

XENIA COMMUNITY SCHOOLS STUDENT-ATHLETE PARTICIPATION REQUIREMENTS



The pages of this packet serve to provide student-athletes and parent/guardians with the required paperwork necessary to complete interscholastic activities sponsored by Xenia Community Schools.

The following forms are **REQUIRED** to be completed and returned to the XHS main office, XHS Athletic Training Room, OR Athletic Office:

- OHSSAA Pre-Participation Physical Form (6 pages **NOT** included in this packet)
- Student Athletic Waiver Assumption of Risk Form (1 page **INCLUDED** in this packet)
- ODH/OHSAA Concussion Information Signature Form (1 page **INCLUDED** in this packet)
- Emergency Medical Authorization Form (1 page **INCLUDED** in this packet)
- Lindsay's Law/Cardiac Arrest Forms, and link to video (**INCLUDED** in this packet)

The following forms are required for the student-athlete **AND** parent/guardian to read and keep for reference:

- ODH/OHSAA Concussion Information Sheet (**INCLUDED** in this packet)
- Xenia Community Schools Participation Fee Policy Sheet (**INCLUDED** in this packet)
- Lindsay's Law/Cardiac Arrest Forms and link to view video (**INCLUDED** in this packet)
- XCS District Parent/Athlete Athletic Handbook (**NOT** included in this packet)
- Handout to preseason OHSAA mandatory meeting if unable to attend meeting in person (**NOT** included in this packet)

I have **READ AND COMPLETED** all of the above forms, read the XCS athletic handbook and attended the OHSAA mandated parent/player meeting and/or viewed the required slides handout for the season in which my son/daughter is participating. I understand the information contained in these forms and I realize that I will be expected to fulfill my responsibilities in compliance with the rules set forth in these documents. I also agree to accept any and all team rules that the coach issues to the individual sports team.

Student Name (Printed) _____ Student Signature _____

Parent/Guardian Signature _____ Date _____

*******This form must be detached and returned with all other required forms*******

PLEASE COMPLETE AND RETURN THIS PAGE

**XENIA COMMUNITY SCHOOLS
STUDENT ATHLETIC WAIVER ASSUMPTION OF RISK**

I am aware the playing of practicing to play/participate in any sport/activity can be a dangerous activity involving MANY RISKS OF INURY. I understand that the dangers and risks of playing or practicing to play/participate include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, muscles, ligaments, tendons, and other aspects of the musculo-skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing to play/participate include not only serious injury, but also serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in interscholastic sports/activity, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Xenia Community School District permitting me to try out for athletic teams and cheerleading squads, and to engage in all activities related to the team including, but not limited to, trying out, practicing or playing/participating, I hereby assume all the risks associated with participation and agree to hold the Xenia Community School District, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms thereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and for all members of my family.

I specifically acknowledge that _____ (indicate sport/activity) may be a VIOLENT CONTACT SPORT/ACTIVITY involving risk of injury.

Signature on this document does not waive any of your legal rights, it merely advises you that you assume risk when you compete in any sport/activity in the Xenia Community School District.

In addition, I give my consent to the Xenia Community School District and its agents (including team doctors, athletic trainers, and nurses) permission to treat my child for any injury that they may sustain while participating in interscholastic sports or activities.

Athletes name (print)

School

Athlete's signature

Signature parent/guardian or person having legal custody

XENIA COMMUNITY SCHOOLS-EMERGENCY/MEDIA RELEASE INFORMATION FORM

Please print legibly & complete in ink. Signatures are required on *both* the Emergency Treatment & Media Release portions of this form.

STUDENT INFO:

Name (Last, First, Middle) _____
Address _____ City/State/Zip _____
Birthday _____ Gender _____ Native Language _____
School of Attendance _____ Grade _____
Home Telephone Number: _____

PARENTAL INFO:

Married ___ Separated ___ Never Married ___ Divorced ___ Shared Parenting ___
Legal Guardian ___ Deceased Mom ___ Dad ___ Other (please describe) _____

NAME OF PARENT(S)/GUARDIAN(S) STUDENT RESIDES WITH

RELATIONSHIP

Home Telephone Number: _____

Work #s _____ Mobile #s _____ Email: _____
Mother Father Mother Father Primary Email

NAME OF NON-RESIDENTIAL/NON-CUSTODIAL PARENT: EMERGENCY CONTACT? Yes ___ No ___

Name: _____ Work # _____ Home # _____ Cell # _____

Address: _____ City _____ State _____ Zip Code _____

ADDITIONS-UPDATES-CHANGES OF RESIDENTIAL PARENT(S)-LEGAL GUARDIAN(S) INFO:

