

Clermont Northeastern

“Home of the Rockets”

Athletic Handbook 2020-2021



“SPORTSMANSHIP IS AN EXPECTATION!”



CLERMONT NORTHEASTERN ATHLETIC DEPARTMENT

Access all of our league information at

www.SBAAC.com

Access all of our team schedules and
important updates at

www.cneschools.org

Twitter Handle: @CNEATHLETICS

Clermont Northeastern High School and Middle School

Athletic Director David Colwell 513 – 625 -1211 x 115

Email - Colwell_D@cneschools.org

Clermont Northeastern Middle School

Principal Laura Nazzarine 513-625-1211 x212

Email- nazzarine_l@cneschools.org

Clermont Northeastern High School

Principal TJ Glassmeyer 513-625-1211 x112

Email- glassmeyer_t@cneschools.org

**CLERMONT NORTHEASTERN LOCAL SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION**

Student's Name _____ Male ____ Female ____ School: _____

Address _____
Street/PO Box _____ City _____ Zip _____

Home Phone _____ DOB ____/____/____ Grade: _____ Teacher/HR# _____ Bus # _____

PARENT/CONTACT INFORMATION

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Cell Phone # _____

Cell Phone # _____

Work Phone # _____

Work Phone # _____

E-mail Address _____

E-mail Address _____

☐ Check here if you do not want to receive general information via email

Is there a legal custody order that applies to this child? Yes ____ No ____

If yes, please explain: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. In an emergency situation, we will contact the people listed below in the order they are listed. Please notify the school immediately if any information changes. Per O.R.C. 3313.712, this form MUST be on file for every student.

| NAME | HOME PHONE # | CELL PHONE # | WORK PHONE # | RELATIONSHIP |
|----------|--------------|--------------|--------------|--------------|
| 1. _____ | () _____ | () _____ | () _____ | _____ |
| 2. _____ | () _____ | () _____ | () _____ | _____ |
| 3. _____ | () _____ | () _____ | () _____ | _____ |
| 4. _____ | () _____ | () _____ | () _____ | _____ |

EMERGENCY CARE INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Please list any information concerning child's medical history including medical conditions (i.e. Asthma, Diabetes, Medication/ Food Allergies, Bee or Sting reactions, ADHD, Autism, Seizures, Hearing/Vision Impairments, Emotional Problems, etc.) and list **all medications** being taken to which a physician should be alerted: _____

PLEASE COMPLETE ONLY PART I OR PART II

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the above named doctor, 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 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 such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 years old or older): _____ Date: _____

PART II: REFUSAL TO CONSENT (COMPLETE ONLY IF ACTION DESCRIBED ABOVE IS REFUSED)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I with the school authorities to take the following action: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18 years old or older): _____ Date: _____



Parent Transportation Permission Form
2020-2021 School Year

_____ has my permission to leave any away sporting events with the adults listed below (CANNOT BE ANOTHER STUDENT) during the 2020-2021 school year. The head coach **MUST** be notified of this before leaving the event.

Approved Family/Friends to Transport:

Parent/Guardian Signature: _____

Date: _____

HS Principal
Mr. TJ Glassmeyer
glassmeyer_t@cneschools.org

Athletic Director
David Colwell
colwell_d@cneschools.org

MS Principal
Mrs. Laura Nazzarine
nazzarine_l@cneschools.org

Clermont Northeastern Athletic Code of Conduct

Any pupil engaging in the types of conduct listed in the Code of Conduct for pupils at Clermont Northeastern Schools, or any conduct in contradiction to Administrative Guideline 2431B, is subject to expulsion, suspension, emergency suspension or removal from curricular or extra-curricular activities. In addition, all athletes at Clermont Northeastern Middle/High School must meet the following requirements and comply with the following rules:

