

SPORT PARTICIPATING IN THIS SEASON: _____

Student Residence Form

1. Student Athlete's name: _____
(please print name)

2. Student Athlete's present home address: _____

3. Student athlete's home address **last year**: _____

4. School attended last year: _____

(Student signature) Date: _____ Date: _____

(Parent/Guardian signature)

Chagrin Falls High School - Student Pledge

As a participant in the Chagrin Falls School District Athletic Program, **I agree to abide by all training rules regarding the use of alcohol, drugs, and tobacco** . Chemical dependency is a progressive but treatable disease, characterized by continued use of alcohol and/or drugs in spite of recurring problems resulting from that use. Therefore, **I accept and pledge to abide by the training rules listed in the student handbook and others established by my coach.**

To demonstrate my support, I pledge to:

1. Support my fellow students by setting an example and abstaining from alcohol, drug, and tobacco use.
2. Not enable my fellow students to use alcohol, drugs, or tobacco. I will hold my teammates responsible and accountable for their actions.
3. Seek information and assistance in dealing with my own or a fellow student's problems.
4. Be open and honest with my coach and other school personnel when the best interests of my fellow students and my school are being jeopardized.

(Student signature) Date: _____

(Parent/Guardian signature) Date: _____

CHAGRIN FALLS SCHOOL RULES & REGULATIONS FOR ATHLETES

One copy of this form along with an **OHSAA physical, residence form** and **student pledge form** must be signed and returned to the athlete's coach **BEFORE THE ATHLETE CAN PARTICIPATE IN A PRACTICE OR A GAME.**

All athletes are governed by the following Board of Education policies:

CODE OF STUDENT CONDUCT/STUDENT ACTIVITY CODE OF CONDUCT

1. Being a member of an athletic team represents a commitment. All athletes are **expected to attend all team functions** unless they are absent from school. Unexcused absences from practices may result in loss of eligibility for the next contest.
2. Actions taken by team members that are considered by the coaching staff not to be in the best interest of the team or program will be dealt with by appropriate disciplinary action.
3. **The use of drugs, alcohol, and tobacco (in any form) is strictly prohibited.** The student will not use, conceal, possess, purchase, accept or transmit any of the aforementioned substances.
 - ❑ **Consequences for Tobacco:** The 1st offense will result in a 1-game suspension. Any additional violations will result in more severe penalties as indicated in the student handbook.
 - ❑ **Consequences for Alcohol and Drugs:** A 1st offense will result in removal from participation for the equivalent of two weeks or three events, whichever is less. A 2nd offense will result in removal from participation in all activities for one calendar year. The student will not be allowed to practice or play during the removal period. A 3rd offense will result in removal from participation for the duration of the student's career in the building (MS or HS) where he/she currently attends.
4. All team members must travel to and from all away contests with the entire team on school sanctioned transportation. This rule can be waived if the coach has been notified by a parent/guardian **3 days in advance.**
5. All team members must personally return all school assigned equipment or **pay the full replacement value.**
6. **Attendance Policy:**
 - ❑ **High School:** All athletes must be in school no later than 9:15 a.m. (Monday through Thursday) in order to participate in a practice or a contest. On Friday's, athlete must be in school by 11:00 A.M. in order to practice or play in a contest that night or on Saturday.
 - ❑ **Middle School:** An athlete must be in school a FULL day in order to participate in the athletic event or practice that day.
 - ❑ This does not apply to pre-planned absences (Doctor/Dentist appointments, college visits etc.)
7. **Academic Eligibility:**
 - ❑ Team members must have earned a **2.00 GPA during the previous grading period** or have a conditional eligibility in force. Failure to comply with the contract can result in the student/athlete being ruled ineligible to compete.
 - ❑ A student/athlete is ineligible if he/she failed more than one course during the previous grading period.
 - ❑ No student/athlete may receive **2 failing grades** on their weekly eligibility check. If they have at least 2 "F's" on the weekly eligibility, they will be ruled **ineligible to compete until 1 or more of the grades have been raised.**
 - ❑ **O.H.S.A.A. Eligibility Requirements:**
 - **HIGH SCHOOL:** In order to be eligible during any grading period, a student must have *passed at least 5 units of credit during the previous grading period.*
 - **MIDDLESCHOOL:** In order to be eligible, during any grading period, a student must have received passing grades in 75% of those subjects in which the student received grades.

Date

Signature of the athlete

Signature of the parent/guardian

ASSUMPTION OF RISK

This form does not release CFHS from any negligence. However, your signature verifies that you are aware that various injuries do occur while participating in athletics. "We the parents/guardians of _____ understand and assume that there is always the risk of a possible injury to our son/daughter in athletics.

INSURANCE WAIVER

We the parents/guardians of _____ hereby acknowledge that an accident insurance policy is **not in force** for our son/daughter that will pay the medical/surgical expenses that results from any injury, major or minor, that the above-named athlete may receive as a result of practicing or playing athletics at CFHS. Since we the parents/guardians of the above-named athlete **do not have an insurance policy** that will provide adequate financial coverage for any type of injury or whatever might result therefrom, we agree to release the Chagrin Falls Exempted Village School System or any part thereof from any obligation as pertains to financial responsibility in these matters for the _____ school year. Or any time period thereafter.

Date: _____ Signature of parent/guardian: _____

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INSURANCE VERIFICATION

We, the parents/guardians of _____ have insurance with the _____ Insurance Company and the policy # is _____. This policy will pay the medical/surgical expenses that result from an injury, major or minor, that the above-named athlete may receive as a result of practicing or playing athletics at CFHS. This insurance policy will also cover the above-named athlete while traveling to and from practices and scheduled athletic events. Since we, the parents/guardians of the above-named athlete have an insurance policy which will provide adequate coverage for any type of injury or injuries or whatever might result therefrom, agree to release the Chagrin Falls Exempted Village Schools or any part thereof from any obligation as pertains to financial responsibility in these matters for the _____ school year or any time period thereafter.

