

APPENDIX A

Student/Athlete: _____

NORTH ROYALTON CITY SCHOOL'S ATHLETIC RULES

IN ORDER TO MAINTAIN AN EFFECTIVE ATHLETIC PROGRAM IT IS NECESSARY TO ESTABLISH A BODY OF RULES AND REGULATIONS:

- I.** All athletes must maintain proper sportsmanship, character and conduct so that no discredit is brought upon themselves, their school, their team, and their community.
- II.** The use, possession, and sale of alcohol, tobacco (smoking or chewing), drugs, or any mood altering chemicals by the student-athlete is prohibited. The penalty for the first violation of this rule is a one-week denial from all athletic activities (to include competition, practices, and other team functions).

The student-athlete will also be required to participate in an insight program along with any other school related discipline. Failure to meet this requirement will result in immediate denial of participation on the team for the remainder of the season and also prohibit the student-athlete from participating on any other athletic team, until the obligation has been met.

The penalty for the second violation of this rule is the immediate denial of participation on the team for the remainder of the season and denial of participation on any other team for one calendar year from the date of dismissal.

- III.** The sale or distribution of alcohol, drugs, controlled substances, over the counter stimulants, anabolic steroids, or any other mood altering chemical substance by the student-athlete is prohibited. Penalty for the first violation of this rule is the immediate dismissal from the team for the remainder of the season and the denial to participate on any other team for one calendar year from the date of denial.
- IV.** In any given sport's season, an athlete who tries out for a certain sport may quit and select another in-season sport if he/she does so before the first scheduled scrimmage or game of the initial sport is conducted. If a student-athlete quits a sport after the subsequent sport's first scrimmage or game, the student-athlete becomes ineligible for any conditioning program of any subsequent sport's season until the conclusion of the initial sport season. If a student-athlete is cut during tryouts, (for non-disciplinary reasons), he/she immediately becomes eligible to tryout for any other sport.
- V.** The student-athlete accepts the responsibility of all equipment issued them by the Athletic Department and is expected to return the same equipment in good condition at the conclusion of participation. If any issued equipment is lost or stolen, the student-athlete shall pay for its replacement.
- VI.** Family vacations are considered excused absences only if the parent/guardian informs the coach at least seven days prior to the vacation or the beginning of the season.

THE ABOVE RULES SHOULD BE READ, SIGNED, AND RETURNED TO THE COACH

We have read and understand the above regulations and all areas included in the North Royalton Middle School Athletic Handbook.

Student-Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

APPENDIX B

**North Royalton City Schools
EMERGENCY MEDICAL AUTHORIZATION**

<u>Student Name</u>	<u>School</u>	
<u>Address</u>	<u>Teacher</u>	<u>Room</u>
	<u>Grade</u>	<u>Bus #</u>

Student lives with: Both Parents Mother Father Guardian Mother/Stepfather
 Father/Stepmother Other _____
Legal/Custody Documentation on File? _____

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.

<u>Mother/Guardian</u>	<u>Home Phone</u>	<u>Work Phone</u>
	<u>Cell Phone</u>	
<u>Father/Guardian</u>	<u>Home Phone</u>	<u>Work Phone</u>
	<u>Cell Phone</u>	
<u>Other Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>
	<u>Relationship</u>	

PART I OR II MUST BE COMPLETED

PART I (To Grant Consent)

<u>Preferred Physician</u>	<u>Phone</u>
<u>Preferred Dentist</u>	<u>Phone</u>
<u>Preferred Medical Specialist</u>	<u>Phone</u>
<u>Preferred Hospital</u>	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by my preferred physician or preferred dentist, 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 the 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 before the surgery is performed.

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

Parent/Guardian Signature _____ **Date** _____

Printed Name of Parent/Guardian _____

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PART II (Refusal of 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 emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian Signature _____ **Date** _____

Printed Name of Parent/Guardian _____

APPENDIX C

NORTH ROYALTON MIDDLE SCHOOL

WARNING

BOTH THE APPLICANT STUDENT AND A PARENT OR GUARDIAN MUST READ AND SIGN SPORT (Check applicable box):

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Cheerleading | | |

We are aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OR INJURY. We understand that the dangers and risks of playing or practicing in the above sport 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, ligaments, muscles, tendons and other aspects of the body, general health, and well-being. We understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of the future abilities to earn a living, to engage in business, social and recreational activities, and generally to enjoy life.

