

Kalida Athletic Department

301 N. Third St., Box 269; Kalida, Ohio 45853
<http://kalida.k12.oh.us>
Phone: 419-532-3529 Fax 419-532-3581



Athletic Physicals for 2020-2021 School Year

All students entering grades 7-12 for our next school year must have a physical on file before they begin practicing with any athletic team. This year due to the coronavirus, there will be no FREE physicals for any student who is going to be in grades 7-12 during the upcoming school year. Note: According to OHSA regulations, a physical must be done May 1 or after to be valid for the next school year.

Attached is a packet of information that needs to be completed before going to the physical examination. Do not fold, bend, or tear the packet apart. Please note when completing the physical packet:

The PARENT/GUARDIAN and STUDENT must:

- 1) Complete History Form front and back and sign on the back
- 2) Complete Athletes with Disabilities Form if applicable
- 3) Fill out name and date of birth on Physical Examination Form
- 4) Fill out name and date of birth on Medical Eligibility Form and shared emergency information section
- 5) Fill out information and sign OHSA Authorization Form (Page 1)
- 6) Fill out information and sign OHSA Authorization Form (Page 2)
- 7) Read Ohio Department of Health Concussion Information Sheet and sign
- 8) Read Sudden Cardiac Arrest and Lindsay's Law and sign
- 9) Read and fill out the ImPACT Consent Form and sign

Also included for your completion is an Emergency Medical Form (fill out and SIGN the front side and fill out the back side), SIGN the St. Rita's Medical Information Release Form, and the Extra-Curricular Activities Code of Conduct (Page 7 of this document needs to be signed by the student and parent).

Each student will need to bring the entire packet with the completed forms with them to their appointment. If a student wears corrective lenses/contacts, please bring or wear them to the appointment in order to complete the eye exam. The entire completed packet will need to be brought back to the school. If there are any questions, please contact the Athletic Director, Adam Huber at (419) 532-3545.

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■ 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)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

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

(A sum of ≥ 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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • 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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

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

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

Address: _____ Phone: _____

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

**PREPARTICIPATION PHYSICAL EVALUATION - OHIO
HIGH SCHOOL ATHLETIC ASSOCIATION - 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/headsuptobasics/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.

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

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and 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*

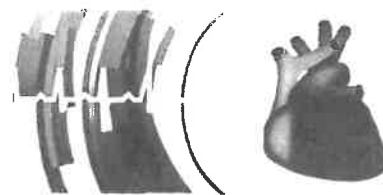
Parent/Guardian

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



Dear Parent/Guardian,

Kalida High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Kalida High School administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures.



Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport _____

Signature of Athlete

Date

Signature of Parent

Date

2020-2021 Emergency Medical Authorization Form
O.R.C. 3313.712
KALIDA HIGH SCHOOL

Student Name _____ Telephone _____ Grade _____
Parent Email Home _____ Residence Address _____
Work _____ Mailing Address _____

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.

Contacts

<u>Contact Type</u>	<u>Emergency</u>	<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>	<u>Ext</u>
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____

Medical Conditions

Please list or update list to include facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____	Phone _____
Dentist _____	Phone _____
Medical Specialist _____	Phone _____
Local Hospital _____	Phone _____

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

The authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of such 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: _____ Signature of Parent/Guardian _____
Address: _____

PART II - REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment.

I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian _____
Address: _____

Supplemental Information

Student's Birthday: _____ Grade: _____
Teacher/Homeroom: _____ Date of Last Tetanus: _____
Student resides with (circle all that apply) Mother Father Stepparent Guardian/Other: _____

Additional Contact Information for those who have authority to make decisions in an emergency situation involving this student.

Mother: _____	Home #: _____	Work #: _____	Mobile #: _____
Father: _____	Home #: _____	Work #: _____	Mobile #: _____
Stepparent: _____	Home #: _____	Work #: _____	Mobile #: _____
Guardian: _____	Home #: _____	Work #: _____	Mobile #: _____
Alternate: _____ (relative or child care provider)	Home #: _____	Work #: _____	Mobile #: _____

FIELD TRIP PERMISSION

My child (name) _____ has permission to participate in school sponsored field trips during the school year.

Signature of Parent: _____

REQUEST FOR RELEASED TIME

I hereby request released time for (name) _____ for the purpose of attending religious exercises in the program.