- A. Student athletes must meet the academic eligibility requirements as set forth in board policies 2430 and 2431 and Administrative Guideline 2430. Ineligible students are not permitted to travel with the team to away games. Students may be permitted to seat with the team at home games with the permission of the coach and the athletic director. Student athletes ineligible by the end of the sport season shall not receive any achievement awards.(I.E: Letters, MVP, Senior Awards, etc.)
- B. To participate or be present at an athletic contest or engage in a practice session, students must arrive before 10:00 AM, and may not leave before 11:00 AM. A student must be present for 50% of the school day as defined in the districts attendance policy. Special circumstances such as funerals, doctors notes, and school sponsored trips may be granted exceptions by school administration.
- C. Athletes must ride school provided transportation to events. Exceptions to this rule may only be granted by the Athletic Director or Principal. Requests must be made within a prompt amount of time.
- D. Use, sale or possession of alcohol, tobacco or illegal drugs during school or non-school hours is prohibited. No student shall smoke, use or possess any substance containing tobacco, but not limited to, e-cigarettes, vapor pens (with or without nicotine), cigarettes, cigars, a pipe, a clove cigarette, and chewing tobacco, or use tobacco in any form. All student athletes must consent to the Clermont Northeastern Drug Testing Policy and follow guidelines.
- E. Students who receive a suspension from school will face suspension of game participation from athletics as determined by the administration.
- F. Any student athlete who leaves a team or is removed from a team, after the first scheduled game, match or meet is ineligible to condition, practice, or participate with another team until the end of the sport's season. A participant who leaves a squad must personally and promptly return all issued uniforms and equipment or face further implications.
- G. Each coach may pose reasonable punishment on athletes who are guilty of hazing; disrespect or abusive language to officials, coaches, fans, teammates, or opponents; for unexcused absences from games or practices; or tardiness to practice or game. That punishment may range from a verbal warning to dismissal from the team, depending on the severity and frequency of the violation. Ohio High School Athletic Association guidelines state: "Any player ejected for unsportsmanlike conduct or flagrant fouls shall be ineligible for contests for the remainder of the day as well as for all contests in that sport until two regular season/tournament (one if football) games are played at the same level as the ejection." In addition, CNE will require a conference between student athlete, parent/guardian, coach, and Principal or Athletic Director prior to reinstatement of eligibility.
- H. An athlete who does not fulfill his/her financial obligations (including but not limited to, fundraiser money, fees, uniforms, or any other school issued equipment) shall not be permitted to participate in any athletic activity until proper restitution has occurred or the missing items returned. Legal action may be taken if any fees are not met or equipment is not returned.
- I. Athletes must meet awards requirements outlined in the CNE Athletics Standards and Guidelines for Participation and attend the awards ceremony to receive awards. Exceptions can only be made by contacting the athletic director or principal and awards must be picked up the following day.
- J. Coaches and sponsors have the authority to establish individual training rules that are tailored to teach individual sport or activity, subject to approval by the Athletic Director and/or Principal.

Definitions

- A. A sport's season for a team consists of the first day of OHSAA permitted practice until the team, or any individual, is eliminated from any post-season tournament. If no post-season tournament is scheduled, the season ends with the last scheduled meet.
- B. An athlete is defined to be an individual in grades 7- 12 who participates in any conditioning program or try-outs for any athletic team and/or is selected as a member of that team. By virtue of having received and/or completed and signed the CNE student information sheets that individual becomes a student athlete. Furthermore, an athlete is defined to be anyone who has received a CNE athletic award or certificate of participation at the 7-12 grade level.
- C. Each coach or sponsor shall be responsible for his/her respective sport or activity.

I have read this entire document and have had the opportunity to review its contents with the school administrators if I wished to do so. I understand the information contained herein, and I realized that I will be expected to fulfill my responsibilities in compliance with the rules set forth. For more information on athletic policies and procedures see the CNE student handbook, the CNE Athletics Standards and Guidelines for Participation(available on school website), cneschools.org, or visit www.ohsaa.org

Parent Signature

Date

Student Signature

Date

INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named on the reverse side to undergo urinalysis and/or hair follicle testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Policy and Procedures for Drug Testing of the Clermont Northeastern Schools District.

We understand that testing will be administered in accordance with the guidelines of the Clermont Northeastern Schools District Drug Testing Policy for students.

We understand that any urine and/or hair sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the Clermont Northeastern Schools Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis and/or hair follicle testing for the detection of drugs.

We further give our consent to the company selected by the Clermont Northeastern Schools Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the Clermont Northeastern Schools Board of Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

We understand that if any portion of this Informed Consent Agreement and/or Policy is ruled to be illegal due to conflict with State or Federal law, the remainder of this Informed Consent Agreement and/or Policy shall remain in full force and effect.

