

East Richland Christian School

Athletics Program Student Checklist

School Year _____

Student Name _____

Grade _____

Please complete and return the following forms to the Athletic Director:

- _____ Athletic Permission Form, Signed (good for one academic year)
- _____ Transportation Form, Signed (good for one academic year)
- _____ Team Rules, Signed "No Quit Policy" (one for each sport)
- _____ Parents code of Ethics and Contract, Signed (one for each sport)
- _____ Concussion Form, Signed (one for each sport)
- _____ Cardiac Arrest Form, Signed (one for each sport)
- _____ Current Physical Form, Completed and Signed (good for one academic year)

Please read and keep the following forms for your information:

- _____ Athletic Program
- _____ Athletic Constitution
- _____ Lettering Program (applies only to students in grades 9-12)
- _____ Concussion Information Sheet
- _____ Cardiac Arrest Information Sheet

_____ **I have read and understand the ERCS Athletic Program and agree to abide by all the rules and regulations.**

Student's Signature _____

Date _____

Fees: \$50.00 per student for each sport, with the exception of 5th grade soccer \$35.00 fee.

ERCS Family Rates: 1st student is \$50, 2nd student is \$40, 3rd and additional students are \$30.

Please turn in payment with this form, or sign below to have your FACTS account billed.

_____ Charge my FACTS account **Parent Signature** _____

OFFICE USE ONLY: Amount Paid: _____ Check # or Cash: _____ Date Paid: _____

EAST RICHLAND CHRISTIAN SCHOOLS

ATHLETIC PERMISSION FORM

School Year_____

PARENT PERMISSION (Only one (1) form per school year is required.)

Student Name_____

Grade_____

Date of Birth_____

I know that East Richland Christian Schools will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, etc. traveling to, from or participating in the scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury:

1. I hereby give consent to the above-named student to participate in the following sports (mark out any sport(s) where such a consent does not apply): SPORTS: Basketball, Soccer, Football, Volleyball, Track, Swimming, Cross Country, Bowling, Golf, Baseball, Cheerleading, etc.
2. I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers or faculty/staff/coach will be liable to any suit whatsoever resulting from any or in any of the practices, games or travel.
3. I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
4. I am also aware that PHYSICAL EXAMINATIONS are the parents' responsibility to schedule in order to clear the student for athletic participation. A physical examination form must be filled out/signed by the doctor and given to the school.

Parent/Guardian Signature_____ Date_____

Complete In case of emergency:

Father's Cell phone #_____ Mother's Cell phone #_____

Father's Work #_____ Mother's Work #_____

Home Phone #_____ Other Relative's #_____

ERCS ATHLETICS TRANSPORTATION

School Year _____

My child, _____, has permission to be transported by a East Richland Christian Schools parents' vehicle to and from practices and away games. Practices are often held at the following locations: EREFC IFLC or Friends Center, Belco Track and Field, St. Clairsville School, and Union Local School, but could include other locations. Locations of away games will vary from year to year and by event. Students are not permitted to drive to any away games.

I, the parent/guardian of the above student agree that I will not hold East Richland Christian Schools, East Richland Friends Church, School of Hope-Belco Crafts, St. Clairsville School, Union Local School, any away game entity, ERCS employees, parents, or coaches liable for any possibility of physical injury with the transportation of my child.

Parent/Guardian Signature

Date

ERCS ATHLETICS TEAM RULES

School Year _____

1. ERCS has established a NO QUIT POLICY! Returning athletes to that specific sport has no trial period and must sign the No Quit Policy prior to starting practice. Athletes new to the sport must sign the No Quit Policy after the trial period for each specific sport.
2. All coaches, officials, spectators, teammates, and opposing players are to be treated with respect and courtesy. Remember that you are representing God, your school and your community.
3. Players are expected to attend every practice and game unless they are absent from school due to illness/injury. Missed practice(s) will have a direct effect on playing time.
4. School detentions that result in you arriving late or missing a practice will be considered an unexcused absence or tardy. This will have a direct effect on playing time.
5. Maintaining high scholastic standards is a must. Playing basketball, soccer, volleyball, football, cheering, and running track is a privilege that will be revoked, if good grades are not maintained.

