percentage (of the original 50% suspension) will be used to calculate how many additional games, performances, events or competitions will be missed in the next season of participation, even if this season goes into a new school year.

The student must participate in the extra-curricular activity from the first day through the last day (including the year-end banquet). If the student is not considered a member of the extra-curricular

activity for one or more days of its season, then none of the contests/competitions involving that activity shall be counted toward the 50% reduction in participation privileges.

2. The participant shall assign himself/herself to an Education and Awareness program approved by approved by the Principal or designee, and successfully complete the program **before** regaining participation privileges.
3. The participant shall serve 20 hours of community service approved in advance by the by the Principal or designee. The participant shall make a written proposal for the community service hours to the Principal or designee and have the written approval by the Principal or designee.
4. The participant shall forfeit all leadership roles on his/her team as well as any leadership roles in student organizations.
5. The participant shall forfeit all awards for the season(s) in which the suspension occurs.

Before regaining participation privileges, the participant must also:

- a) Appear before the building Athletic Director/Principal;
- b) Make a statement explaining why he/she should regain his/her participation privileges;
- c) Accept the Athletic Director's /Principal's directives regarding his/her participation privileges.

B. Second Offense (A second offense occurs any time in a participant's career after a first offense violation. Middle School (grades 7-8, ending on the last day of eighth grade) and High School (grades 9-12, beginning after the last day of eighth grade) are considered separate careers.)

1. The participant shall be denied participation privileges in the extra-curricular program for one calendar year from the date of the violation.
2. The participant shall assign himself/herself to an education and awareness program approved by the Athletic Director/Principal, and successfully complete the program before regaining participation privileges.
3. The participant shall serve 20 hours of community service approved in advance by the Principal or designee. The participant shall make a written proposal for the community service hours to the Principal or designee and have the written approval by the Athletic Director/Principal.
4. The participant shall forfeit all leadership roles on his/her team as well as any leadership roles in student organizations.

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

Before regaining participation privileges, the participant must also:

- a) Appear before the Principal or designee;
- b) Make a statement explaining why he/she should regain his/her eligibility;
- c) Accept the Principal or designee directives regarding his/her eligibility.

C. Third Offense (A third offense occurs any time in a participant's career after a second offense violation. Middle School (grades 7-8, ending on the last day of eighth grade) and High School (grades 9-12, beginning after the last day of eighth grade) are considered separate careers.)

1. The participant shall be denied eligibility in the extra-curricular program for the remainder of his/her career.

Rule 3

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

1. The degree to which the participant/conduct poses a threat or risk to the safety and well-being of others;
2. The degree to which non-action by school officials would be viewed as condoning or indifference to the conduct;
3. The degree to which the conduct brings discredit to the Findlay City Schools and its programs;
4. The status of the matter under the criminal or juvenile justice system, if any such system is involved. Determinations by school officials under this rule are not dependent on such status or any conclusion reached under such a system.

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

PROCEDURAL PROCESS IN EVENT OF A VIOLATION

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

APPEAL

The participant shall be given the right to appeal the decision of the Coach and/or Athletic Director or Advisor. The student may not participate in contests, competitions or performances during the appeal process, but may practice at the discretion of the Coach/Advisor.

A written request for appeal must be received within five school days following the appellant's receipt of the written decision being appealed. The appellant will be provided a written decision within five school days following a hearing.

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

COSTS

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

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

- A. These rules supplement the District's Code of Student Conduct and are administered independently of that code. A violation of these rules may also independently violate the Code of Student Conduct and result in the participant's suspension or expulsion from school or the

participant's removal from a curricular or extracurricular activity under the provisions of that Code in addition to any disciplinary penalty that is called for under these rules.

RELATIONSHIP OF THE RULES TO TRANSFER STUDENTS

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

DEFINITIONS

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

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

Students under the age of 18 may:

1. Gain their education and awareness through a program approved by the Athletic Director/Principal at the student's expense.
2. Gain their education and awareness through meetings with the Principal or designee. The number of meetings will be at the discretion of the Principal or designee.

Students over the age of 18 may:

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

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

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

Drugs: Any drug listed in schedule I through V of the "Controlled Substances Act," 21 U.S.C. § 801 et al., but at a minimum includes, marijuana, cocaine, opiates (morphine, heroin, codeine), amphetamines, phencyclidine (pcp), barbiturates, LSD, MDMA (Ecstasy), propoxyphene, anabolic steroids, methadone, benzodiazepines, and any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Drugs include any drugs being used illegally, such as a prescription drug that was not legally obtained or is not being used for its intended purpose or in its prescribed quantity. Drugs also include alcohol and nicotine.