_____ Signature of Student	_____ Date
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_____ Signature of Parent	_____ Date
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APPENDIX D

INSURANCE INFORMATION

Dear Parents/Guardians:

The following items must be completed before your student can participate in the Athletic program. Please read each item carefully, record the information requested and Sign where indicated.

NAME OF STUDENT _____

NAME OF INSURED PARENT/GUARDIAN _____

NAME OF INSURANCE COMPANY _____

SCHOOL INSURANCE POLICY

IF YOU ARE PURCHASING SCHOOL INSURANCE PLACE AN X HERE _____
(Insurance information may be obtained from the Main Office or from the Athletic Office)

IF YOU ARE NOT PURCHASING SCHOOL INSURANCE SIGN THE WAIVER BELOW:

WAIVER OF PURCHASE OF STUDENT INSURANCE

We have received the information regarding the student insurance program that provides coverage for medical expenses as a result of athletic injury. **WE DO NOT WISH TO PURCHASE THIS INSURANCE.** **ACCORDINGLY WE REALIZE THAT WE WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED AS A RESULT OF AN ATHLETIC INJURY. I UNDERSTAND THAT NEITHER THE NORTH ROYALTON BOARD OF EDUCATION, THE DEPARTMENT OF ATHLETICS, OR THE SCHOOL ASSUMES ANY LIABILITY FOR MEDICAL CLAIMS.**

DATE _____ PARENT/GUARDIAN SIGNATURE _____

7TH /8TH GRADE ATHLETIC ORGANIZATION CHECKLIST

- ___ 1. Coaches will distribute and collect all forms and packets from their athletes.
- ___ 2. While collecting forms or packets, coaches should be checking for thorough completion of all information, especially dates and signatures.
- ___ 3. Once all forms have been collected, coaches should develop an alphabetized list of their athletes. This list should include a checklist for turned-in emergency medical packets and physicals with expiration dates.
- ___ 4. Once checklists have been completed, coaches should alphabetize their physicals, emergency medical packets, and Appendix A-Athletic Rule sheets and put each into a folder with the completed alphabetized checklist in the front of the packet.
- ___ 5. Thoroughly complete transportation bus schedules (attached) two weeks prior to your first game, match, meet or event. This should be turned into athletic director. Athletic Director will submit to transportation department.
- ___ 6. The emergency medical authorization sheets should be separated from the packets and placed into a separate folder in alphabetical order. Students receive their Emergency Medical Forms within their opening packets so they may be previously completed. If so, please make duplicate copies. The original should stay within the main office.
- ___ 7. Three folders should be turned into the main office/Debbie Thornton. Please label the front of the folders with the specific grade, sport, and gender. The office will double check all the information, make a copy of the emergency medical authorization sheets and submit copies to the head coaches. The emergency medical packets, physicals, Appendix A-Athletic Rule sheets, and the emergency medical authorization sheets will be kept in the office. We would like these forms to remain in the office at all times. The office will develop binders that will have all the physicals and emergency medical authorization sheets in alphabetical order for easier access. If any new additions are added to your rosters once the season has started, it is the responsibility of the coaches to update all the information to the main office. A copy of each emergency medical authorization form must be with the coach at all games, practices and team functions.
- ___ 8. At the completion of each sport the coaches should return duplicated forms to the main office. All coaches in the following season should consult with the office to check the status of the athletic forms and physicals that have been completed in the prior season. New folders should be developed for your specific sport with any new additions. Physical forms should be checked for expiration dates: otherwise, the above process should be followed for each sport throughout the school year.
- ___ 9. Coaches should develop a completed roster once all teams have been established. The completed roster should immediately be turned into the main office/Debbie Thornton and the middle school athletic director. Rosters should be updated, as necessary, and turned into the main office.
- ___ 10. Please consult with the middle school athletic director for weekly recognition of your athletes.
- ___ 11. Friendly reminder; athletes are not allowed to participate in any physical capacity without a physical and all emergency medical authorization forms thoroughly completed.
- ___ 12. Academic eligibility and behavior should be monitored throughout the season with your athletes' teachers. Please complete the appropriate eligibility sheets and distribute to the team leaders of that particular grade level. Team leaders will be instructed to have these completed and returned to coach's mailboxes each Friday.