

**CUYAHOGA FALLS CITY SCHOOLS
ATHLETIC/EXTRA-CURRICULAR CODE OF CONDUCT**

The Athletic/Extra-Curricular Code of Conduct applies to any student athlete and/or any student involved in extra-curriculars who:

- a.) Is on Cuyahoga Falls City Schools property
- b.) Is at school or any school sponsored activity
- c.) Displays conduct at any time or place that has a direct and immediate effect on maintaining order and discipline in the schools or maintaining the safety and welfare of the students and staff.

Participation in athletics/activities is a privilege extended to the student body by the Board of Education of the Cuyahoga Falls City Schools. Students participating in athletics/activities act as representatives of the school district. All students involved in extra-curricular activities are expected to conduct themselves in such a manner as to meet the highest standards of the Cuyahoga Falls School District.

The Athletic/Extra-curricular Code of Conduct is designed specifically to establish high expectations and standards for all participating students and student athletes. These expectations embody a total lifestyle approach with emphasis on the following core values:

INTEGRITY – *We do what is ethical under all circumstances.*

EXCELLENCE – *We strive to be our best on and off the field.*

RESPECT- *We honor and value ourselves and others.*

TEAM- *Together as one we pursue common goals.*

COMMITMENT- *We give total effort and sacrifice to achieve our purpose.*

When a student voluntarily agrees to participate in interscholastic athletics or extra-curricular events, he/she agrees to abide by the Cuyahoga Falls City Schools Athletic/Extra-Curricular Code of Conduct. This code applies to all students involved in extra-curriculars from the time it is signed until the end of the calendar year. The Athletic/Extra-Curricular Code of conduct deals with specific violations that should be applied within every athletic/extra-curricular program; however, this code is not intended to be all inclusive. *If no penalty is listed in the code of a violation, the coach has the authority to determine the penalty (Pending the approval of the building administration).*

The Superintendent, Principal, Assistant Principal or Athletic Director, or Advisor may deny a student the privilege of participating in any particular or all extracurricular activities for a stated period of time, but not to exceed (1) full school year.

Students who are expelled or suspended from school shall not participate in or attend any extracurricular activities for the duration of the expulsion/suspension.

A student who is absent the day of an extracurricular event shall not participate in the scheduled activity. A student shall not use, distribute, sell, possess, promote, be under the influence or show the use of any alcohol, tobacco, drug, look-alike drug or other illegal product to include anabolic steroids or any other illegal performance-enhancing substance on or off school grounds at any time.

A student shall not engage in a fight or physical altercation which causes or threatens to cause harm to another person at any time.

A student shall not engage in stealing, cheating, hazing or any other act of poor conduct on or off school grounds at any time.

If a coach or advisor desires to enforce additional rules and regulations for his/her squad, then these additional policies must be given to the student and parents for them to sign and return to the coach/advisor. This signed copy verifies the athlete and parents are aware of any additional rules and regulations. These additional rules and regulations must be on file in the Athletic Office and accepted by the Athletic Department before they are enforced, as well as the Principal's office for non-athletic activities.

A student shall not engage in profanity or disrespectful language on the playing field toward or at an event toward another student, coach, advisor, fan or official. To do so would violate the spirit of good sportsmanship promoted by the Cuyahoga Falls City Schools District.

Misbehavior on or off the playing field, or at any event will be followed with disciplinary action.

The act of this unacceptable behavior will result in disciplinary action that is appropriate to the act committed.

PENALTIES (applied to any of the above violations)

1. **First Violation** – After confirmation of a violation (by the student, the parent or a school official), the student will not be allowed to participate in athletics for two (2) weeks of the interscholastic athletic events. However, no student will be required to miss more than 20% of regular season contests. If the student is unable to complete the suspension within the current sport season, the suspension will be prorated into the next sport in which the athlete participated, even though it may carry over into the next school year. The suspension should occur as soon as possible following confirmation of the violations. The athlete will still be allowed to practice with the team during the Athletic Code of Conduct suspension provided that a school-imposed suspension does not prevent practicing. If the violation causes a student to miss practice, the coach will determine when the student is “fit for duty” and can safely return to competition.
2. **Second Violation** – After confirmation of a second violation of any kind during the sport season, the student-athlete will be dismissed from the team and will be excluded from all athletic participation for the remainder of that sports season. If the second violation occurs within the last two (2) weeks of the regular season or during state tournament play, the penalty will be served for the remainder of the current sport season and during the next sport season that the student was intending to participate in and was eligible to participate in, even though it may carry over into the next school year.
3. **Third Violation** – After confirmation of a third violation of any kind in a subsequent sport season during the same school year, the student-athlete will be dismissed from that team and be excluded from all athletic participation for one calendar year.

