

Warner Public Schools

Extra-Curricular Activities Documentation for 16-17 School Year

Thank you for your cooperation. To remain in compliance with OSDE and OSSAA requirements, the cooperation of parents/guardians is greatly appreciated. There are multiple areas in which parents/guardians are required to sign in this year's packets. Good luck in the upcoming season.

Page 1-2- OSSAA Physical Examination Form- ***Parent/Guardian signature/Athlete signature needed on Pg 2***

Page 3-4- OSSAA Sudden Cardiac Awareness Sheet- For informational purposes only

Page 5-6- OSDE Required Concussion Information Sheet- ***Parent/Guardian/Athlete signature needed on Pg 6***

Page 7-8- OSSAA Sudden Cardiac Awareness Acknowledgement Sheet/ OSDE Head Injury/Concussion Acknowledgement Sheet- ***Parent/Guardian/Athlete Signature required on Pg 7 and Pg 8***

Page 9-10- Extracurricular Drug/Alcohol Policy- ***Student Signature needed on Pg 9 and Parent/Guardian Signature needed on Pg 10***

Page 11-12- OSSAA form for ALL 9th Grade Students- ***Parent/Guardian and Student signature needed on Pg 11***

Pg 13-14- WHS Emergency Care Permission Form/ Code of Conduct- ***Parent/Guardian and Student Signature needed on Pg 13 and Pg 14***

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM

Name

Date of Birth

Height Weight Body fat (optional) % Pulse BP / Color Blind Yes No (circle one)

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

MEDICAL

Normal

Abnormal Findings

Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		

MUSCULOSKELETAL

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for:

() Not cleared for: Reason:

Recommendations:

Name & Title of Examiner (Print/Type)

Address

Signature of Examiner

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

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

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	36. If yes, check appropriate box and explain below.		
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
16. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	40. Record the dates of your most recent immunizations (shots) for:		
			Tetanus _____ Measles _____		
			Hepatitis _____ Chickenpox _____		

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

7300 N. BROADWAY EXTENSION
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-840-1116 FACSIMILE: 405-840-9559



SUDDEN CARDIAC AWARENESS INFORMATION SHEET

The information outlined below is to serve as a guide in identifying sudden cardiac events and the importance of establishing an emergency protocol for sudden cardiac events. It is vitally important to act quickly, and appropriately when dealing with any issue dealing with cardiac arrest. All coaches, at all levels, as well as school administrators should be knowledgeable in the school's protocol for dealing with such events.

What is sudden cardiac arrest?

Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops functioning. In turn blood stops flowing to the brain and other organs, and can result in death if not treated within minutes.

What causes sudden cardiac arrest?

The heart is a complex muscle that has an electrical system that controls the rate and rhythm at which the heart beats. Problems with that electrical system can cause arrhythmias, which can cause the heart to beat too fast or too slowly. An irregular heartbeat can be problematic, and in those cases the person has generally been made aware of the problem, however it can also go unnoticed, which is what makes a cardiac event so dangerous.

Some conditions may be present at birth, or inherited while others may be an abnormality for an individual at birth but not inherited. Other conditions may not be present at birth, but developed later in life.

What are the signs and symptoms?

- Fainting/dizziness
- Unusual fatigue
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Increased heart rate beyond what is normal when exercising

What is the treatment?

Response time is critical when dealing with cardiac arrest.

Call 911 immediately

Begin CPR and or locate the nearest AED (automated external defibrillator) and begin the procedure for using the device.

Can you screen for cardiac abnormalities?

Yes, the student athlete could undergo an EKG. Below is the 12-step screening process from the American Heart Association.

American Heart Association's 12-step screening process:

Personal history

1. Chest pain/discomfort upon exertion
2. Unexplained fainting or near-fainting
3. Excessive and unexplained fatigue associated with exercise
4. Heart murmur
5. High blood pressure

Family history

6. One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50
7. Close relative under age 50 with disability from heart disease
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy in which the heart cavity or wall becomes enlarged, long QT syndrome which affects the heart's electrical rhythm, Marfan syndrome in which the walls of the heart's major arteries are weakened, or clinically important arrhythmias or heart rhythms.

