



**Wickliffe City Schools – Athletic Department
Athletic Form Packet
2022-23 School Year**



Name: _____

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Note: Links to the WCS Athletic Handbook, OHSAA Presentation, WCS Athletic Participation Fee Form, Ohio Department of Health Concussion Information, and Ohio Dept. of Education Sudden Cardiac Arrest Video/Information can all be found on the WCS Website in the Athletics Section (Both Middle and High School Athletics).

A valid OHSAA Physical Exam form is also needed on file in order to participate on an athletic team. Student-athletes with an expired or no OHSAA Physical Exam form on file will be unable to participate in any practices/contests. Infinite Campus will be used for Emergency Contact Information

Hard copies of the information are available upon request.



Insurance Waiver for WCS Interscholastic Athletics



_____, a student in the Wickliffe City School System, is covered by the following medical insurance policy:

Name of Company: _____

Policy Number: _____

Certified by: _____
(Insurance Agency)

In case of injury, while participating in interscholastic athletics, we the parent(s)/guardian(s) of the above named student will not hold the Wickliffe City Schools or any of the school personnel, or the Personal Service Insurance Company responsible.

Acknowledgement and Compliance of WCS Handbook, OHSAA Preseason Presentation, and WCS Participation Fees

I have read/viewed and understand the Wickliffe City Schools Athletic Handbook and OHSAA Preseason Presentation. I agree to fully comply with the policies/protocols explained in the WCS Athletic Handbook and OHSAA Preseason Presentation. I have viewed Athletic Participation Fee Information and understand that the fee I am paying does not guarantee playing time, control over any conditions of the team/squad, and is **non-refundable** except as indicated. I also understand that fee payment does not alter Board Policies, school conduct code, OHSAA regulations or team/squad rules

Participant Printed Name: _____ Date: _____

Participant Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

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



OHSAA AUTHORIZATION FORM | 2022-2023

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

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

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

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

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

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

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

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature

Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): Parent Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable

Date

A copy of this signed form has been provided to the student or his/her personal representative

PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

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

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

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

Student Code of Responsibility

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

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

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

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

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

***Must Be Signed Before Physical Examination**

Student's Signature

Birth Date

Grade in School

Date

Parent's or Guardian's Signature

Date

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

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

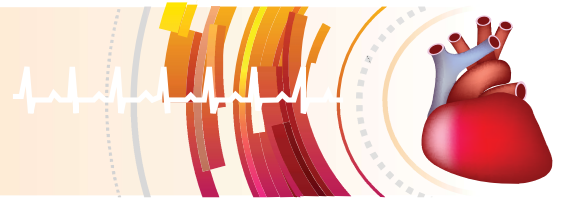
Athlete *Please Print Name*

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

**WICKLIFFE CITY SCHOOL DISTRICT
WAIVER OF LIABILITY, INDEMNIFICATION, AND RELEASE OF ALL CLAIMS**

Parent/Guardian Name (Student if 18 years of age or older)

Address City Zip

Phone number(s) Email(s)

PARTICIPANT	ACTIVITY	GRADE	D.O.B
	Athletics		
	Athletics		
	Athletics		

IN CONSIDERATION of the Participant being permitted to utilize the athletic facilities, services, equipment, and/or athletic programs of the Wickliffe City School District, the parent/guardian on behalf of Participant and/or Participant on behalf of myself (if 18 years of age or older) agrees, represents, acknowledges, and understands as follows:

By signing on the line below, as parent/guardian of the Participant(s) listed above, or signing below for myself as a Participant (if 18 years of age or older) I agree that Participant is personally responsible for his/her safety while using the facilities, equipment, services and programs of the Wickliffe City School District and while participating in, observing and/or attending extracurricular activities and/or programs held by the Wickliffe City School District.

Participant affirms he/she is in good health and can participate in all activities and has informed the Wickliffe City School District of any special considerations or health problems (medications, allergies, etc.) relevant to his/her participation in such activities. Participant agrees to comply with the Ohio Department of Health orders, protocols, and rules, and further agrees to comply with Wickliffe City School District policies, guidelines, protocols, instructions and signage, and OHSAA by-laws, guidelines, policies, protocols and rules, if applicable. Because the Wickliffe City Schools are open for use by other individuals, Participant recognizes that he/she is at higher risk of contracting any illness or communicable disease, including but not limited to COVID-19.

COVID-19 is a respiratory disease that can result in serious illness or death. The virus is spread between individuals who are in close contact with each other (within about six feet), primarily through respiratory droplets produced when an infected person coughs or sneezes. It may be possible that individuals can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.

With full awareness and appreciation of the risks involved, I, parent/guardian on behalf of Participant and/or Participant on behalf of myself, agree to release the Wickliffe City School District Board of Education, its officers, agents, members, and employees (collectively referred to as the "Released Parties"), in their official and individual capacities, from any and all claims, liability, or demands for damages against the Released Parties for any expense, monetary damage, property damage, personal injury, sickness, illness of any nature whatsoever (including physical or emotional), or death, which may be sustained or incurred by Participant in connection with his/her participation and/or related to COVID-19, including as a result of any negligent or reckless acts or omissions of the Released Parties, or any negligent, reckless, willful, or intentional acts or omissions of any other individual. I, parent/guardian on behalf of Participant and/or Participant on behalf of myself, further agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to Participant's use of the Wickliffe City School District's facilities, tools, equipment, materials, programs, and both on-site and off-site programs affiliated with the Wickliffe City School District whether caused by the negligent, reckless, willful, or intentional acts or omissions of the Released Parties or otherwise specifically related to COVID-19.

It is the Participant's express intent that, to the fullest extent allowed by law, this Waiver and Release: (1) shall bind Participant and the members of his/her family, as well as his/her family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased; (2) shall be construed as a release and waiver of any and all claims against the Released Parties by any person in their individual or representative capacities arising out of or related in any way to Participant's participation in and/or utilization of the athletic facilities, services, equipment, and/or athletic programs of the Wickliffe City School District; and (3) shall be construed as an agreement to defend, hold harmless, and indemnify the Released Parties for any and all claims, demands, and liabilities, arising out of or related in any way to the Participant's participation in and/or utilization of utilize the athletic facilities, services, equipment, and/or athletic programs of the Wickliffe City School District.

Participant agrees that this Waiver and Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Waiver and Release shall be held illegal, unenforceable, or in conflict with any law governing this Waiver and Release, the validity of the remaining portions shall not be affected and shall remain valid and enforceable.

FOR STUDENT (UNDER THE AGE OF 18) PARTICIPANT:

I state that I am the PARENT / GUARDIAN (circle one) of _____ (*name of Participant*), and am fully competent to sign this Release and Waiver on Participant's behalf; that I have read and understood its terms; that I am sufficiently informed about the risk involved in using the Wickliffe City School District's facilities, including those associated with COVID-19; and that I sign this Release and Waiver for full, adequate, and complete consideration fully intending for Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

Signature of Parent/Guardian: _____ Date: _____

FOR ADULT STUDENT (18 YEARS OF AGE AND OVER) PARTICIPANT:

I state that I am fully competent to sign this Release and Waiver; that I have read and understood its terms; that I am sufficiently informed about the risks involved in using the Wickliffe City School District's facilities, including those associated with COVID-19; and that I sign this Release and Waiver for full, adequate, and complete consideration fully intending for myself, my family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

Print Name: _____ Signature: _____ Date: _____