CLERMONT NORTHEASTERN LOCAL SCHOOLS INFORMED CONSENT AGREEMENT

STUDENT NAME _____

GRADE _____

AS A STUDENT:

- I understand and agree that participation in activities is a privilege that may be withdrawn for violations of the Clermont Northeastern Schools Drug Testing Policy.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in any District approved program I will be subject to initial and random urine and/or hair follicle drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any activities. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the Clermont Northeastern Schools system.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Clermont Northeastern Schools drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in activities in the Clermont Northeastern Schools District.
- I pledge to promote healthy lifestyles for all students in the Clermont Northeastern Schools system.
- I understand that my son/daughter/ward, when participating in any athletic and/or curriculum related program, will be subject to initial and random urine and/or hair follicle drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any activities. I have read the informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a participant in athletics and/or curriculum related activities in the Clermont Northeastern Schools District.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

Due on Final Forms prior to participation for all High School Athletes

Tentative Dates:

Fall August 7th, 2020 2:30 PM ;

Winter November 18th , 2020 2:30 PM; Spring March 11th , 2020 2:30 PM



ATHLETIC FEE FORM

Please submit the following form with payment and return both to the head coach or middle/high school office.

Call 625-1211, ext, 115, with questions regarding athletic programs.

1. All interscholastic athletes in grades 7 through 12 will be assessed an annual athletic program fee of \$100.00 as adopted by the Clermont Northeastern Local School District Board of Education.
2. Student athletic fees are used to defray the cost of interscholastic athletic programs at CNE Schools.
3. For any non-tryout sport, payment of the athletic program fee is due within five business days of first day of official O.H.S.A.A. practice. For tryout sports, payment is due within five business days of team finalization.
4. Parents can pay athletic fees online with a mastercard or visa card through the same program as the school lunches. Please make sure to note the payment is for "Athletic Fees". Payment can also be made via credit card through "Final Forms."
5. Student athletic program fees are non-refundable after the first regular season game. Athletes who become ineligible or quit do not qualify for a refund. A refund can be requested for extenuating circumstances such as health issues or significant injury.
6. Students who do not pay fees or meet payment deadlines can be denied participation in Clermont Northeastern Interscholastic team activities.

Student Name (please print): _____

Student ID Number: _____ **Grade:** _____

Initial Sport: _____

Parent/Guardian Name: _____ **Head Coaches Name:** _____

☐

I paid the program fee online through the students lunch account with a credit card.
Confirmation #: _____

☐

Check attached in the amount of \$ _____. Check #: _____

☐

Athletic Fees have been paid with cash in full along with this document.



2020 – 2021 Season Ticket Order Form

A CNE Season Ticket is non-transferable and grants only the individual card holder admission to all regular season HOME sporting events for grades 7-12*. Please take the time to fill out the following ticket order information. With this application you can help ensure the successful future of CNE Athletics and enjoy all the great action in the process. Completed forms can be mailed to the CNE HS Athletic Department or dropped off at the the Athletic Office in the High School.

***Excludes OHSA Tournament Games and SBAAC Scholarship Games**

| Pass Type | Quantity | X | Price | = | Total |
|--|----------|---|-----------|----|-------|
| CNE Family Ticket Pass - \$200 (2 Adults, up to 4 K-12 student passes) | | X | | = | |
| Individual/Adult Pass - \$50 | | X | | = | |
| Student K-12 Pass - \$40 | | X | | = | |
| | | | Total Due | \$ | |

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email Address _____

Please Complete with Names of the Pass Holders:

Pass 1/Individual _____

Pass 2/Individual _____

Pass 3/Individual _____

Pass 4/Individual _____

Pass 5/Individual _____

Pass 6 Individual _____

****Please indicate if a student or adult ticket****

If additional passes are needed they must be purchased separately*

Please make checks payable to:
CNE ATHLETIC DEPARTMENT

Mailing Address:
**5327 Hutchinson Rd.
Batavia, OH 45103**

Free admission will not be granted until tickets are paid in full. Season tickets will be sold until August 28th, 2020. Season Tickets will be available for pickup on the first day of school.

For Questions: David Colwell, Athletic Director
Athletics Email: colwell_d@cneschools.org
Phone: 513-625-1211 x 115



Clermont Northeastern Athletics:
Standards and Guidelines for Participation 2020-2021

Adopted
06/20/19

Introduction:

The purpose of this handbook is to give students participating in athletic programs, and all other interested persons a guide to the operation of the interscholastic athletic program of the Clermont Northeastern Local School District. The coaches of the various teams/activities within the district's athletic program will explain specific rules, regulations, policies and procedures. All student athletes will be expected to adhere not only to the specific rules, regulations, policies and procedures, but also to those special rules set forth for each sport.