Student's signature _____ Date _____

Parent's signature _____ Date _____

ERCS ATHLETICS PROGRAM

PARENTS CODE OF ETHICS AND CONDUCT

School Year_____

I hereby pledge to provide positive support, care, encouragement and prayer for my child and all other participants in the East Richland Christian School's Athletic program, by following this Code of Ethics.

1. I will place the emotional, physical, and spiritual well being of our children ahead of any personal desire to win.
2. I will remember that the games and practices that my child participates in are for him/her and not for me.
3. I will provide support for all coaches, staff, and all other officials working with my child to provide a positive and enjoyable experience for all.
4. I will encourage good Christmanship/sportsmanship by demonstrating positive support both by work and by actions for all players, coaches, officials, and other opposing teams and their fans.
5. I will ask my child to treat other players, coaches, fans and officials with respect regardless of their race, sex, creed or ability.
6. I will promise to help my child enjoy this sporting experience within my personal constraints by assisting with being a respectful fan, providing transportation, or by whatever else I am capable of doing.
7. I will do my very best to make this sports experience fun and not place added pressure upon my child to perform at any level just to meet my expectations.
8. I will assist the school in helping to provide a safe and healthy environment that will include a drug, alcohol and tobacco free sports environment.
9. I will make arrangements with my child to be picked up on time from practices and games, prior to the day of the scheduled activity. (Our ERCS coaches have volunteered their time to make our athletic program strong. Please remember they have families to go home to and other commitments after practices and games).
10. I will promise to regularly pray for my child, all the players, all the coaches and staff of East Richland Christian School's Athletic program.

I am assuming that my child's coach is trained in the specific responsibilities of being a youth coach and that he/she will be an appropriate spiritual mentor. Thus, I hereby pledge to provide positive support, care, prayer, and encouragement for my child and his/her coach this school year.

Father's Signature

Date

Mother's Signature

Date

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 healthcare provider.

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

Athlete

Date

Athlete *Please Print Name*

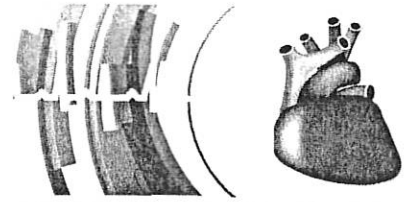
Parent/Guardian

Date



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



PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION | 2025-26

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			



ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here:

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



PREPARTICIPATION PHYSICAL EVALUATION | 2025-26

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____ Year of Graduation: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph nodes		
Heart ^a <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, DC, NP, or PA



PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION | 2025-26

MEDICAL ELIGIBILITY FORM

Name: _____ Date of Birth: _____ Year of Graduation: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of Exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, DC, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

PREPARTICIPATION PHYSICAL EVALUATION | 2025 – 2026

THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL



OHSAA AUTHORIZATION FORM | 2025 – 2026

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature _____ Birth date of Student, including year _____

Name of Student's personal representative, if applicable _____

I am the Student's (check one): _____ Parent _____ Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable _____ Date _____

A copy of this signed form has been provided to the student or his/her personal representative

PREPARTICIPATION PHYSICAL EVALUATION | 2025 – 2026

2025-2026 Ohio High School Athletic Association Eligibility and Authorization Statement

This document is to be signed by the participant from an OHSAA member school and by the participant's guardian

I have read, understand and acknowledge receipt of the **OHSAA Student Eligibility Guide and Checklist**

(<https://ohsaaweb.blob.core.windows.net/files/Eligibility/OtherEligibilityDocs/EligibilityGuideHS.pdf>) which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at ohsaa.org.

I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.

I understand that participation in interscholastic athletics is a **privilege not a right**.