Signature of Parent: _____

PUBLICITY PERMISSION

The Kalida School hereby has my permission to release pictures and articles of a positive nature concerning my child, (name) _____
to the newspapers or other public media.

Signature of Parent: _____

INSURANCE WAIVER

My child _____ is covered by our personal insurance policy for any injury which may occur in the performance of an athletic event or marching band. We assume responsibility for injuries caused in the normal course of the activity.

INSURANCE COMPANY _____

_____ We do not wish to participate in any insurance plan even though we realize the school is not responsible for injuries that are incurred and our child cannot participate in any athletic program without accident insurance coverage.

Signature of Parent: _____

Parent or guardian in military? Yes _____ or No _____

If Yes, which branch of service? _____



Medical Information Release for 2020-2021 School Year

We are the parent(s)/legal guardian(s) for a minor student athlete or I am an adult student athlete (18 years or older) and understand that the school I/my/our child attend(s) is under contract with Mercy Health-St. Rita's Sports Medicine to provide athletic training services for their student athletes.

I/we understand that health information related to me or my/our student athlete should be protected, but in order to provide the best treatment and the best opportunity for a safe and quick return to athletic activities, there may be instances in which the Certified Athletic Trainer (AT) should discuss information with regard to a student athlete's condition with others. Therefore, when injuries or medical conditions arise that require the AT's intervention, I/we give my/our permission for any AT from Mercy Health-St. Rita's Sports Medicine who is involved in my/our student athlete's care to discuss pertinent health information including, but not limited to, the type of injury/condition, the plan for treatment, and any athletic/sports participation limitations, with the following individual(s) when the situation warrants: team physician (where applicable), treating physician, family physician, dentist, emergency medical personnel, medical center/hospital personnel, coaching staff, athletic director, other AT(s), any health care provider or facility currently treating me or my/our student athlete, and me/us. The AT will communicate with the aforementioned individuals on an as needed basis and will use professional discretion and judgment to protect the student athlete's Personal Health Information (PHI). This release shall provide permission for any health care provider/facility, which is currently treating, or has treated me or my/our student athlete, to release information directly to the AT as part of the continuum of care.

This disclosure may include records protected by federal confidentiality rules. The federal rules prohibit the AT from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2."

I/We understand that should a change be desired in the type of PHI to be discussed or with whom it can be shared, the individual who initially signed this release must make the request in writing and contact the AT. (Should a student athlete become 18 years of age during the school year, the now adult student athlete would be able to make these changes.) I/we understand that should I/we revoke/change this authorization, the revocation/change will not cover any action that has already been taken by Mercy Health-St. Rita's Sports Medicine during the original granted authorization. I/we also understand that verbal approval may be given directly to the AT by the parent, guardian, or adult student athlete for a specific, single episode of communication and will be documented by the AT.

I/We have read and understand the above document.

▽ If this document is part of an on-line electronic signature process through your high school, then the electronic signature completed as part of that process will act as an electronic signature for this document during the academic year of 2020-2021.

▽ If this document is presented by your school in hard copy form, please print, sign, and date below, and will be in effect for the academic year of 2020-2021.

Print: Student Athlete Name: _____

Parent/Guardian Name: _____

Signatures: Student Athlete: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

KALIDA JUNIOR HIGH AND HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES CODE OF CONDUCT

Philosophy and Objectives:

Extra-Curricular Activities (ECA) are an inherent part of the total education program for students in secondary schools. When properly organized and conducted ECA provide numerous opportunities for students to participate in activities which promote growth and development, teach social and recreational skills, and develop leadership qualities. These values are more readily attained when the program is based upon accepted standards and practices developed by professional leaders in education, the community, and the Ohio High School Athletic Association.

Kalida High School is a member of the Putnam County League (PCL) and the Ohio High School Athletic Association (OHSAA) and will adhere to the principles, policies, and regulations prescribed by these organizations governing amateur athletics.

The success of our ECA program is primarily dependent on the dedication and commitment of the young men and women who participate. These students not only represent our school and our community throughout the state of Ohio, but they are also role models for all the younger boys and girls who look up to them. Since participation in ECA is a privilege and not a right, students are required to uphold a high standard of behavior, academics, and attendance.

The rules and regulations of the Kalida High School ECA Code apply to each student and are in effect 24 hours a day, seven days a week from the first day of organized practice until the team awards have been presented. Failure to follow the rules and regulations as stated in this policy is cause for, and could result in, a denial of participation for a specific number of contests or for the remainder of the school year. Each student shall meet all requirements in the Ohio High School Athletic Association Bylaws and the Kalida Board of Education rules affecting ECA in order to be eligible to participate.