All student athletes are also expected to follow the student "Code of Conduct" as outlined in the Student and Parent Handbook, which was revised in May 2020.

It must be understood by all students and their parents/legal guardians, that a condition to participating in the Clermont Northeastern athletic program; is a commitment to follow the rules, regulations, policies and procedures established by the district for the implementation of its athletic program. It must also be understood that any student who violates these rules, regulations, policies, and procedures shall face disciplinary action.

Athletic Department Contact Information:

Athletic Director:

David Colwell

Direct Line:

(513) 625-1211 Ext.115

Athletics Fax Line:

513-625-3328

colwell_d@cneschools.org

Websites: www.cneschools.org (Click on Athletics)

www.sbaac.com

Twitter Handle: @CNEATHLETICS

Vision:

CNE will provide all students with a safe and nurturing environment. Each school will provide all students a stimulating learning environment that is rigorous and aligned to the state standard. This will allow our graduates to meet the challenges and high expectations needed to thrive in the 21st century.



The Rocket Way:

Be Respectful,
Be Responsible,
Be Dedicated,
And Display Pride.

SPORTSMANSHIP, ETHICS AND INTEGRITY

The National Federation of High School Associations views good sportsmanship as a commitment to fair play, ethical behavior and integrity. In perception and practice, sportsmanship is defined as those qualities, which are characterized by generosity and genuine concern for others. The ideals of sportsmanship apply equally to all activity disciplines. Individuals, regardless of their role in activities, are expected to be aware of their influence on the behavior of others and model good sportsmanship.

PHILOSOPHY OF ATHLETICS

Interscholastic athletics is an extension of the classroom promoting character, hard work, and discipline while helping to develop a person's body and mind. Athletics will provide a foundation for growth, goal setting, competitiveness, cooperation, teamwork, problem solving and respect. The ultimate goal of athletics at CNE is to produce individuals who are prepared for life after their school experience and success programs at the varsity level.

ATHLETIC FORMS REQUIRED FOR PARTICIPATION

Before a student may participate in any sport, including conditioning, tryouts, and practices, he/she must provide the following information on Final Forms.

1. The Ohio High School Athletic Association health questionnaire and physical examination form with student, parent and physician signature.
2. Emergency medical form.
3. Authorization for Participation in Interscholastic Athletics.
4. Payment of all fees associated with participation(Prior to qualifying deadline)
5. All required release forms
6. Additional forms by individual sport
7. Any other board approved forms for athletics

Students may be added to the roster up to the 1st scheduled team competition if all requirements are met.
(Exceptions can be made with approval of school administration)

OHSAA Physical Requirement:

OHSAA bylaws addressing physical exams are the same for students in grades 7-8 and grades 9-12.

The bylaws state,"athletic participation forms for participants shall be signed by a physician, the participant and by



a parent or guardian and must be on file with the principal before any candidate for a team may participate in a practice. These forms necessitate the physician's certification of the individual's physical fitness no less than once each year."

Examination cards may be signed by a chiropractor or by a physician. If the exam is given by a nurse practitioner, a physician must sign the form. The examination is valid for participation 365 days after the examination. All physical examination cards should be completed properly and turned into the head coaches prior to participating in practice, tryouts, or competition.

OHSAA Eligibility Requirement:

According to O.H.S.A.A. Bylaw 4-4-1. During the preceding grade period, a student must have received a passing grade in a minimum of five (5) one credit courses or the equivalent which count toward graduation. Grades earned during the 4th quarter determine eligibility for the 1st quarter of the next school year. Study hall and gym classes DO NOT count toward eligibility.

High School Eligibility:

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

In order to maintain eligibility for grades 9-12, you must have received passing grades in a minimum of five (5) one credit courses, or the equivalent, in the immediately preceding grading period. Study hall and gym classes **DO NOT** count toward eligibility.

In addition:

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

Middle School Eligibility:



In order to maintain eligibility for grades 7 and 8, you must be currently enrolled in a member school or be participating in accordance with state law, and you must have received passing grades in a minimum of five (5) classes in the immediately preceding grading period.

