



2011 – 2012

HAMILTON TOWNSHIP HIGH SCHOOL

ATHLETE REGISTRATION PACKET

**Mark Beggrow, Director of Athletics
Hamilton Township High School
1105 Rathmell Road
Columbus, Ohio 43207
614-491-8044 ext. 1807 / 1808**

Paperwork that needs returned to the coach.

- Physical form, signed by parent and physician
- OHSAA Authorization Form(s) signed and filled out on both sides
- Emergency Medical Form
- Insurance Statement and Agreement, (Athlete must have insurance to participate)*See attached information regarding purchasing school insurance*
- *High School Athletes* Review the attached OHSAA Student-Athlete Eligibility Guide and keep for reference.
- *Middle School Athletes* Review the attached OHSAA Student-Athlete Eligibility Guide, keep pamphlet for reference, but turn in acknowledgement area requiring a parent(s) signature to the athletic department.
- Athletic Code of Conduct authorization page, signed by student and parent.



Ohio High School Athletic Association Preparticipation Physical Evaluation



DATE OF EXAM: _____

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Name _____ Sex _____ Age _____ Date of Birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____
In case of emergency, contact: Name _____ Relationship _____
 Phone (H) _____ (W) _____ (Cell) _____ (Cell) _____
 Email: _____

History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers in the space provided. Circle questions you don't know the answer to.

<p>1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Do you have an ongoing medical condition (like diabetes or asthma)? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Do you think you are in good health? <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Does your heart race or skip beats during exercise? <input type="checkbox"/> <input type="checkbox"/></p> <p>10. Has a doctor ever told you that you have (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</p> <p>11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) <input type="checkbox"/> <input type="checkbox"/></p> <p>12. Has anyone in your family died for no apparent reason? <input type="checkbox"/> <input type="checkbox"/></p> <p>13. Does anyone in your family have a heart problem? <input type="checkbox"/> <input type="checkbox"/></p> <p>14. Has any family member or relative died of heart problems or of sudden death before age 50? <input type="checkbox"/> <input type="checkbox"/></p> <p>15. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> <input type="checkbox"/></p> <p>16. Have you ever spent the night in a hospital? <input type="checkbox"/> <input type="checkbox"/></p> <p>17. Have you ever had surgery? <input type="checkbox"/> <input type="checkbox"/></p> <p>18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: <input type="checkbox"/> <input type="checkbox"/></p> <p>19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> <input type="checkbox"/></p> <p>20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: <input type="checkbox"/> <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper Arm</td><td>Elbow</td><td>Forearm</td><td>Hand / Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot / Toes</td></tr> </table> <p>21. Have you ever had a stress fracture? <input type="checkbox"/> <input type="checkbox"/></p> <p>22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> <input type="checkbox"/></p> <p>23. Do you regularly use a brace or assistive device? <input type="checkbox"/> <input type="checkbox"/></p> <p>24. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> <input type="checkbox"/></p>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes	<p>25. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>26. Is there anyone in your family who has asthma? <input type="checkbox"/> <input type="checkbox"/></p> <p>27. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> <input type="checkbox"/></p> <p>28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> <input type="checkbox"/></p> <p>29. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> <input type="checkbox"/></p> <p>30. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> <input type="checkbox"/></p> <p>31. Have you had a herpes skin infection? <input type="checkbox"/> <input type="checkbox"/></p> <p>32. Have you ever had a head injury or concussion? <input type="checkbox"/> <input type="checkbox"/></p> <p>33. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> <input type="checkbox"/></p> <p>34. Have you ever had a seizure? <input type="checkbox"/> <input type="checkbox"/></p> <p>35. Do you have headaches with exercise? <input type="checkbox"/> <input type="checkbox"/></p> <p>36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> <input type="checkbox"/></p> <p>37. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> <input type="checkbox"/></p> <p>38. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> <input type="checkbox"/></p> <p>39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> <input type="checkbox"/></p> <p>40. Have you had any problems with your eyes or vision? <input type="checkbox"/> <input type="checkbox"/></p> <p>41. Do you wear glasses or contact lenses? <input type="checkbox"/> <input type="checkbox"/></p> <p>42. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> <input type="checkbox"/></p> <p>43. Are you happy with your weight? <input type="checkbox"/> <input type="checkbox"/></p> <p>44. Are you trying to gain or lose weight? <input type="checkbox"/> <input type="checkbox"/></p> <p>45. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> <input type="checkbox"/></p> <p>46. Do you limit or carefully control what you eat? <input type="checkbox"/> <input type="checkbox"/></p> <p>47. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> <input type="checkbox"/></p> <p>48. Record the dates of your most recent immunizations (shots) Tdap _____ MMR _____ Hepatitis B _____ Chicken Pox _____ Meningococcal _____</p> <p>FEMALES ONLY</p> <p>49. Have you ever had a menstrual period? <input type="checkbox"/> <input type="checkbox"/></p> <p>50. How old were you when you had your first menstrual period? _____</p> <p>51. How many periods have you had in the last 12 months? _____</p> <p>Explain "Yes" Answers Here: (Attach additional sheets as needed) _____ _____ _____</p>
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes										