Academic Eligibility:

The Kalida Local School Board sets forth minimum academic requirements which students must meet in order to be eligible to participate in ECA. The Kalida Board of Education has adopted the following policy concerning ECA eligibility.

No policy of the Kalida Local Schools will reduce the expectations outlined in the policies of the Ohio High School Athletic Association.

Current OHSAA Policy:

Grades 9-12:

In order to be eligible for athletics in grades 9-12, a student must be currently enrolled and must have been enrolled in school the immediately preceding grading period. During the preceding grading period, the student must have received passing grades in a minimum of five one-credit courses or the equivalent which count toward graduation. Incoming 9th graders must have passed a minimum of five of all subjects carried the preceding grading period in which the student was enrolled.

A link to the complete High School Eligibility Guide can be found at:

<http://www.ohsaa.org/eligibility/EligibilityGuideHS.pdf>

Grades 7 & 8:

A student enrolling in the seventh grade for the first time will be eligible for athletic purposes for the first grading period regardless of the previous academic achievement. Thereafter, in order to be eligible, a student in grade 7 or 8 must be currently enrolled in school the immediately preceding grading period and received passing grades during that grading period in a minimum of five of those subjects in which the student received grades.

A link to the complete 7th & 8th Grade Eligibility Guide can be found at:
<http://www.ohsaa.org/eligibility/EligibilityGuideMS.pdf>

The academic 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. **EXCEPTION:** Eligibility or ineligibility for the first grading period commences with the start of the fall sports season.

Kalida Local Schools Eligibility for all ECA.

- A. In order to be eligible for extra-curricular participation a student in grades 7-12 must have a grade point average of at least 1.0 for the preceding nine week grading period. A student enrolling in the seventh grade for the first time will be eligible regardless of previous academic achievement.
- B. In order to be eligible for extra-curricular participation a student in grades 7 -12 must have received no more than one (1) failing grade during the preceding nine weeks grading period.
- C. Provision for regaining eligibility. Students who lose their eligibility may regain eligible status provided they have at least a 1.0 GPA at mid-term time or receive no more than one "F" at mid-term time. Eligibility status can be regained (five) 5 days after mid-term grades are due from the teachers. **This does not apply to athletic activities. Once an athlete is determined to be academically ineligible, eligibility may only be regained at the conclusion of the next grading period.**

Eligibility is based on the nine weeks before the activity begins. For example, in order to be eligible for next fall's activities, a student must meet grade requirements during the fourth nine weeks of the previous year. Second quarter's eligibility is determined during the first nine weeks, etc. Only first quarter seventh grade students are exempted from this regulation; by OHSAA and the Kalida Board of Education rules, all new seventh grade students are automatically eligible as they begin junior high school.

Additional Eligibility Requirements:

1. To fulfill the attendance requirements for ECA, students must be in attendance for a minimum of **the second half of the day**. To meet this requirement, students must arrive to school by **12:00 p.m.** Students who do not meet this condition are not eligible for practice or competition that day.
 - a. Attendance requirements for students on an approved work-study program will be determined by the principal and athletic director in accordance with state regulations.
 - b. Attendance requirements may be waived with the principal's permission.

2. An athlete who quits one sport is ineligible to compete in another sport during the same season. Beginning and ending dates for each athletic season are determined by the OHSA.
3. An athlete who has tried out for a sport and has not been chosen for the team may participate in another sport during that season.
4. Students who wish to participate in two sports (including cheerleading) during the same season, must meet with the principal and athletic director prior to the start of the seasons to determine which sport will be their primary sport should conflicts occur.

EXPECTATIONS OF STUDENTS

1. The student will follow the rules and regulations as written in the Kalida Junior/Senior High School Handbook and this ECA Code.
2. Detentions assigned for misconduct in the classroom or for violation of the student handbook will take precedence over practices, activities, and contests. Therefore, if a student has a detention to serve at the same time of a practice or contest, he/she must serve the detention.
3. Good attendance is expected of all students; a pattern of absences or tardiness before or after competitions/activities will not be tolerated.
4. Students will conduct themselves in an appropriate manner while riding the school bus to and from games, scrimmages, activities, etc. The bus driver deserves the same respect as teachers, coaches, etc.
5. Students will play the game and leave the judgment for the contest to the officials.
6. Students are expected to take pride in their dress and grooming. Personal appearance shall be neat and reasonable, as established by school and team standards. If a uniform is not worn to and from a contest, the school dress code will apply.
7. The coach/advisor has the right to call and know the whereabouts of a student any time during the season if a curfew is in effect for the activity.