- Summer school and other educational options may not be used to bring a student into compliance with scholarship bylaws, nor can they be used to compensate for lack of courses taken in the preceding grading period.
- Your semester or yearly grades have no effect on OHSAA eligibility (although they could, depending upon your school's official grading periods). OHSAA eligibility is dependent upon grades received in the immediately preceding grading period.
- In order to be eligible for the first grading period upon entrance into grade 9, you must have received passing grades in a minimum of five (5) classes in the immediately preceding grading period.

Athletic Expectations for Athletes:

It is a privilege to compete in athletics, therefore; our athletes must subscribe to certain expectations. The following rules of conduct are in effect for student athletes whether they are "in season" or not. Student athletes will be under the direction of this document from the first day of participation or on the first day of school (which ever comes first) through school's end.

Player Conduct:

We believe, that as student athletes, we are held to a higher standard; a standard of character, behavior, and respect. As student athletes, we understand that our character should never be called into question, our behavior should always be above reproach, and we should show respect, to the faculty, the student body, our opponents, officials, coaches and teammates. The athletes conduct should be in line with the standards of the community and the school we represent. We understand any behavior deemed unbecoming of a CNE athlete may be subject to disciplinary action from the athletic department. Athletes are expected to maintain facilities in a respectful manner and treat their participation with great pride. Students are expected to maintain equipment in proper condition and arrive to scheduled athletic events by the required time prepared for the day's work.

Inappropriate Conduct Can Include:

Violations of the law

The possession, or consumption of alcohol, tobacco or tobacco like products, illegal drugs, or the misuse of prescription drugs

Violations of team rules

Violations to the student code of conduct

Hazing - "Hazing" refers to any activity expected of someone joining a group (or to maintain full status in a group) that humiliates, degrades or risks emotional harm and/or physical harm, regardless of the person's willingness to participate

Any suspensions from schools, including in school suspensions

Bullying a member of the student body

Consequences for conduct unbecoming of a CNE athlete will be determined, based on the review of evidence, by the administration and designees.

Consequences for Actions:

Team Action

Athletic Suspension



Removal From the Team

Attendance:

It is the policy of the Clermont Northeastern Local School district that an athlete must attend at least one-half of a school day attend practice or compete in an athletic event that day or evening. Students must arrive before 10:00 AM, and may not leave before 11:00 AM. A student must be present for 50% of the school day as defined in the districts attendance policy. The principal or designee may make exceptions to this rule(i.e. funerals, doctors notes) Time spent attending a school-sponsored activity will count toward satisfying this requirement (i.e. FFA, band competition, field trips).

Multiple Extra-Curricular Activities

The Athletic Department recognizes that our district with a smaller student population and a full complement of extra-curricular opportunities must, at times, share participants. Each student will have the opportunity for a broad range of experiences in extra-curricular activities. Before multiple participation in contests occurs, the student athlete and the sponsor/coach must meet the following guidelines before practice can take place:

1. Activity/team rules for each activity, must be signed by both the student and parents. **A primary sport must be declared.** This will be used to help avoid conflicts in scheduling.
2. When an athlete is attempting to participate on two athletic teams during the same season and one of the teams requires a tryout, "cuts" as part of its team selections, a student's availability for practices, games and team events may be considered for team selection. This may also be used as criteria in determining whether or not it is in the best interest of the student athlete to participate in multiple sports. When conflicts do arise, the sponsors/coaches and the Athletic Director will attempt to resolve the conflict in the best interest of the teams involved. If a solution cannot be found, then the principal will have to make the decision.

Sportsmanship For Parents And Spectators

- Always exhibit good sportsmanship.
- Emphasize good sportsmanship with your student athlete. Win or lose, they must show respect for their opponent, officials, and coaches.
- Berating officials, players, or coaches will not be tolerated. You may be denied your privilege to attend the event.
- Encourage all CNE Athletes to work hard, reach his/her potential, and contribute to the team in whatever role they have been given.
- Focus your energy toward being a supporter of the team and do not waste it tearing the team down. Every team is composed of three groups: athletes, coaches, and parents. Be a positive part of the team.

Parental Concerns

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit the children. As parents, when your children become involved in an athletic program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's team.



Communication you should expect from your child's coach:

1. Philosophy of the coaching staff.
2. Expectations the coach has for your child as well as all members on the squad.
3. Location and time for all practices and contests scheduled.
4. Team requirements (i.e., fees, special equipment, off-season conditioning).
5. Discipline which results in the denial of your child's participation.

Communication coaches expect from parents:

1. Concerns expressed directly to the coach.
2. Notification of schedule conflicts well in advance.
3. Specific concerns in regard to a coach's philosophy and/or expectations.