Date: _____ Signature of parent/guardian: _____

PARENT TRAVEL PERMIT

I hereby give my consent for _____ to travel to and from athletic contests sponsored by the Chagrin Falls High School Athletic Department. I understand that department policy will be to provide transportation by school bus or van. But in the event that a school bus or van is not available, private transportation may be used.

Date: _____ Signature of parent/guardian _____

EMERGENCY MEDICAL AUTHORIZATION

The purpose of this part of the form is to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority.

Student name: _____ Grade : _____ Phone #: _____

Address: _____
_____ Parents/guardians: _____

Insurance Company: _____ Policy #: _____

PART I or PART II must be completed

Part I – Granting consent for treatment

In the event that reasonable attempts to contact me at the following phone number(s) _____ or other parent/guardian at the following phone number(s) _____ have been unsuccessful, I/we do hereby give consent for:

- The administration of any treatment deemed necessary by Dr. _____ (preferred physician) at the following phone # _____ or Dr. _____ (preferred dentist) at the following phone # _____ or, in the event the preferred physician or dentist is not available, by any licensed physician or dentist. And
- 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 2 other licensed physicians or dentists** concur on the necessity for such surgery are obtained prior to the performance of such surgery. Below are listed facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which the physician or dentist should be alerted: _____

Date: _____ Signature of parent/guardian: _____

Part II – Refusal to grant consent for treatment

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

Date: _____ Signature of parent/guardian: _____

SPORT PARTICIPATING IN THIS SEASON: _____

CHAGRIN FALLS ATHLETIC DEPARTMENT
MEDICAL PROFILE UPDATE
(PLEASE PRINT OR TYPE – ANSWER ALL QUESTIONS)

<u>Athlete's Name:</u>		<u>DOB:</u>
Last	First	MI
	<u>Sex:</u>	<u>Grade:</u>

Sport: _____ **Season:** _____ **Year:** _____

List all existing medical conditions of the athlete which may affect participation in sports activities (include years, if appropriate):

List all injuries which have required medical attention (include years, if appropriate):

List all medications being taken by the athlete (include dosage and frequency):

List all allergies (including food, medication, etc.):

Parents/Guardians signature: _____ **Date:** _____

Athlete's signature: _____ **Date:** _____

ATHLETIC TRANSPORTATION POLICY

Students will ride to and from athletic competitions on school provided transportation. This is an OHSAA recommendation and Chagrin Falls Board of Education policy to which we are legally bound to follow. The only exception to this rule is when other scheduled school related events are in direct conflict with an athletic contest.

In these instances, and to be excused from riding school transportation, the athlete must complete the following steps:

- As soon as you are aware of a conflict, you need to pick up a ***Request for Transportation Release*** form from the athletic director in the Athletic Office and have it filled out completely by your parents. A sample waiver is attached so that you can see what this will entail.
- ***At least three (3) days prior to the conflict date***, this form must be presented to your coach.
- The athlete will be advised of the action on their request by the end of the next day
- The day of the conflict, we can only **release the athlete to his/her parents -NOBODY ELSE!** This is a legal liability protocol from which we cannot deviate. The athlete and their parents must check in with their coach before they can be released from the event.

WE HAVE READ AND FULLY UNDERSTAND THE TRANSPORTATION POLICY OF THE CHAGRIN FALLS ATHLETIC DEPARTMENT AND AGREE TO ABIDE BY THE PROCESS LISTED HEREIN.

Parent/Guardian signature: _____

Athlete's signature: _____

Date: _____

REQUEST FOR TRANSPORTATION RELEASE

- Athlete requesting release: _____ Athlete's sport: _____
- Athlete's head coach: _____ Date of request: _____
- Athlete's home address: _____ Date of conflict: _____
_____ Event name: _____
- Athlete's home phone number: _____ Event location: _____

- _____ to contest _____ from contest _____ both to & from contest

- **REASON:**
 - _____ **SCHOOL EVENT**
 - _____ **OTHER**
 - **IF OTHER, PLEASE EXPLAIN BELOW:**

WAIVER: In consideration of the acceptance of this request for transportation release, we understand that we are acting against the recommendation of the OHSAA, Chagrin Falls Board of Education, Chagrin Falls Athletic Department, and the coaching staff. We understand that this request **must be accompanied by a signed parental/legal guardian note, be given for Athletic Department approval TO THE COACH AT LEAST 3 DAYS PRIOR TO THE CONFLICT DATE, AND THAT I, THE ATHLETE WILL ONLY BE RELEASED TO US, THE PARENTS/LEGAL GUARDIANS.** We do hereby, for ourselves, our heirs, executors, and administrators, waive and release and discharge the OHSAA, Chagrin Falls Board of Education, Chagrin Falls Athletic Department, the coaching staff, and any additional hosts or sponsors, or their respective agents, representatives, and employees from all claims, demands, and rights of causes of action, present and future, whether known or anticipated, resulting from or arising out of, either directly or indirectly, our decision to not use school provided transportation. **Furthermore, we have been advised that OHSAA Lifetime Catastrophe Accident Insurance policy and the Chagrin Falls Board of Education and Athletic Department policies do not cover our son/daughter in this situation** and we have therefore secured the appropriate insurance for transporting our athlete ourselves.

Signature of the athlete: _____ Date: _____

Signature of parent/legal guardian: _____ Date: _____

THIS FORM SHOULD BE GIVEN TO THE HEAD COACH

FOR OFFICE USE ONLY:

Date received by coach: _____ Approved: _____ Denied: _____
(signature of AD)

Comments: _____