PROCEDURE

Any student who is the subject of a removal has the right to notice of that removal and the opportunity to be heard with regard to that removal.

The student’s coach or advisor may present the charges to the student, with the student having the opportunity to respond to the charges as a matter of athletic courtesy.

Before being removed, The Athletic Director, Principal, Assistant Principal or Superintendent considering the removal shall provide the student with the following:

- a. Written notice of the intended removal, the length of the intended removal and the reasons for the intended removal; and
- b. An opportunity to appear at an informal hearing before the Athletic Director, Principal or Assistant Principal to challenge the reason for the removal, or to otherwise explain the student’s actions.

If a removal is imposed, the student will receive written notice of the removal, including the reasons for the removal, and the beginning and end dates of the removal. The decision of the Athletic Director, Principal, or Superintendent shall be final.

The Athletic Department believes that by following the above rules and procedures, our athletes will create a positive self-image, gain peer acceptance, learn self control and self discipline and establish a positive set of values for future involvement in society.

We have read and understand the above Code of Conduct.

Parent Signature

Date

Student Signature

Date



OHSAA AUTHORIZATION FORM

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

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

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

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

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

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

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

Name of Principal: _____
School Address: _____

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

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

Student's Signature Birth date of Student, including year

Name of Student's personal representative, if applicable
I am the Student's (check one): _____ Parent _____ Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable Date

A copy of this signed form has been provided to the student or his/her personal representative
THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL

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

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

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

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

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

Student Code of Responsibility

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

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

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

I will respect the property of others

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

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

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

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

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

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

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

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

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

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

Must Be Signed Before Physical Examination

Student's Signature	Birth date	Grade in School	Date
Parent's or Guardian's Signature			Date



Ohio High School Athletic Association Preparticipation Physical Evaluation



DATE OF EXAM: _____

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

History

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

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

- 1** Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
- 2** Do you have an ongoing medical condition (like diabetes or asthma)?
- 3** Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
- 4** Do you have allergies to medicines, pollens, foods, or stinging insects?
- 5** Do you think you are in good health?
- 6** Have you ever passed out or nearly passed out DURING exercise?
- 7** Have you ever passed out or nearly passed out AFTER exercise?
- 8** Have you ever had discomfort, pain, or pressure in your chest during exercise?
- 9** Does your heart race or skip beats during exercise?
- 10** Has a doctor ever told you that you have (check all that apply):
 High Blood Pressure A heart murmur
 High Cholesterol A heart infection
- 11** Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)
- 12** Has anyone in your family died for no apparent reason?
- 13** Does anyone in your family have a heart problem?
- 14** Has any family member or relative died of heart problems or of sudden death before age 50?
- 15** Does anyone in your family have Marfan syndrome?
- 16** Have you ever spent the night in a hospital?
- 17** Have you ever had surgery?
- 18** Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:
- 19** Have you had any broken or fractured bones or dislocated joints? If yes, circle below:
- 20** Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:
- | | | | | | | | |
|------------|------------|----------|-----------|-------|-----------|----------------|-------------|
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand / Fingers | Chest |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot / Toes |
- 21** Have you ever had a stress fracture?
- 22** Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?
- 23** Do you regularly use a brace or assistive device?
- 24** Has a doctor ever told you that you have asthma or allergies?

- 25** Do you cough, wheeze, or have difficulty breathing during or after exercise?
- 26** Is there anyone in your family who has asthma?
- 27** Have you ever used an inhaler or taken asthma medicine?
- 28** Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
- 29** Have you had infectious mononucleosis (mono) within the last month?
- 30** Do you have any rashes, pressure sores, or other skin problems?
- 31** Have you had a herpes skin infection?
- 32** Have you ever had a head injury or concussion?
- 33** Have you been hit in the head and been confused or lost your memory?
- 34** Have you ever had a seizure?
- 35** Do you have headaches with exercise?
- 36** Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
- 37** Have you ever been unable to move your arms or legs after being hit or falling?
- 38** When exercising in the heat, do you have severe muscle cramps or become ill?
- 39** Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 40** Have you had any problems with your eyes or vision?
- 41** Do you wear glasses or contact lenses?
- 42** Do you wear protective eyewear, such as goggles or a face shield?
- 43** Are you happy with your weight?
- 44** Are you trying to gain or lose weight?
- 45** Has anyone recommended you change your weight or eating habits?
- 46** Do you limit or carefully control what you eat?
- 47** Do you have any concerns that you would like to discuss with a doctor?
- 48** Record the dates of your most recent immunizations (shots)
 Tdap _____ MMR _____ Hepatitis B _____
 Chicken Pox _____ Meningococcal _____

FEMALES ONLY

- 49** Have you ever had a menstrual period?
- 50** How old were you when you had your first menstrual period? _____
- 51** How many periods have you had in the last 12 months? _____

Explain "Yes" Answers Here: (Attach additional sheets as needed)

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

Signature: _____
 Athlete

Signature: _____
 Parent or Guardian (if athlete is under 18)

Date: _____

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

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

Physical Examination Form

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

Students Name _____ Birth Date _____

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

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

Follow-Up Questions on More Sensitive Issues (Optional)

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

Notes: _____

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

*Multiple-examiner set-up only.