Student Code of Responsibility

As a student athlete, I **understand and accept** the following responsibilities:

- I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.
- I will be **fully responsible** for my own actions and the consequences of my actions.
- I will **respect the property** of others.
- I will **respect and obey the rules** of my school and laws of my community, state and country.
- I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.
- I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.

Informed Consent – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

- I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.
- I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.
- To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school, I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), enrollment documents, financial and scholarship records, residence address of the student, academic work completed, grades received and attendance data.
- I **consent to the OHSAA's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.
- I **understand that if I drop a class**, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I **accept full responsibility** for compliance with Bylaw 4-4, Scholarship, and the passing five credit standard expressed therein.
- I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or another health care provider working under the supervision of a physician will be required in order for the student to return to participation.
- I **have read and signed** the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.
- I **have read and signed** the Ohio Department of Health's **Sudden Cardiac Arrest Information Sheet** and have retained a copy for myself.

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

***Must Be Signed Before Physical Examination**

Student's Signature

Birth Date

Year of Graduation

Date

Parent's or Guardian's Signature

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 returns to normal activities slowly, so they do not do more damage to their brain.

What is a Concussion?¹

According to the Center for Disease Control and Prevention (CDC) a concussion is a type of traumatic brain injury-or TBI-caused by a bump, blow, or jolt to the head or by a hit to the body that cause the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

Signs and Symptoms of a Concussion¹

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes your child or teen might have a headache or feel confused or a bit dazed. But a few days later, your child might have more trouble sleeping or changes in mood than usual.

You should continue to check for signs of concussion right after the injury and a few days after the injury. If your child or teen's concussion signs or symptoms get worse be sure to share this information with their healthcare provider.

Signs Observed by Parents or Guardians¹

- Appears dazed or stunned.
- Is confused about assignment or position.

- Forgets instruction, is confused about an assignment or position, or is unsure of the game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events before or after hit or fall.

Symptoms Reported by Athlete¹

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

Dangerous Signs & Symptoms of a Concussion¹

- One pupil larger than the other.
- Drowsiness or inability to wake up.



Remove this page and all following pages of this packet before returning to ERCS Athletic Director. Please keep all of the following forms for your information and future reference.

ERCS ATHLETIC PROGRAM

PURPOSE AND PHILOSOPHY

The purpose of ERCS's athletic program is to provide competition and fellowship for our ERCS students. The competition is to be governed by the philosophy of Christian athletics as described below.

- The main goal of ERCS's athletic program is to "develop the spiritual part of the athlete so that the Holy Spirit is in control and directing his/her mind and body." (Winning games may be the result, but this will not be ERCS's main goal.)
- Competition and participation in athletic events contribute to the physical and spiritual development of the Christian athlete. Our major purpose is to cause our athletes to act and think like Jesus Christ, in other words, to build Christ-like characteristics. ERCS wants our athletes to possess positive Christ-like character qualities and to express them openly through the medium of athletics.
- In the heat of competition – players, coaches and parents must conduct themselves as Christians in their relationship with the game officials and opposing team players. God's word says "If we live in the Spirit, let us also walk in the Spirit." Galatians 5:25
- ERCS coaches, players and parents must remember that Jesus Christ is in the audience at every contest.

RESPONSIBILITIES

ERCS student/player:

1. Student athletes are required to be at all practices and games unless an approved excuse is given to the coach or athletic director.
 - a. Approved excuse – student or parent must inform coach or athletic director 1 day prior to practice or game. (Exemption for illness and family emergencies, at coaches' discretion)
 - b. School absence – student may not attend practice or game of specific sport.
 - c. If student has an unexcused absence from the last practice before scheduled contest he/she may not participate in competitive contest.
2. Student athletes must be prompt in arriving at practices and games.
3. Student athletes must maintain at least a 2.0 grade point average. (This will be checked every two weeks by Athletic Director during the season.)
4. Student athletes must treat opponents with respect.
5. Student athletes respect judgment and cooperate with contest officials.
6. Student athletes (must live up to the high standard of sportsmanship established by the coaches.
 - a. Unsportsmanship conduct makes everyone a loser regardless of the number posted on the scoreboard.
7. Student athletes are required to get a yearly physical examination.
8. Use of alcoholic beverages and tobacco are grounds for dismissal from the squad.

