

NORTH ROYALTON CITY SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

SCHOOL _____

STUDENT NAME _____

ADDRESS _____

TELEPHONE _____

SPORT(S) _____

YEAR _____ GRADE _____ DATE OF BIRTH _____

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.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____

Relationship _____ Phone _____

Address _____

PART I OR II MUST BE COMPLETED

PART I-TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room
Phone _____

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 above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist
- 2) the transfer of the child to 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, medication being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of
Parent/Guardian _____

Address _____

PART II – REFUSAL TO CONSENT

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:

Date _____ Signature of
Parent/Guardian _____

Address _____

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, NOR THE SCHOOL ASSUMES ANY LIABILITY FOR MEDICAL CLAIMS.

DATE_____ PARENT/GUARDIAN SIGNATURE_____

NORTH ROYALTON HIGH 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"/> BASEBALL |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> SOFTBALL |
| <input type="checkbox"/> SOCCER | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> GOLF | | |

We are aware that plying or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF 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 muscular-skeletal system, and serious injury or impairment to 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

SIGNATURE OF PARENT DATE

NORTH ROYALTON HIGH SCHOOL 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. HOURS: An athlete requires sufficient rest to perform at peak efficiency. Curfews are set by each coach for the athletes on his team during the season.
- III. TOBACCO: The possession or use of tobacco in any form (smoking or chewing) or any criminally related activity by the athlete is prohibited. Penalty for the first violation of this rule is a one-week denial from all athletic activities (to include competition, practices and any other team functions). The penalty for the second violation of this rule is the immediate denial of participation from the team for the remainder of the season and the denial of participation on any other team for one calendar year from the date of dismissal.
- IV. POSSESSION AND USE OF CONTROLLED CHEMICAL SUBSTANCES: The use or possession of alcohol, drugs, or any other mood altering chemicals by the athlete is prohibited (unless under the supervision of a doctor). Penalty for the first violation of this rule is a one-week denial from all athletic activities (to include competition, practices, and any other team functions).

The athlete will also be required to participate in an insight program of 10 sessions 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 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.

- V. DISTRIBUTION OR SALE OF CONTROLLED CHEMICAL SUBSTANCES: The sale or distribution of alcohol, drugs, or any mood altering chemical substances by the 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 of participation on any other team for one full calendar year from the date of denial.
- VI. PARTICIPATION: In any given sports season, an athlete who goes out for a certain sport may quit and select another sport (in season) if he/she does so before the first scheduled game of the first sport is held. If an athlete quits a sport after the subsequent sport's first game, he/she becomes ineligible for any conditioning program or any subsequent sport's season until the conclusion of the said sport. If an athlete is cut from the squad, he/she becomes eligible for another sport.
- VII. RESPONSIBILITY FOR EQUIPMENT: The athlete accepts the responsibility of all equipment issued him/her by the Athletic Department and promises to return same in good condition at the conclusion of participation in any given activity; also, if articles have been LOST or STOLEN, THE ATHLETE SHALL PAY FOR THEIR EQUIPMENT REPLACEMENT.
- VIII. GROOMING: Overall grooming and being appropriately dressed at all times is required for all athletes. The school principal or the assistant principal will evaluate misconduct or breaking of regulations related to the school and determine eligibility in instances not covered by specific rules.

IX. VACATIONS:

- A. Vacation trips are considered excused absences when they are approved trips with parents (one or both).
- B. Requests for such an absence must be submitted in writing to the advisor/ coach at least seven days before the trip.

X. PARENT COMMUNICATION:

Good communication is an essential ingredient to any successful program. Parents need to provide the coach with all pertinent information regarding their child. As a parent, you should notify the coach of any schedule conflicts or appointments well in advance so the coach may have the opportunity to work around the conflicts. Missing practice or a game is taken very seriously. Be committed to the program. Have your child to practice on time and think soundly about curfew rules the night before games. If you have a concern to discuss with the coach, make an appointment. **Don't approach a coach before or after a game.** This is not the ideal time. Keep your discussion on your child. You have the right to talk with the coach about the treatment of your child, their skill development or their behavior. You don't have the right to speak about other players on the team. If you are having trouble reaching the coach call the Athletic Office and ask the Athletic Director to help set up the meeting.

THE ABOVE RULES SHOULD BE READ, SIGNED, AND RETURNED TO THE COACH (This will be kept on file in the athletic office. If helpful make copy for your records also).

*WE HAVE READ AND UNDERSTAND
THE ABOVE REGULATIONS.*

Student's Signature

Parent/Guardian's Signature

STUDENT ATHLETE DATA SHEET
ATHLETIC ELIGIBILITY
NORTH ROYALTON SCHOOLS & OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

STUDENT'S NAME _____ PRESENT GRADE _____

STUDENT'S DATE OF BIRTH _____ / _____ / _____ PRESENT AGE _____
Month Day Year

Parent/Guardian Names _____

Address _____
Street City State Zip

Phone Number _____ Date Entered NRHS _____ / _____ / _____
Month Day Year

Circle One

I. AGE REQUIREMENTS

- | | | |
|--|-----|----|
| 1) Did you turn 19 years of age before August 1? | YES | NO |
| 2) Have you been in high school (Grades 9 – 12) for more than 4 years? | YES | NO |

II. RESIDENCE REQUIREMENTS

- | | | |
|---|-----|----|
| 3) Are you presently living with a parent or individual who does not have legal custody of you? | YES | NO |
| 4) Are you an independent (emancipated) student?
(Emancipated means a student who is not living in the same school district as his/her parents and is financially self-supporting.) | YES | NO |
| 5) Does your custodial parent or guardian reside outside the North Royalton School District? (Reside means eat, sleep, maintain voting record, receive mail and spend the majority of non-work time.) | YES | NO |

III. ENROLLMENT REQUIREMENTS

- | | | |
|---|-----|----|
| 6) Did you enroll after the 1 st day of your 9 th grade year? | YES | NO |
| 7) Are you a foreign exchange student? | YES | NO |
| 8) Did you transfer from a private or parochial high school this year? | YES | NO |

IV. ACADEMIC ELIGIBILITY

- | | | |
|--|-----|----|
| 9) Did you fail to meet the academic requirement of having passed five (5) courses valued at one (1) unit during the preceding nine weeks? | YES | NO |
|--|-----|----|

VERIFICATION

*****NOTE: ANY CHANGES THAT OCCUR IN-SEASON MAY AFFECT ELIGIBILITY (RESIDENCE, CUSTODY, CLASS SCHEDULE, ETC.) PLEASE NOTIFY THE ATHLETIC DIRECTOR IMMEDIATELY IF ANY SUCH CHANGES DO OCCUR.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT IF I FALSIFY INFORMATION OR FAIL TO REPORT ANY CHANGES, IT COULD CAUSE ME TO BE INELIGIBLE, AND IT COULD CAUSE MY TEAM TO FORFEIT CONTESTS.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____