Physical examination

9. Heart murmur
10. Femoral pulses to exclude narrowing of the aorta
11. Physical appearance of Marfan syndrome
12. Brachial artery blood pressure (taken in a sitting position)

What can I do to avoid cardiac arrest?

Whether a heart condition is hereditary or not, or even with a healthy heart there are things that can be done to decrease the risks associated with a cardiac event.

A healthy diet, including fruits and vegetables, and avoiding foods high in saturated fat and sodium will help. You should also avoid drinks high in sugar, such as soda and energy drinks. There is no better fluid replacement than water to avoid or combat dehydration.

Energy drinks will increase the heart rate, so you should always avoid drinking anything that promotes an effect of increased energy.

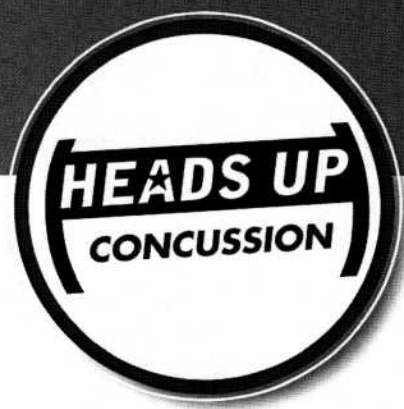
Daily exercise is also recommended to maintain a healthy heart. There is no better way to avoid a cardiac event than to be knowledgeable in your own family history, and live a healthy lifestyle that promotes good heart health.

Develop an Emergency Plan specifically for cardiac arrest.

Each school should develop an emergency plan specifically to deal with cardiac events. The plan should include the location of the nearest AED if available, as well as who will be in charge should the plan be put into action. Example: The head coach will immediately begin CPR and ask someone to call 911.

Each school should develop a plan that will work for their respective school environment. While the plans for different schools may vary, no school should be without an emergency plan, which should be posted prominently. All school staff, including teachers, administrators, coaches, etc. should be trained in implementing the emergency plan.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

[INSERT YOUR LOGO]

► **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED


STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

SUDDEN CARDIAC ARREST ACKNOWLEDGMENT SHEET

Warner High School

(NAME OF SCHOOL)

I, _____, as a student-athlete who participates in

(PLEASE PRINT STUDENT ATHLETE'S NAME)

Warner J4/HS

(NAME OF SCHOOL)

athletics and I, _____

(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by

Warner High School related cardiac awareness during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Warner Public Schools

Concussion and Head Injury Acknowledgement

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the *Concussion Fact Sheet* provided to you by Warner High School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Warner high school
(Print Student Name)
athletics and I, _____ as the parent/legal guardian, have read the
(Print legal guardian name)
information provided to us by Warner high school related to concussions and head
injuries occurring during participation in athletic programs and understand the content
warnings.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

(Office Use)

Received: _____

**Extracurricular Activities Participant Alcohol and Illegal
or Performance Enhancing Drugs Contract**

Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the school district is a privilege and not a right. Such privilege is governed by the attached policy on Testing for Alcohol and Illegal or Performance Enhancing Drugs. Alcohol and illegal or performance enhancing drug use of any kind is incompatible with participation in extracurricular activities on behalf of the school district. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student extracurricular activities participants carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

Participation in Extracurricular Activities

For the safety, health and well-being of students, the district has adopted the attached policy and this Student Extracurricular Activities Participant Alcohol and Illegal or Performance Enhancing Drugs Contract (the "Contract") which shall be read, signed and dated by the student, parent or custodial guardian and sponsor or coach before such student shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Contract.

Student Section

I understand after having read the policy and this Contract that, out of care for my safety and health, the district enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student extracurricular activities participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate the policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the policy.