As your child becomes involved in the programs at CNE, he/she will experience some of the most rewarding moments of his/her life. It is important to understand that there may also be times when things do not go the way you or your child may wish. At these times, a discussion with the coach is encouraged.

Appropriate concerns to discuss with coaches:

1. The treatment of your child, mentally and physically.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child's not playing as much as you may hope. Coaches are professionals; they make judgment decisions based on what they believe to be best for all student athletes involved. As you have seen from the list above, certain things can be discussed with your child's coach. Other things, such as those listed next, must be left to the discretion of the coach.

Issues that shall **not be discussed with coaches :**

1. Playing time
2. Team strategy
3. Play calling
4. Other athletes / parents

Expressing Concerns

Communication with a coach is important. We promote the student athlete being his/her own advocate. The **student athlete** should discuss ALL concerns with the coach first. There are situations that may require a conference between coach and parent. It is important that both parties involved have a clear understanding of the other's position. Do NOT attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution. Repeated violations could result in disciplinary action toward the parent.

What to do if the meeting with the coach does not provide a resolution to the concern?

Call and set up an appointment with the Athletic Director to discuss the situation.



Chain of Command

The chain of command which shall be followed and enforced by all parties involved in the CNE Athletic program:

1. Coach
2. Athletic Director
3. Building Principal
4. Superintendent

General Awards: **Awards will be given only to those who remain in good standing and attend the awards ceremony (exceptions can be made by communicating with the Athletic Director)**

Athletic Participation Certificate: All 7-12 athletes who participate and complete a season in good standing will receive this certificate.

High Scholar Athlete Award: All 7-12 athletes who participate and complete a season in good standing while earning all A's or a 4.0 or above GPA during the season will receive this award.

Scholar Athlete Award: All 7-12 athletes who participate and complete a season in good standing while earning all A's and B's or a 3.0 GPA during the season will receive this award.(4.0 students will only receive the High Scholar Athlete Award)

Varsity Specific Awards:

1st Varsity Sport: Athletes will receive a Varsity "N" upon completion of their first varsity sport. Athletes will receive a pin the first year they Varsity letter in a sport, and a chevron for every subsequent varsity letter after receiving an "N".

2nd – 4th Year Award: Individual chevron for each additional sport specific varsity season.

SBAAC Scholar Athlete: Varsity athletes who participate and complete a season in good standing while earning a 3.5 GPA or above during the season will receive this award.

Senior Athlete Award: Senior athletes who participate and complete a season in good standing during the season will receive this award.

Coaches Awards: Additional awards including but not limited to Most Improved, Rocket Pride, and MVP may be given by varsity teams.

JV/Freshman Specific Awards:

Numbers: High School Athletes who participate and complete their first season will earn the last two numerals of their graduating class.

Reserve Patch: High School Athletes who participate and complete their first season on a JV team will earn their "Reserve Patch".



Middle School Specific Awards:

7th Grade “N”: All 7th grade athletes who participate and complete a season will receive a 7th grade “N” (Only one letter will be awarded).

8th Grade “N”: All 8th grade athletes who participate and complete a season will receive a 8th grade “N” (Only one letter will be awarded)..

Additional Training Expectations:

Training rules for each specific sport may be developed by the coach, and approved by the athletic director. Such rules shall be formally issued to each athlete. Activity/Team rules, signed by both the athlete and parent/guardian, must be returned to the head coach/sponsor before the student is allowed to practice or compete.

Each coach may impose reasonable punishment on the athletes violating training rules. If the violation and the punishment result in suspension, expulsion or removal, the process outlined in ORC 3313.66 shall be enforced.

Equipment:

Equipment and uniforms will be issued by the school. At the completion of the season, these uniforms and equipment will be collected **by the coach** on a date and time designated by the coach. If the uniform or equipment is not returned on or by that date, students will be ineligible to participate in any other sport (tryouts, practices, or contests) and/or will receive disciplinary action deemed appropriate by the Athletic Director, until all uniforms and equipment are returned. Payment for lost or damaged uniforms or equipment will be required. If an athlete has an unreturned uniform, transcripts may be held and participation in the graduation ceremony can be denied.