NAME OF RESIDENTIAL PARENT(S)/LEGAL GUARDIAN _____

ADDRESS _____ CITY/STATE/ZIP CODE _____ E-MAIL _____

HOME # _____ MOBILE #s _____ WORK #s _____
Mother Father Mother Father

Please note that documentation of legal custody of student must be provided with/attached to this request of change. The requested changes cannot be made in our computer records until such documentation is provided. *Address changes must be done at the Board of Education with proof of residency documentation.*

EMERGENCY CONTACT INFO: By listing individuals below, you are granting permission for these individuals to speak with, leave telephone messages for, visit, pick up, or transport your student without your prior verbal or written consent. All persons noted must be 18 years of age or older. Photo ID must be presented to school staff for school visits, early release from school and for emergencies. ***Please be certain to note the names of non-residential/non-custodial parents as an emergency contact if you wish for them to be granted permission to leave messages for or pick up the student. NO OTHER PERSONS WILL BE PERMITTED ANY CONTACT WITH YOUR CHILD WITHOUT YOUR PERMISSION!***

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

CONSENT TO EMERGENCY TREATMENT: In the event reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by listed doctors/practitioners. In the event the designated practitioner is not available, I give consent for another licensed physician, and/or the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless it is the opinion of at least two licensed physicians/dentists who concur upon the necessity for such surgery and those opinions are obtained prior to conducting surgery. Facts concerning the child's medical history, including allergies, medications and physical impairments to which a physician should be alerted are as listed on this form.

SIGN > X
HERE _____
Signature of Residential Parent/Legal Guardian

_____ **Date**

Allergies _____
Medical Conditions/Disabilities Requiring Special Medication or Treatment _____

Primary Doctor _____ Phone _____ Dentist _____ Phone _____

Medication Name _____ Medication Name _____

Medication Name _____ Medication Name _____

MEDIA RELEASE: My child may be filmed/photographed during school sponsored activities and those images may be used in (1) broadcast media (TV news or school videos), (2) web (school web sites and social media sites); and (3) print media (newspapers or school publications).

SIGN > X
HERE _____
Signature of Residential Parent/Legal Guardian

_____ **Date**

XENIA COMMUNITY SCHOOLS

PARTICIPATION FEE POLICY

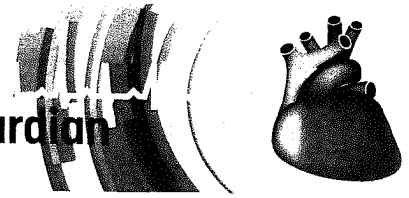
Dear Parent or Guardian:

In an effort to minimize rising costs and to offer wide variety of athletic programs to our high school and middle school students, the Board of Education has approved a participation fee to be paid for all student athletes. The participation fee is \$100 for each high school and middle school athlete.

The participation fee must be paid to XHS Bookkeeper/Treasurer 72 hours prior to the first contest in the sport. Checks should be made to "Xenia Community Schools." Student Athletes will not be permitted to participate in contests until the participation fee is paid in full.

As a parent or guardian of an athlete, I understand participation, as a team member in an athletic contest will not be permitted until the participation fee is paid in full. I also understand payment of this fee does not guarantee playing time in an athletic contest. I further understand that this fee is non-refundable once the season begins.

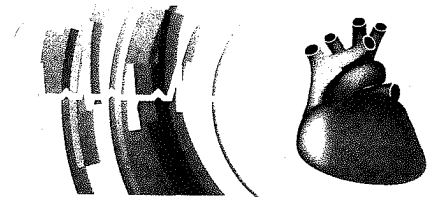
Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- Warning signs in your family that you or your youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, see your health care professional:
 - Chest pain/discomfort
 - Unexplained fainting/near fainting or dizziness
 - Unexplained tiredness, shortness of breath or difficulty breathing
 - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or 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 and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
 - ❖ Link 1: Early recognition
 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

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

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/headsup/basics/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>

PLEASE COMPLETE AND RETURN THIS PAGE

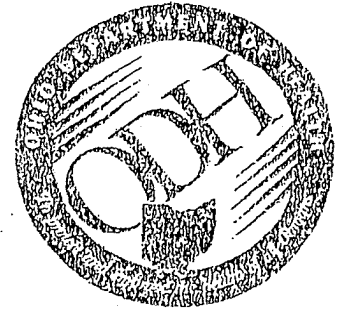
Ohio Department of Health Concussion Information Sheet *For Interscholastic Athletics*

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 health care provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date



Athlete

Please print name

Rev. 01.13

Parent/Guardian

Date

Signature

Parent/Guardian

Please print name