I (we) hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

Signature: _____ Signature: _____ Date: _____
Athlete Parent or Guardian (If athlete is under 18)

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

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.
 NOTE: HISTORY AND ALL CONSENT FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION

Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Students Name _____ Birth Date _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____, _____ / _____, _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues (Optional)

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.

Notes: _____

MEDICAL	Normal	Abnormal findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

Notes: _____

Clearance

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for:

Not cleared for: All Sports Certain sports: Reason: _____

Recommendations: _____

Emergency Information:

Allergies:

Other Information:

Name of Physician: (print/type/stamp)

(M.D., D.O., D.C.) Date: _____

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

Address: _____ Phone: _____

Signature of Physician: _____ Date: _____



OHSAA AUTHORIZATION FORM

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

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

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

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

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is 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
THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL

2011-2012 Ohio High School Athletic Association Eligibility and Authorization Statement


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


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


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


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

Student Code of Responsibility


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


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


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


 I will respect the property of others


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


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


 I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period of time as determined by the principal


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


 I understand that in the case of injury or illness requiring transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

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

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

 I understand that if I drop a class, take course work through Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.

 I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a competition due to a suspected concussion, he or she will be unable to return to competition that day without the written authorization from a physician (M.D. or D.O.) or an athletic trainer which indicates that the student has not been concussed. Further, I acknowledge that discussion took place and materials were provided to me on this topic by my school.

 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
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Parent's or Guardian's Signature	Date
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Hamilton Local Schools Emergency Medical Form

Student's Name (Last) _____ (First) _____ Age _____ DOB _____

Residential
Address _____ City _____ Zip _____ Grade _____

Parent/Guardian:

Mother's
Name: _____ Home# _____ Work# _____ Cell# _____

Father's
Name: _____ Home# _____ Work# _____ Cell# _____

Guardian's
Name: _____ Home# _____ Work# _____ Cell# _____

Please list additional emergency contacts

Name: _____ Relationship _____ Home# _____ Cell# _____

Name: _____ Relationship _____ Home# _____ Cell# _____

Emergency Medical Authorization

Part I: To Grant Consent

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/guardians cannot be reached. I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone#: _____

Dentist: _____ Phone#: _____

Local Hospital: _____ Phone#: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administrator of any treatment deemed necessary to above doctors, 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.

The 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 surgery.

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

_____ Date: _____

Parent/Guardian Signature: _____

Part II: To Refuse Consent

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following

Action: _____

Parent/Guardian Signature: _____ Date _____



HAMILTON

LOCAL SCHOOL DISTRICT

Office of Athletics

INSURANCE STATEMENT AND AGREEMENT

I, _____, do hereby certify that my son/daughter, _____, has adequate medical accident insurance coverage and permission is hereby granted for her/him to participate in interscholastic athletics without additional insurance coverage. I will not hold Hamilton Twp. High School or Hamilton Twp. High School Officials liable for my accident or injury that may occur in connection with these activities, nor will I hold them liable for allowing him/her to participate without school insurance coverage.