Student Name: _____

ID No.: _____

Student Signature: _____

Date: _____

Parent (and Adult Students) Section

We have read and understand the policy and this Contract. We desire that the student named above participate in the district's extracurricular activities and we hereby agree to abide by all provisions of the school district's policy. We accept and consent to the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all state and federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

Parent Signature: _____ Date: _____

Adult student signature: _____ Date: _____

Athletes:

Obtain the signature of each sponsor/coach for all activities in which you are involved

_____ Sponsor/Coach Signature	_____ Team / Activity	_____ Date
----------------------------------	--------------------------	---------------

_____ Sponsor/Coach Signature	_____ Team / Activity	_____ Date
----------------------------------	--------------------------	---------------

_____ Sponsor/Coach Signature	_____ Team / Activity	_____ Date
----------------------------------	--------------------------	---------------

_____ Sponsor/Coach Signature	_____ Team / Activity	_____ Date
----------------------------------	--------------------------	---------------

_____ Sponsor/Coach Signature	_____ Team / Activity	_____ Date
----------------------------------	--------------------------	---------------

Warner Athletic Program Emergency Care Permission Form

Athlete's Name: _____

Sport: _____

As parent or legal guardian of the above named athlete, I hereby authorize the staff of Warner Public School, Coach, or volunteer to provide care, including authority for medical transportation, in the event of injury or illness. I also authorize qualified medical personnel to provide emergency medical care in the event of an emergency.

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother: _____ Father: _____

Daytime Phone: _____ Evening Phone: _____

Other authorized person to contact in emergency: _____

Relationship to athlete: _____

Daytime Phone: _____ Evening Phone: _____

Family Doctor: _____

Phone Number: _____

Insurance Policy: _____ Policy Number: _____

Copy of Insurance Policy on File: Yes: ☒ No: ☐

Athlete's Allergies, chronic illnesses, or other Medical conditions: _____

Medications: _____

Parent/Legal Guardian Signature: _____

Date: _____

Code of Conduct for All Extra-Curricular Activities

1. The conduct of students in extracurricular activities at Warner is closely observed in many areas of everyday life.
2. It is important that actions at all times be above reproach.
3. Conduct in competition: The participant must be modest in victory, and maintain control of themselves in defeat.
4. Conduct at school: The participant should set positive examples for all students, by following the rules set forth by the administration.
5. Conduct on trips: It is expected the participant will dress and act in an appropriate manner.

The following may cause dismissal or suspension from Extracurricular Activities

1. Immorality, profanity, or obscenity
2. Stealing or cheating
3. Consistent violation of handbook or team rules
4. Possession, threat, or use of a dangerous weapon
5. Assault and Battery
6. Destruction of school property
7. Possession or use of any illegal narcotic or drug, alcohol, or tobacco
8. Disrespectful towards a coach, official, opponent or any person of authority
9. Habitual tardiness or absence
10. Other as determined by the athletic director or principal

Student Name

Parent Signature

All 9th Grade

OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

- ☐ ☐ 1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1)
- ☐ ☐ 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- ☐ ☐ 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- ☐ ☐ 4. Are you currently failing any class? (Rule 3)
- ☐ ☐ 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- ☐ ☐ 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- ☐ ☐ 7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
- ☐ ☐ 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7th grade and the five school years that follow consecutively after that school year- Rule 7)
- ☐ ☐ 9. Since entering 7th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?
- ☐ ☐ 10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
- ☐ ☐ 11. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- ☐ ☐ 12. Do you live with someone other than your parents? (Rule 8)
- ☐ ☐ 13. Do you live with only one parent? (Rule 8)
- ☐ ☐ 14. Do you live outside this school district? (Rule 8)
- ☐ ☐ 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- ☐ ☐ 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- ☐ ☐ 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- ☐ ☐ 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
- ☐ ☐ 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
- ☐ ☐ 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
- ☐ ☐ 21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4)
- ☐ ☐ 22. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Harship Waiver Manual VI-E-2)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student) _____ (Date) _____ (Coach) _____ (Date) _____

(Parent/Guardian) _____ (Date) _____

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination, Concussion and Head Injury Acknowledgement and an annual parent consent form.
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ ☐ is eligible ☐ is not eligible

to participate at (school) _____ for the school year 20____ 20____.

(School Administrator Name and Title)

(Date)