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

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

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

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

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

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

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

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

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

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

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

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

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

Adopted 7/15/91
Revised 5/15/97
Revised 7/21/97
Revised 4/1/98
Revised 5/11/98
Revised 4/11/00
Revised 5/11/01
Revised 5/28/02
Revised 5/29/2007
Revised 4/11/2011
Readopted 6/20/2011
Reviewed 6/18/2012
Reviewed 9/9/2013

**FINDLAY CITY SCHOOL CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT**

AS A STUDENT:

I understand and agree that participation in extra-curricular activities and/or permission to drive to school and park on campus at Findlay City Schools as outlined in the overview of the policy is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**.

I have knowledge, understanding, and agreement of the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct.

I understand and realize that there is risk of injury in participating in activities.

I understand that when I participate in any extra-curricular program, and/or if I own a parking permit, I will be subjected to urine drug testing; and if I refuse, I will not be allowed to practice or participate. I have knowledge, understanding, and agreement that a refusal to a test will be handled as a positive test.

I understand as a participant in extra-curricular activities / parking privileges the Code of Conduct is in effect year-round while enrolled within the Findlay City Schools.



Student Name (please print)

Grade



Student Signature

Date

AS A PARENT/GUARDIAN/CUSTODIAN:

I have knowledge, understanding and agreement with the **Code of Conduct** and understand the responsibilities of my son/ daughter/ participant in any extra-curricular program, and owning a parking permit in the Findlay City Schools.

I have knowledge, understanding and agreement that there is an assumed risk of injury involved for my son/ daughter/ participant in activities.

I have knowledge, understanding and agreement that my son/daughter/participant in any extra-curricular activity or possessing a parking permit may be subjected to urine drug testing and if they refuse, will not be allowed to practice or participate. I understand that a refusal to test will be handled as a positive test.



Parent/Guardian/Custodian Signature

Date



Parent/Guardian/Custodian Name (print)

Home Phone

Work Phone

***A COMPLETE COPY OF THE FINDLAY CITY SCHOOL CHEMICAL HEALTH POLICY 9.23 CAN BE FOUND AT:**

http://www.findlaycityschools.org/policies/9pol/9-23_FCS_Chemical_Health_Policy.pdf

Revised 8/5/2011

Reviewed 6/18/2012

Reviewed 8/4/2014

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.healthyohiprogram.gov/vipp/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.healthyohioprogam.org/vipp/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.healthyohioprogam.gov/vipp/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

Date

Signature



Parent/Guardian

Please print name

WARNING OF POTENTIAL INJURY
Findlay City School District Athletics

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

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

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

Acknowledgement of Warning – By Student

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

Acknowledgement of Warning – By Parent/Guardian

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

(Parent/Guardian Signature)

(Student Signature)

(Date)

INSURANCE WAIVER FORM
Findlay City School District Athletics

Student Name: _____

Parent/Guardian Names: _____

Insurance Company Name: _____

Policy Number: _____

Insurance Company Address: _____

Insurance Company Phone: _____

Please
Check
One:

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

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

(Parent/Guardian)

(Parent/Guardian)

(Date Signed)

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

Findlay City Schools
Emergency Medical Authorization Form
(Ohio Revised Code 3313.712)

School Building: _____

Student Name _____

School Year: 2015 - 2016

Address _____

Grade _____

Parent Email: _____

Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Other If other, please specify: _____

If divorced/separated/other, who is residential parent? _____

Official paperwork must be on file in the school office

Name of non-residential parent: _____

Address of non-residential parent: _____

Does non-residential parent wish to receive interim reports and report cards ☐ yes ☐ no

EMERGENCY CONTACTS:

Mother / Guardian Name _____

Cell Phone: _____

Daytime Phone: _____

Location: _____

Father / Guardian Name _____

Cell Phone: _____

Daytime Phone: _____

Location: _____

Contact #1 _____ Relationship: _____ Phone: _____

Contact #2 _____ Relationship: _____ Phone: _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical Information: _____

Medications: _____

Allergies: _____

Purpose- Emergency Medical: 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 will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including school nurses and other school personnel.

PART 1 OR PART 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital of Choice _____

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 above named doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist; and 2.) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Guardian _____

Date _____

PART 2: 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 the following action:

Signature of Parent/Guardian _____

Date _____

Chain Of Command

The Findlay City School District in conjunction with its department of

Athletics follows the chain of

command listed below. We ask that you observe this line of

communication if you elect to

pursue any concern you may have with regard to the athletic program.