I further agree to assume all medical, dental, hospital, and other costs, not covered by my insurance, resulting from personal injury sustained by my son/daughter while participating in the inter-scholastic athletic program.

Insurance Company

Parent

Policy Number

Date

“Improving Achievement through Total Accountability and High Expectations”



2011-12 Edition

Student-Athlete Eligibility Guide

Published by the
Ohio High School Athletic Association

Ohio High School Athletic Association Overview

Participating in your school's interscholastic athletics program will provide some of your most memorable and enjoyable moments ever. Since your school is a member of the Ohio High School Athletic Association, there are standards that must be met in order to be eligible to compete.

The essential eligibility requirements in this publication are only a summary of some of the regulations affecting student eligibility. Most requirements are published in the *OHSAA Handbook*, which can be found in the offices of your principal and athletic administrator and is posted on the OHSAA web site (www.ohsaa.org). Your school district also has the authority to establish additional academic standards and codes of student or athletic conduct.

Any questions you have concerning the OHSAA standards or your athletic eligibility should be reviewed with your school principal or athletic administrator. You should also meet with these administrators **EVERY TIME** before you change your course schedule or drop a course. Should you transfer schools, you must follow up with your previous school and your new school to ensure that all proper forms have been submitted to the OHSAA.

The eligibility standards of the OHSAA have been adopted by the member schools and were accepted by your school when it became an OHSAA member. You are urged, as a student-athlete, to study these standards carefully since you are responsible for compliance with these standards.

Best wishes as you learn the valuable lessons that come with your participation in interscholastic athletics!

Student-athletes and parents have the opportunity to ask school administrators and/or coaches questions on OHSAA and school eligibility requirements, the school's Athletic Code of Conduct policy and other issues during preseason meetings that the OHSAA requires schools to hold no later than two weeks after the beginning of each sports season. Meetings should include showing a DVD prepared by the OHSAA that reviews key student eligibility issues and discussion on concussion management.

OHSAA Regulations On Scholarship

You may attend any public or non-public high school in which you are accepted when you enter high school (grade 9) from a 7th-8th grade school. In order to maintain eligibility for grades 9-12, you must be currently enrolled in a member school and have received passing grades in a minimum of five (5) one credit courses, or the equivalent, in the immediately preceding grading period.

Seventh- and eighth-grade students must be currently enrolled in a member school and have received passing grades in a minimum of five subjects that receive a grade or a pass/fail in the immediately preceding grading period.

- A student becomes a member of an interscholastic squad, and thus establishes eligibility, when he/she participates in a contest (scrimmage, preview or regular season game).
- You may not use summer school grades for failing grades received or lack of courses taken in the final grading period.
- Your semester or yearly grades have no effect on OHSAA eligibility.
- Those taking postsecondary school courses must comply with OHSAA scholarship regulations.
- The eligibility or ineligibility of a student continues until the start of the fifth school day of the next grading period, at which time the grades from the immediately preceding grading period become effective. **Note:** Check with your principal or athletic administrator to determine the exact date that eligibility will be restored.

OHSAA Regulations On Transfers

Once you establish your eligibility at a high school, a transfer to a different high school will mean you will be ineligible for athletics for one year from the date of enrollment in the new school.

- There are several exceptions to this regulation. To see if you qualify for an exception, you and your parents should arrange a meeting with your principal or athletic administrator.
- If your parent or legal guardian lives outside of Ohio, you are ineligible unless one of the exceptions to the regulation is met. These exceptions to the out-of-state residency rules are found in Bylaw 4-6.
- If additional questions concerning these regulations remain, school principals or athletic administrators should contact the OHSAA.

