



ATHLETIC PARTICIPATION

(Sport)

STUDENT RESIDENCE

STUDENT ATHLETE'S NAME: _____

STUDENT ATHLETE'S PRESENT HOME ADDRESS: _____

STUDENT ATHLETE'S HOME ADDRESS LAST SCHOOL YEAR: _____

SCHOOL ATTENDED-LAST SCHOOL YEAR: _____

O.H.S.A.A. AND MENTOR BOARD OF EDUCATION ELIGIBILITY REQUIREMENTS

The Ohio High School Athletic Association eligibility standards for participation in athletics are as follows: In order to be eligible in grades 7-12, a student must be currently enrolled and must have been enrolled in school the immediately preceding grading period.

During the proceeding period, the student enrolled in grades 9-12 must have received passing grades in a minimum of five (5) one-credit courses or the equivalent which counts toward graduation. **Physical Education class does not meet the one credit equivalent.** Students in grades 7 or 8 must be currently enrolled and must have been enrolled in school the immediately preceding grading period and received passing grades during that grading period in 75% of those subjects carried.

The Mentor Board of Education eligibility standards for participation in interscholastic athletics and extra-curricular activities require that a student achieves a grade point average of 2.0 or more the proceeding grading period. Students who achieve a grade point average of 1.0 but less than the 2.0 the proceeding grading period may apply for probation status.

If you apply for probationary status, you may participate in extra-curricular activities or interscholastic athletics under the conditions specified in the probationary status agreement. If you do not apply for probationary status, you will remain ineligible for the duration of the nine-week period. If you apply for probation, your grades will be monitored at interim report time and, if you achieve a 2.0 grade point average or above, you will remain eligible for the remainder of the nine-week grading period. If however, your grades continue to be below a 2.0 grade point, you will be declared ineligible for the remainder of the nine-week period. You may not apply for probation two consecutive nine week periods. For eligibility purposes, summer school grades may not be used to substitute for failing grades received for the final grading period of the regular school year.

BOTH O.H.S.A.A. AND MENTOR BOARD OF EDUCATION REQUIREMENTS MUST BE MET.

STUDENT ATHLETE EQUIPMENT/LOCKER RESPONSIBILITY

All Mentor School Equipment will be collected at the end of each individual sport season. It is the student's responsibility to remove all personal items from school lockers at the end of each individual sport season. Students will be billed for damaged and unreturned school equipment.

MENTOR PUBLIC SCHOOLS ATHLETIC CODE OF CONDUCT

The Mentor Public Schools administration and coaching staff believe that a Code of Conduct is essential for all athletes. The Code of Conduct includes the Board Policy 6.19, Policies and Practices of the Ohio High School Athletic Association, and the expectations/standards set forth by the coach(es). Full compliance is expected of all policies, expectations and standards.

The policies of the Mentor Schools and the Ohio High School Athletic Association are established yearly. However, the expectations/standards of the coach(es) are enforced on a seasonal basis and may or may not be included in official Mentor Schools or OHSAA policy documents. Nevertheless, the athlete is expected to fully comply with coach(es) expectations/standards with regard to but not limited to: practices, dress/appearance, language, curfew, proper conduct, care of equipment, respectful behavior, transportation, practice/contests, and locker room demeanor.

The Mentor Public Schools and Department of Athletics strongly believes in the "NO USE" position for tobacco, alcohol, drugs and steroids. The athlete is clearly not to use, possess, or transmit any tobacco, alcohol, or illegal/illicit drug including any product that may enhance or inhibit performance and/or modify behavior.

The Code of Conduct is in effect and applicable on and off school property, during seasons of preparation/practice and participation, including athletic activity(ies) prior to the official opening/closing of school and during school vacations.

I understand that violation(s) under the Code of Conduct may result in denial of participation including disciplinary action ranging from immediate and/or temporary removal to permanent removal from the team and/or Mentor athletic program.

AKNOWLEDGMENT OF RISK

Risk in sports is a topic which has received great publicity recently. All human activities, including sports, have a potential for causing injury to individuals. Sports injuries can range from simple cuts and bruises to serious conditions such as fractures and severe sprains possibly requiring surgery to catastrophic occurrences which include blinding eye injuries, neck and back injuries with resulting paralysis, and, although rare, death. Proper conditioning, correct techniques, training and well fitted equipment can greatly reduce your child's risk of injury. We, the coaches in the Mentor Public Schools will do our best to prevent, protect and treat injuries to your son or daughter. We acknowledge the fact that the risk of injuries detailed above is present in the sports offered in the Mentor Public Schools. We grant our child permission to assume the risks while participating in these sports. We assume these risks within the understanding that the Mentor Public School coaches will do everything in their power to reduce the injury potential to my/our child.

We also understand that though our child has received a physical examination that certifies his/her ability to compete in supervised athletic activities, the nature of an athletic physical exam may not discover all medical conditions that could be aggravated or initiated by the physical activity that accompanies participation in sports. I understand that I may schedule a physician to conduct a more thorough medical examination for my child as an added precaution especially if I suspect a particular medical condition may otherwise go undetected.

I have read and understand the following policies with regard to athletic participation while attending the Mentor Public Schools: O.H.S.A.A. AND MENTOR BOARD OF EDUCATION ELIGIBILITY REQUIREMENTS, STUDENT ATHLETE EQUIPMENT/LOCKER RESPONSIBILITY, Mentor Public Schools ATHLETIC CODE OF CONDUCT, and ACKNOWLEDGMENT OF RISK.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Mentor Public Schools, 6451 Center Street, Mentor, Ohio (255-4444)

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Student Name _____ Grade: _____

Address: _____

Telephone _____

School: _____

Coach: _____

Date of Birth: _____

Parent or Guardian (Residential)

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Other Name: _____ Daytime Phone: _____

Name of relative or childcare provider: _____

Address: _____

Phone: _____ Relationship: _____

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

****PART I OR II MUST BE COMPLETED****

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at home or work or other parent at home or work have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by previously named physician or dentist of my preference, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature: _____ Date: _____

Address: _____

PART II-REFUSAL TO CONSENT

(Do not complete Part II if you have completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring my child. In the event of illness or injury requiring emergency treatment I wish the school authorities to take no action or to:

Signature: _____ Date: _____

Address: _____

In situations where the parent cannot be reached, contact the following relative, friend, or neighbor:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PROOF OF INSURANCE AND/OR WAIVER OF SCHOOL INSURANCE FOR INTERSCHOLASTIC ATHLETICS

_____, a student in the Mentor Public Schools is covered by the following medical insurance policy:

_____ School Insurance _____ Family Insurance _____ Special Football Insurance

IF FAMILY INSURANCE, PLEASE FILL OUT THE FOLLOWING:

Name of Company: _____

Policy Number: _____

Insurance Agent: _____

In the case of injury, while participating in interscholastic athletics, we parents/guardian of the above named student, will not hold Mentor Public Schools or any of the school personnel responsible for medical costs.

Signature: _____ Date: _____
(Parent or guardian)

Address: _____

Witness: _____ Date: _____

Address: _____ Date: _____

Witness: _____ Date: _____

Address: _____ Date: _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Allergies _____

Health Concerns _____

Medications _____