Workouts/Tryouts/Mandatory Practices:

Workouts/Conditioning are not mandatory events. As an athletic program and district we encourage all athletes who intend on playing a sport to attend as many workouts and conditioning events as they are able to help improve their craft and prepare them for the upcoming seasons. Academic Quiz Team and Cheerleading are not OHSAA sanctioned sports and their start times are subject to change based on coaches decisions.

Tryouts and mandatory practices are allowed to start on the dates listed below as allowed by the OHSAA.

Tryouts/mandatory practices may occur after these dates, but not before. Specific tryout schedules are set by Varsity Head Coaches and in communication with JV/Freshman/and Junior High staffs. It is the responsibility of any student interested in a sport to communicate with the head coach on tryout dates. Individuals who do not report with completed paperwork on the first date of tryouts/mandatory practices may not be given the opportunity to tryout in sports where “cuts” occur.

Start Date For High School Practice:

| | |
|---------------------------|--------------------------|
| Academic Quiz Team | 10/26/2020 |
| Baseball | 2/24/2021 |
| Basketball – G | 10/23/2020 |
| Basketball – B | 10/30/2020 |
| Bowling- B&G | 10/30/2020 |
| Fall Cheer | Tryouts 5/23/2020 |
| Winter Cheer | Tryouts 5/23/2020 |



| | |
|----------------------------|-------------------|
| Cross Country | 08/01/2020 |
| Football | 08/01/2020 |
| Golf- B&G | 08/01/2020 |
| Soccer- B&G | 08/01/2020 |
| Fast-Pitch Softball | 02/22/2020 |
| Tennis – G | 08/01/2020 |
| Tennis – B | 03/09/2021 |
| Track and Field | 02/22/2021 |
| Volleyball | 08/01/2020 |
| Wrestling | 11/13/2020 |
| | |



■ PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association - 2020 -2021

HISTORY FORM

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

Name: _____ Date of birth: _____

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) | | | | |
| <i>Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)</i> | | | | |
| | 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 ≥ 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? | | |

■ PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2020-2021
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 – 2020-2021

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, 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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| 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"> Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

^aConsider 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 – 2020-21
MEDICAL ELIGIBILITY FORM**

Name: _____ Date of birth: _____

☐ 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: _____

Address: _____ Phone: _____

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

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

**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 2020-2021

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 2020-2021
2020-2021 Ohio High School Athletic Association Eligibility and Authorization Statement

OHSAA FORM 2 of 4


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 Eligibility Guide and Checklist** <https://www.ohsaa.org/Portals/0/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://www.ohsaa.org).

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


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

Student Code of Responsibility


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


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


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


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


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


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


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



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

Returning to Daily Activities

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

Returning to Learn (School)

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

Resources

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

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

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

Brain Injury Association of America
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.

Athlete

Date

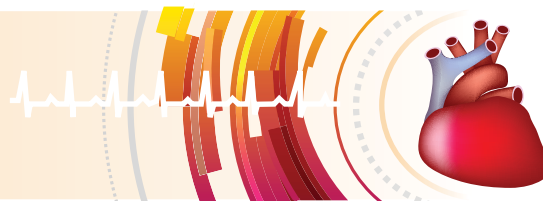
Athlete *Please Print Name*

Parent/Guardian

Date



Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

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

What is a Concussion?

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

Signs and Symptoms of a Concussion

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

Signs Observed by Parents of Guardians

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

Symptoms Reported by Athlete

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

Be Honest

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

Seek Medical Attention Right Away

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

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

The Dangers of Returning Too Soon

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

Recovery

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

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



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

Returning to Daily Activities

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

Returning to Learn (School)

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

Resources

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

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

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

Brain Injury Association of America
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.

Athlete

Date

Athlete *Please Print Name*

Parent/Guardian

Date



Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian

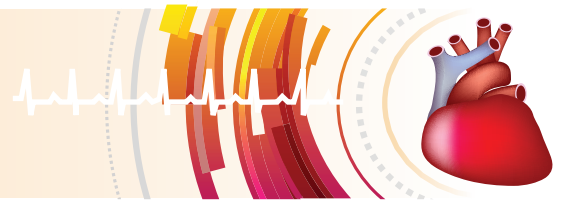


- **Lindsay's Law** is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- **Warning signs** in your family that you or your youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, see your health care professional:
 - Chest pain/discomfort
 - Unexplained fainting/near fainting or dizziness
 - Unexplained tiredness, shortness of breath or difficulty breathing
 - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or 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 and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
 - ❖ Link 1: Early recognition
 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

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) a 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 view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date