OHSAA Regulations On Semesters

After establishing ninth-grade eligibility, you are permitted eight (8) semesters of athletic eligibility.

- The semesters are taken in order of attendance once ninth-grade eligibility has been established.
- Semesters are counted toward eligibility whether you participate in interscholastic athletics or not.
- There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.

OHSAA Regulations On Home Schooling

If you are home schooled and also enrolled in an OHSAA member school in accordance with the school's board-adopted partial enrollment policy, you may be eligible for interscholastic athletics participation at the school where you are enrolled and attending.

- To be eligible, you must enter the OHSAA member school from the home school at the beginning of the school year after having been home schooled for at least one calendar year.
- Failure to meet the one-year provision will require you to be enrolled for a minimum of one grading period before eligibility can be granted.

OHSAA Regulations On Age

High school students (grades 9-12) who turn 19 years of age prior to August 1, 2011, are ineligible for interscholastic athletics.

Seventh- and eighth-grade students who turn 15 years of age prior to August 1, 2011, are ineligible for 7th-8th grade athletics but are eligible to participate in high school athletics.

- There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.

OHSAA Regulations On

Awards

You may receive awards as a result of athletic participation in interscholastic athletics from any source. However, the value cannot be more than \$200 per award.

OHSAA Regulations On

Amateurism

You will lose your amateur status and forfeit your eligibility if you:

- Compete for money or other monetary compensation.
- Capitalize on your athletic fame by receiving money, merchandise or services.
- Receive expenses or compensation from a sponsor unless that sponsor is a recognized amateur governing body or organization, recognized by a member school or is your parent or guardian.
- Sign a contract or make a commitment to play professional athletics.
- Receive services, merchandise or any form of financial assistance from a professional sports organization.
- Compete with a professional athletics team even if no pay is received.
- Enter into an agreement with a sports or marketing agent.

OHSAA Regulations On

False Information

If you compete under a name other than your own or provide a false address, you immediately become ineligible.

OHSAA Regulations On

Open Gyms

School officials may designate open gyms or facilities and the sports to be played. You may participate in open gyms or facilities provided:

- No one is limited from participating.
- No one is required to attend.
- No school officials invite selected students or determine the teams.
- No school officials transport students to either school or non-school facilities.
- No timing or written scoring is kept.
- No coaching or instruction is provided.

You may be declared ineligible for a maximum of one (1) year for violating these rules.

OHSAA Regulations On Instruction/Camps

You may attend camps, clinics and workshops that involve team play any time between June 1 and July 31.

- Team play means there is more than one player opposing one player.
- There is no limit on the number of students from the same school team that may participate on the same non-school team from June 1 to July 31.

You may receive instruction from a coach from a school team only:

1. During the season of the sport, or
2. For 10 days only from June 1 to July 31.

Note: Interscholastic coaches in the individual sports of bowling, golf, gymnastics, swimming & diving and tennis may coach athletes from the school where employed outside the interscholastic season of the sport.

Individual skill instruction may be received in any sport by a squad member at any time in individual lessons *provided* that these individual skill instructions do not violate any Board of Education, school administrators' or coaches' policies. Again, however, the school coach may not conduct individual or group lessons for a squad member in a team sport except during June 1 to July 31 and during the season of the sport.

Members of a school football team may play in non-contact football contests and attend non-contact team football camps at any time between June 1 and July 31. Remember, however, that the 10-day regulation for instruction from school coaches is in effect.

Note: It is a violation if a coach suggests your participation in an instructional program is mandatory.

OHSAA Regulations On Non-School Teams

A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football, ice hockey, soccer, softball and volleyball) may not participate in an athletic contest, tryouts or any type of team or group training or practices on or with a non-school squad in a team sport in the same sport during the school's interscholastic season.

- In individual sports of bowling, cross country, golf, gymnastics, swimming and diving, tennis, track and field and wrestling, however, you may practice and try out for a non-school team but may not compete in a contest.