Notes: _____

Clearance

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for:

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

Recommendations: _____

Emergency Information:

Allergies: _____

Other Information: _____

Name of Physician: (print/type/stamp) _____ (M.D., D.O., D.C.) Date: _____

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

Address: _____ Phone: _____

Signature of Physician: _____ Date: _____



CUYAHOGA FALLS CITY SCHOOLS STUDENT EMERGENCY FORM

This form MUST be completed at the beginning of every school year or if there is a change in address, phone, or parent custody.

STUDENT'S INFORMATION

Name: FIRST _____ MIDDLE _____ LAST _____

Address/City/Zip _____
Date of Birth _____
Phone _____ Grade _____

Check here if address is new

Who has legal custody of this student?

Primary Contacts

Student Resides With	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Mother	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Father	<input type="checkbox"/> Aunt
<input type="checkbox"/> Guardian	<input type="checkbox"/> Uncle
<input type="checkbox"/> Foster	<input type="checkbox"/> Aunt
<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Sister
<input type="checkbox"/> Step-Father	<input type="checkbox"/> Brother

ALERTNOW	
The contact numbers will be used to notify you of a building closure and emergency calls for Cuyahoga Falls City Schools.	
Primary Number ()	Direct Dial Numbers (No Extensions)
Emergency Number ()	
Emergency Number ()	
Emergency Number ()	

Relationship to Student _____

First Name _____ Home Phone _____
 Last Name _____ Cell Phone _____
 Address _____ Work Phone _____

Relationship to Student _____

First Name _____ Home Phone _____
 Last Name _____ Cell Phone _____
 Address _____ Work Phone _____

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority.

Name	Relationship	Phone # 1 ()	Home	Cell	Work	Phone #2 ()	Home	Cell	Work
Name	Relationship	Phone # 1 ()	Home	Cell	Work	Phone #2 ()	Home	Cell	Work
Name	Relationship	Phone # 1 ()	Home	Cell	Work	Phone #2 ()	Home	Cell	Work

Part I: To Grant Consent I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician, dentist, specialist, and/or hospital listed below: OR in the event the designated licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Legal Guardian _____ Date _____
 Signature of Parent/Legal Guardian _____ Date _____
 Signature of Parent/Legal Guardian _____ Date _____

SEE REVERSE FOR ADDITIONAL INFORMATION

Part III: Medical History/ Allergies/ Medications

Medical History _____

Student's Name _____

Allergies _____

Medications _____

Health Conditions: The following information will be shared with the school nurse, medical assistant, your child's teacher(s) and the administration as necessary to assist in the safety and health of your child during school hours. Please place a check beside any of the following that your child has had:

- _____ Abnormal spinal curvature
- _____ Allergies/ hay fever
- _____ Anemia
- _____ Arthritis
- _____ Asthma
- _____ Behavior Problems
- _____ Birth/ Congenital Malformation
- _____ Blood disorder, type _____
- _____ Cancer, type _____
- _____ Chickenpox
- _____ Diabetes
- _____ Diarrhea or Constipation (Frequent)
- _____ Eczema
- _____ Emotional Problems
- _____ Headaches (Frequent)
- _____ Heart Disease
- _____ Hypoglycemia
- _____ Kidney Disease
- _____ Learning Disability
- _____ Lung Disorder, type _____
- _____ Meningitis or Encephalitis
- _____ Orthopedic Problems
- _____ Seizures/ Epilepsy
- _____ Sickle Cell Disease
- _____ Skin Rashes (Frequent)
- _____ Stool Soiling
- _____ Throat Infections (Frequent)
- _____ Tics/ Nervous Twitches
- _____ Urinary Tract Infections
- _____ Wasting (Daytime _____ Night _____)

Does your child have a bee/insect or food allergy? Yes _____ No _____

If yes, explain the reaction _____

Does your child require an emergency injection such as an "Epi-pen" for his/her allergic reaction? Yes _____ No _____

Vision & Hearing:

Frequent ear infections? Yes _____ No _____

Reduction in hearing? Yes _____ No _____

Wears glasses? Yes _____ No _____

Medication: _____

Does your child require medication while at school? Yes _____ No _____

Tubes currently in place? Yes _____ No _____

If yes, which ear? _____

If yes, which ear? _____

Contacts? Yes _____ No _____

Last exam? _____

Last exam? _____

Signature of Parent/Legal Guardian

Date