TRANSPORTATION

All students must travel to and from away contests in transportation provided. Alternative transportation may be allowed with 24-hour notice under the following conditions:

1. Signed note by parent or guardian
2. Coach's/advisor's signature on the note.
3. Note back to the coach/advisor.
4. Alternate transportation **must** be with parent or guardian.
5. In case of emergencies, alternative arrangements may be made.

MAJOR VIOLATIONS

1. A student shall not possess, use, transmit, offer to sell, conceal, or be under the influence of illegal drugs, look alike drugs, those drugs prescribed for someone else, alcohol, tobacco, or tobacco products.
2. A student shall not commit the following: theft, vandalism, assault, or insubordination. This clause also deals with assault and/or fighting with schoolmates, team members, managers, cheerleaders, officials, fans, and school personnel from either team or school.
3. A student shall not commit behavior or acts that bring embarrassment to the team, the coach/advisor, the schools involved, or our community.
4. A student convicted of a misdemeanor crime by a court of any jurisdiction during the current sport/activity is also subject to disciplinary action under this category.
5. If a student is convicted of a felony during the current sport/activity, this will be considered a third major violation.
6. **All Personal Communication Devices (PCDs), including but not limited to those with cameras, may not be activated or utilized at any time in any school situation where a reasonable expectation of personal privacy exists. These locations and circumstances include, but are not limited to, classrooms, gymnasiums, locker rooms, shower facilities, rest/bathrooms, and any other areas where students or others may change clothes or be in any stage or degree of disrobing or changing clothes. The Superintendent or building principals are authorized to determine other specific locations and situations where use of a PCD is absolutely prohibited.**

All reasonable reports of violations will be investigated by the coach/advisor or athletic director.

MAJOR VIOLATION CONSEQUENCES

Note: Penalties will accumulate throughout the school year.

1. First Offense:

The student will be denied participation from interscholastic competition for two contests or two scheduled activities (one if self-reported). During this denial of participation, the student must attend all practices/activities. Students who are absent from a suspended activity will have their suspension moved to the next activity. Any student splitting time between two teams will not be permitted to participate in either activity on the next scheduled date. If the split activities do not occur on the same date, the student must sit out the higher status (i.e. varsity) contest.

If the denial of participation occurs late in the activity/season and/or prior to the awards assembly, the student will receive his/her awards from the school office.

If the offense involves the use of tobacco, alcohol and/or drugs, in order to regain eligibility in the Kalida High School Athletic program the student must complete an intervention program. There is currently a Tobacco, Alcohol and Drug intervention program available through Pathways Counseling Center at a cost of \$80. The cost of this program is the responsibility of the student and their family. An alternate intervention program may be used if it is court ordered and approved by the principal.

2. Second Offense:

The student will be denied participation from interscholastic competition for four contests or four scheduled activities (two if self-reported). During this denial of participation, the student must attend all practices/activities. Students who are absent from a suspended activity will have their suspension moved to the next activity. Any student splitting time between two teams will not be permitted to participate in either activity on the next scheduled date. If the split activities do not occur on the same date, the student must sit out the higher status (i.e. varsity) contest.

If the offense involved the use of alcohol and/or drugs, the student is required to have a drug and alcohol assessment completed through an accepted professional program. The parents/guardians are responsible for the costs of such a program. Written verification must be provided for completion of the assessment. If the assessment is not completed in a timely fashion, the student will be denied participation from all activities for the remainder of the school year. The principal will evaluate the appropriateness of professional programs.

If the denial of participation occurs late in the activity/season and/or prior to the awards assembly, the student will receive his/her awards from the school office.

3. Third Offense:

If a third offense occurs during the activity season, the student will be considered to have removed himself/herself from the activity. Further participation in the activity will be denied.

4. Definition of Self-Reporting:

A student who reports a major violation of the ECA Code, or an ongoing problem with the activities described in the Major Violation Section of this policy to their coach, advisor, athletic director, or principal is considered to be self-reporting. Situations in which the coach, advisor, athletic director or principal would discover the violation through minimal investigation anyway are not covered by the self-reporting clause in this policy. For example, a student who is arrested and will appear in court cannot then self-report in an effort to reduce the consequences outlined in this policy.