A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football,

ice hockey, soccer, softball and volleyball) may try out, practice and compete on non-school teams before and after the school season provided:

1. The number of students from the same school on the roster of the non-school team is limited to five (5) students in the sports of soccer, field hockey and ice hockey; four (4) students in the sports of baseball and softball; three (3) students in the sport of volleyball, and two (2) students in the sport of basketball. School football team members are prohibited from competing on non-school teams except from June 1 to July 31. **Note:** Seniors are exempt from these limitations after the conclusion of their sport season. In addition, there is no limit on the number of students from the same school team that may participate on the same non-school team from June 1 to July 31.

2. You have no contact with school coaches while on a non-school team other than the 10 days permitted between June 1 and July 31.

- You may be declared ineligible for the remainder of the school season for violating these rules during the school season.
- You may be declared ineligible for the next season for violating these rules outside the school season.
- A senior may be declared ineligible for the remainder of the school year for violating these rules.

Note: Check the OHSAA Sports Regulations (available on the OHSAA web site) for the date you must cease participation on non-school teams in order to be eligible for OHSAA tournament competition along with penalties for non-compliance with this date.

OHSAA Regulations On Recruiting

You will be declared ineligible if you are recruited by a person or group of persons to change schools. Any attempt by you to recruit a prospective student-athlete for athletic purposes is also prohibited. A violation may also affect the eligibility of the school team.

OHSAA Regulations On Alcohol, Tobacco, Drugs

You are prohibited from using any form of alcohol, tobacco or illegal drugs at the playing site of an interscholastic contest. The penalty is disqualification from that contest, and you will likely face additional school and/or legal penalties.

OHSAA Regulations On Steroids and Performance-Enhancing Drugs

If you use anabolic steroids or other performance-enhancing drugs, you are ineligible for interscholastic competition until medical evidence indicates that your system is free of these items.

OHSAA Regulations On Preparticipation Evaluations and Consent Forms

Each year you must submit a physical examination form signed by a medical examiner before you begin practice for a school sport. In addition, your parents/guardian and you must sign the OHSAA Authorization and Consent Forms.

- Procedures will be reviewed by school officials.
- Physical examinations are valid for one year from the date of the exam except for those that take place from May 1-June 1. Those exams are valid for one year plus through the end of the next school year.

OHSAA Regulations On Sporting Behavior

You are expected to accept seriously the responsibility and privilege of representing your school and community while participating in interscholastic athletics. You are expected to:

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

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

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

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

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

OHSAA High School Eligibility Checklist

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

- I am officially enrolled in an OHSAA member high school.
- I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.
- I received passing grades in at least five one credit courses or the equivalent, each of which count toward graduation, during my last grading period.
- I have at least one parent living in Ohio.
- I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.
- If I have changed schools (transferred), I have followed up with my previous school and my new school to ensure that all proper forms have been submitted to the OHSAA.
- I have not been enrolled in high school for more than eight semesters.
- I did not turn 19 before August 1, 2011.
- I have not received an award, equipment or prize valued at greater than \$200 per item.
- I am competing under my true name and have provided my school with my correct home address.
- I have not competed in a **mandatory** open gym/facility, conditioning or instructional program.
- I have not been coached or provided instruction by a school coach in a team sport or cross country, track & field and wrestling other than during my sport season or for no more than 10 days between June 1 and July 31 (applies to team sports only).
- I am not competing on a non-school team during my school team's season.
- I have not been recruited to attend this school.
- I am not using anabolic steroids or other performance-enhancing drugs.
- I have had a physical examination within the past year and it is on file at my school.
- My parents and I attended a preseason meeting at my school which the OHSAA requires to be held no later than two weeks after the beginning of each sports season. We viewed a DVD prepared by the OHSAA to review key eligibility issues and address sporting behavior.
- My school reviewed its concussion management protocol and my parents and I reviewed a short presentation on concussions that is available at no cost at www.nfhslearn.com.
- My parents and I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement and they are on file at my school.