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

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

Important Phone Numbers

FHS
Athletic Department
419-425-8216

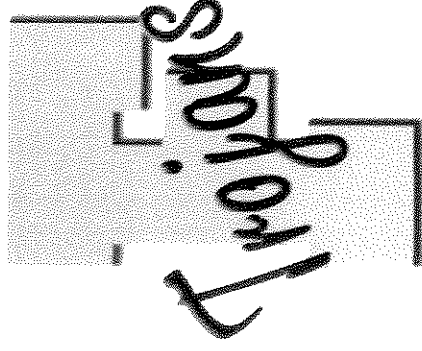
Donnell Middle School
419-429-3719

Glenwood Middle School
419-425-8254

Teacher
Everyone
A
More

Member of the Ohio High School
Athletic Association

Findlay High School Athletic Communication Guide



The mission of Findlay High School is to develop within each student the ability to recognize and realize their own potential to be lifelong learners who are caring, flexible, contributing citizens in an ever-changing society.

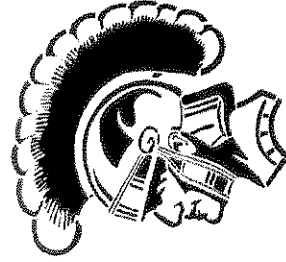
This is accomplished through families, students, staff and community working together to provide a positive atmosphere where all students can attain the virtues necessary to achieve their mental, physical, and emotional potential.

Introduction

We are pleased that your son/daughter has chosen to participate in the interscholastic program of the Findlay City School District.

A goal of the Athletic Department is to provide our athletes with the best possible sport environment. We believe that this goal may not be realized without appropriate lines of communication among all parties involved.

This "Communication Guide" has been developed to help coaches, parents, administrators and athletes communicate more effectively



Communication you should expect from the Coach

1

- Philosophy of the coach
- Expectations the coach may have of your child and the team
- Locations and times of all practices and contests
- Team expectations: 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
- Responsibility for lost/outstanding equipment at end of season

Appropriate Concerns to discuss with a coach

2

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

A your child becomes involved in the various athletic programs of the school, it is our hope that he/she will

experience some of the most rewarding moments of his/her life. It is important to understand that things may not always be as your child wishes. At these times a discussion with the coach may be desirable (in fact it is encouraged) clear up the issue and avoid any misunderstanding.

Areas not appropriate to discuss with the coach

3

- Playing time/position assignment
- Team strategy/play calling
- Matters concerning other student athletes

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. Other issues must be left to the discretion of the coach. Our coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved under the circumstances.

Procedure to follow if you have a concern to discuss with coach

4

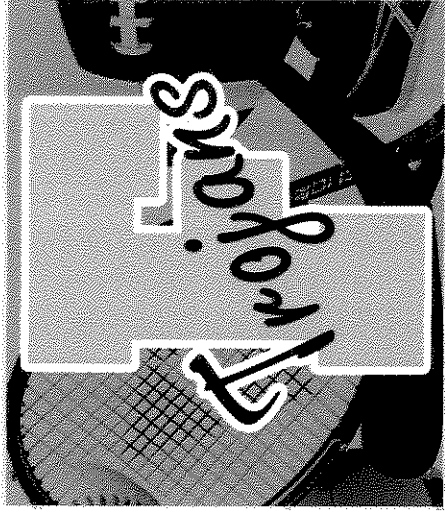
There are situations that may require a conference between the coach and parent. Such a meeting is encouraged when necessary. It is important that both parties have a clear understanding of the other person's position. Each should be willing to listen. The following procedure should be followed to help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

5

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.



The team behind Findlay High student-athletes and the FHS athletic department

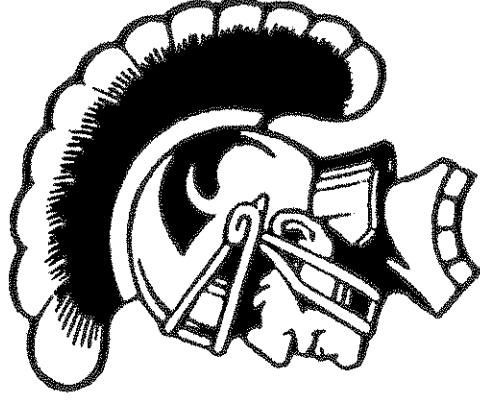
How do we support our athletes?