5. Consequences for Non-Athletic Programs and Activities:

Since the main purpose of Kalida Local Schools, and the ECA Code, is to educate our students, those who commit major violations of the ECA Code will be required to attend an intervention program in order to be eligible to continue to participate in their extra-curricular activities. There is currently a Tobacco, Alcohol and Drug intervention program available through Pathways Counseling Center at a cost of \$80. The cost of this program is the responsibility of the student and their family. An alternate intervention program may be used if it is court ordered and approved by the principal. Other consequences may be issued by the activity adviser, but should be communicated to the participants at the beginning of the school year.

ECA CODE DUE PROCESS

A report of a major violation of the ECA code is a serious situation. After being apprised of a possible violation, the coach, with the aid of the athletic director or the advisor, shall investigate the allegations. The coach/advisor has an obligation to follow this procedure on any reported rule violation. The building principal will be informed of the problem. After careful consideration, if the coach/advisor believes a major violation has occurred, the coach/advisor and/or athletic director will:

1. Provide the student with a written explanation, detailing the reasons for the denial of privileges and notification of the intent to deny privileges.
2. Contact parents and provide them with the same written materials.
3. Institute due process by providing an opportunity for the student and parent or guardian to be heard by the coach/advisor.
4. Provide for the student's right to appeal if the athlete and his/her parent disagree with the decision of the coach/advisor. Denial of participation remains in effect during the appeal process.
 - a. The parents must write a letter to the athletic director/principal explaining their objection to the judgment of the coach/advisor. This letter must be received within five calendar days of the initial written notification of the denial of privileges.
 - b. A Hearing Committee will hear the appeal within 48 hours. This committee will include the high school principal, a different sport head coach or activity advisor, the school board representative, and a parent. Only the student and his/her parent or legal guardian are to be present at the hearing.
 - c. Subsequent appeals may be made to the superintendent of schools and the board of education.

RULES FOR INDIVIDUAL ACTIVITIES

Each coach/advisor must use this code as a basis for his/her activity. However, if a coach/advisor feels that additional rules should be added for his/her individual activity, each has that option. Additional rules must be written and attached to this basic code. Additional rules given to the students must be on file in the principal's office and be board adopted.

The National Honor Society has specific rules that are outlined by their National Organization. Members inducted into the NHS will be given copies of the rules and expectations for their organization and be informed of their potential consequences.

RESPONSIBILITIES

It is the responsibility of the athletic director to furnish each head coach with sufficient quantities of this policy for each student covered by the ECA Code. The high school principal will furnish activity advisors with copies.

It is the responsibility of each coach/advisor to furnish each student with a copy of this policy and to record that the final page has been returned signed by the student and the parent or legal guardian of the student. Parent meetings for this purpose are strongly encouraged.

It is the responsibility of each student covered by the ECA Code to return the final page signed as stated above to be eligible for his or her particular activity.

NOTICE TO PARTICIPANT

Please complete this page, detach, and return it to your coach/advisor by the date s/he specifies. This must be returned on or before the first day of organized activity or a prior date established by the coach or advisor.

I _____, parent, guardian, or legal custodian of _____ have read the Kalida ECA Code and agree that my son, daughter, or ward will abide by the philosophy, objectives, and training rules as specified in the Kalida ECA Code and any additional rules as supplied by the coach.

(Signature of Parent or Guardian)

(Date)

I _____, the student participant, have read the Kalida ECA Code and any additional rules as supplied by the coach/advisor, and agree that I will abide by the philosophy, objectives, and training rules as specified by the Kalida ECA Code and any additional rules as supplied by the coach while participating in any extra-curricular season.

(Signature of Student)

(Date)

This applies to all activities the student participates in during the school year which are covered under this policy.

Non-Athletic Extra-Curricular Activities Covered Under the ECA Code:

National Honor Society	Student Council	Academic Team
Future Farmers of America	Foreign Language Club	Pep Band
Cats Who Care	Class Officers	School Musical

Athletics Covered Under the Extra-Curricular Code:

Boys / Girls Cross Country	Golf	Boys / Girls Soccer
Volleyball	Boys / Girls Basketball	Cheerleading
Baseball	Softball	Boys / Girls Track
Swimming		