ERCS Coaches:

1. ERCS coaches are stewards. They have been divinely placed in this ministry to meet the ministry to meet the spiritual and physical needs of ERCS students.
2. ERCS coaches major purpose is to cause ERCS athletes to act and think like Jesus Christ. (TO BUILD CHRIST-LIKE CHARACTERISTICS.)
3. ERCS coaches are to pray and have brief devotions with athletes.
4. ERCS coaches must always set a good example for athletes and fans to follow,

exemplifying the highest moral and ethical behavior.

- a. Respecting the judgment of contest officials, abide by rules and display no Behavior that could incite fans.
- b. Treat the opposing coaches, athletes and fans with respect.
5. Instruct athletes in proper sportsmanship responsibilities.
6. Develop and enforce penalties for athletes who do not abide by sportsmanship standards and Christ-like behavior.
7. Luke 6:40 – “A student is not above his teacher, but everyone who is fully trained will be like his teacher.” Or we might say “when an athlete has been fully trained, he/she will become like his coach!” *A coach has a profound impact on a player!

ERCS Parents:

1. Code of ethics and contract – please read with your child and return signed.
2. The Matthew 18 principle should always be upheld.

UNIFORMS AND APPEARANCE

1. Uniforms will be ordered before each team sport begins.
2. Uniforms should only be worn for pep rallies and games.
3. Uniforms are expected to be clean and in good condition for games.
4. Practice/game shoes are to be clean and should not be worn for general use.
5. All athletes are expected to maintain good health habits (personal hygiene, etc.)
6. No jewelry is to be worn at practices or games.
7. All students must abide by the ERCS dress code (Non-ERCS students for out of school appearance).

GENERAL INFORMATION

1. Your child will receive an Athletic Newsletter (when necessary) explaining:
 - a. Practices: dates, times, locations (if changed)
 - b. Games for the week
 - c. Study halls may be provided for away games only.
 - d. Games scores/Season Record
 - e. Directions to away games
2. ERCS legally cannot leave student athletes unattended after practices and games so please be punctual in picking up your child on time.

CONCLUSION

ERCS athletes will learn to be under authority as well as in authority. They will be aware of their individual responsibilities to each other and to the Lord. We are all one body; when one hurts, we all hurt and when one rejoices, we all rejoice. Athletes will learn what it means to make a commitment to the Lord and to their team.

EAST RICHLAND CHRISTIAN HIGH SCHOOL

ATHLETIC CONSTITUTION

PHILOSOPHY:

Our philosophy is to help our players to develop Christ-like character qualities. God can operate through the athletic program to produce desired character qualities such as: intensity, leadership, loyalty, determination, dependability and humility. They will learn to be under authority as well as in authority. They will be aware of their individual responsibility to each other and to the Lord. Each player will learn what it means to make a commitment to the Lord Jesus and to the team.

"For my thoughts are not your thoughts, neither are your ways my ways," declares the Lord. Isaiah 55:8

PURPOSE:

- Athletics help the athlete to develop positive Christ-like character qualities, and eliminate negative character qualities (microcosm of life).
- Athletics can be used to glorify God, to build character, to be conformed to His image and to reach the unsaved for Christ.
- Athletics teach the important principle of functioning as a member of a team.
- Athletics provide an excellent opportunity to learn self-discipline.
- Athletics provide the activity needed to produce a healthy "temple of God."

"For physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come." 1Timothy 4:8

RESPONSIBILITIES:

"And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him." Col. 3:17

The Christian Athlete strives:

- To honor Jesus Christ in all he/she does.
- To play with great intensity.
- To play to please God and not the fans.
- To *his potential* instead of concentrating on his opponent.
- To conduct himself as a representative of Christ.
- To demonstrate Jesus' character qualities in all aspects of the sport.
- To leave the results of the contest in God's hand and thank Him for the results!