- Scoreboards
- Restoration of locker rooms
- Weight room updates
- Sound System
- Track/Equipment/Bleachers
- Scholarships
- Uniform replacements
- Scholar-Athlete shirts
- Athletic Training
- Facility Renovation

Trojan Club Fundraisers

- Membership Drive
- Golf Outing
- Reverse Raffle
- Mulch Sale
- Merchandise
- 50/50
- The Trojan March

Funds from these events benefit our student-athletes and the FHS athletic department activities.



Trojan Club

The Trojan Club supports all athletic programs.

Trojan Club
P.O. Box 1112
Findlay, Ohio 45839

2015-16 School Year

Trojan Club Membership Registration Form

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Email: _____

Please return this form to:

Trojan Club
P.O. Box 1112
Findlay, Ohio 45839

Form must be received by
August 7th, 2015 for inclusion
in the Fall Sports program.

Membership Selection

I would like to be a member of the Trojan Club at the following level:

_____ **Royal Trojan Booster (\$2500+)**
2 Football season tickets & parking pass
AND
2 Basketball season tickets & parking pass

_____ **Golden Trojan Booster (\$1000-2499)**
(Choose One)
_____ 2 Football Season Ticket & Parking Pass

_____ 2 Basketball Season Ticket
Parking Pass
_____ 2 10-punch sports passes

_____ **Blue & Gold Booster (\$500-999)**
(Choose One)
_____ 2 Basketball Season Ticket
Parking Pass
_____ 1 10-punch sports passes

_____ **Super Trojan Booster (\$250-499)**
(Choose One)
_____ Basketball Parking Pass
_____ Trojan spirit item*

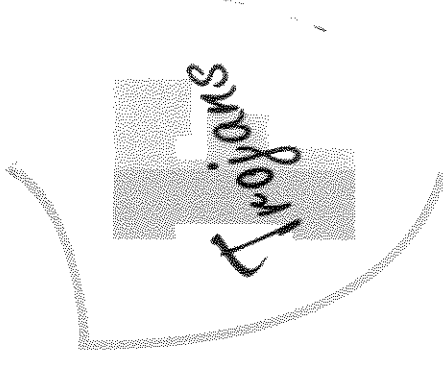
_____ **Super Booster (\$100-249)**
Trojan spirit item*

_____ **Trojan Booster (\$50-99)**

_____ **Booster (\$25-49)**

_____ **Middle School Booster (\$25+)**

(All levels will be recognized in the Fall and Winter Sports program.)

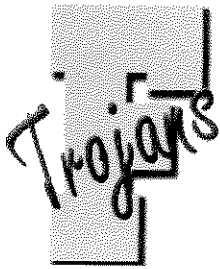


FINDLAY TROJAN CLUB

Join the team behind the
teams!

The Trojan Club
meets monthly.

We welcome
your participation.



Findlay Athletics

OHSAA 2015-2016

Parent/Guardian Information and Document Sign Off

Date _____

Name of Student-Athlete: _____ Sport: _____

(Second) Student-Athlete: _____ Sport: _____

Parent Guardian (print name): _____

Home Phone: _____ Cell/Work Phone: _____

Please download and read each item (listed below) from our website link: www.findlaycityschools.org . Once you have read/reviewed each item, print this form, initial each item listed and RETURN THIS SIGNED FORM TO THE HEAD COACH THE NIGHT OF THE OHSAA MANDATORY PARENT AND ATHLETE INFORMATIONAL MEETING. Your review of this data is a required condition of the OHSAA for your student to be eligible to compete for Findlay City Schools.

Feel free to call the Findlay High School Athletic Office (419-425-8216) with any additional questions throughout the season.

_____ Viewed OHSAA Parent/Athlete Video

_____ Reviewed the OHSAA Eligibility Bulletin and Guide

_____ Have knowledge, understanding, and agreement of the extra-curricular rules and eligibility Code of Conduct.

_____ Completed Physical Packet Information:

1. _____ Physical Form 2. _____ Code of Conduct Expectations/Chemical Consent
3. _____ Warning of Potential Injury 4. _____ Emergency Medical Document

_____ Reviewed OHSAA Sportsmanship Information

_____ Reviewed Findlay High School "Chain of Command" Information

_____ Ohio Department of Health's Concussion and Head Injury Information Sheet

_____ Insurance Waiver (by initialing this line, you are indicating that you do NOT want additional insurance coverage for your athletic child. If you would like supplemental insurance information, please write "YES" on this line

I have reviewed/received each of the above items with understanding, knowledge, and agreement with the information contained within.

(Signature of Parent/Guardian)

(Date)