Player is to be present at all practices and games.

Player is to arrive an hour before game time.

Player must maintain a 2.0 grade point average overall. Player must not be failing any subject.

Player must have a current physical examination.

Player is to help with any fund-raising that might be needed to pay for athletic needs.

Player must follow all E.R.C.S. rules and regulations.

Playing time will be based on the following:

- Being on time and attending practices and games.
- Practice performance.
- Team spirit and cooperation.
- Grade point average, performance and cooperation in class (E.R.C.S. students).
This information will be reported to the coach only by the administrator.
- The showing of respect of E. R. C. S. on and off the court.

- No player will be allowed to play a game or practice on a regular day they missed. The player must be at least half day the day of a game or practice to be allowed to participate. If a Saturday game they must be present on Friday half day.

Except for emergencies, all practices or games missed must be approved by the coach in advance. All absences must be able to be verified.

GENERAL CONDUCT:

"Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things." Phillipians 4:8

- The general rules of conduct set forth in the E. R. C. S. Student Handbook must be adhered to at all times.
- Display good sportsmanship at all times.
- Players will show respect to their coach by not talking while the coach is talking.
- Alcoholic beverages and tobacco are grounds for dismissal from the squad.
- There will be no anger displayed at referees, coaches or students.

UNIFORMS:

- Uniforms must be washed before each game.
- Uniforms purchased by the school or purchased with any amount of fund-raising money will remain the property of E. R. C. S., then at the end of the season returned to the athletic director. If a uniform is damaged and a replacement is needed the player is responsible for the cost of the replacement. If uniforms are damaged and are in need of repair, the player is responsible to have those repairs made.

DISCIPLINE:

All decisions concerning discipline, injuries, playing time and all other issues having to do with the team are reserved for the coach, under the advisement of the athletic director and the school administrator. The following are grounds for possible suspension or dismissal from the team:

- No violence at any time during a practice, game or other team function will be tolerated. Immediate dismissal or a suspension will be considered.
- Un-excused absence from practice or game.
- Bad language on court during a game.
- Un-sportsman-like conduct in a game.
- Improper activities outside the school or any action that shows disrespect to E. R. C. S.
- Arguing with officials or coaches.
- Below a 2.0 grade point average or a discipline problem in school.

SUSPENSION PROCEDURE:

Each student under suspension must attend all practices and games. The player will not dress for the game, but must sit on the bench to show support for the team.

INJURY PROCEDURE:

Any player who suffers serious injury must have a doctor's release to return to active practice or play in a game, but must sit on the bench to show support for the team.

ON-TIME PRACTICE PROCEDURE:

Players must arrive one hour before any scheduled game and arrive on time for practices. For road games all players must be at the assigned place on time. This is a courtesy to teammates and families.

There will be no student drivers to away games.

EAST RICHLAND CHRISTIAN HIGH SCHOOL

ATHLETIC LETTERING PROGRAM

PURPOSE:

To reward students in grades 9-12 who are participating in athletics.

PROCEDURE:

Our high school students participating in basketball, soccer, track, volleyball and cheering may earn an athletic letter if they meet lettering criteria. The lettering procedure is as follows:

- For the first letter earned the student will be given a Chenille letter, certificate and a pin for the appropriate sport (only one chenille letter will be given to each student throughout high school).
- A student may letter in more than one sport. A pin would be given for each additional letter earned.
- If the student letters in the same sport the next year then the school adds a bar to their pin. Every year the student letters in a particular sport another bar will be added.
- If the student wants a school jacket, the student is responsible for buying their own jacket.

JACKET DESCRIPTION:

Main Color: Red
Sleeves: White, Gold, Black
Lettering: White with gold trim

LETTERING CRITERIA:

- In basketball, students are required to play in 50% of all games.
- In volleyball, students are required to play in 50% of all games.
- In soccer, students are required to play in 50% of all games.
- Track will go on a point system.
- Cheerleaders are required to cheer in 50% of games.
- Students are required to attend 75% of all practices.
- Students must maintain a 2.0 grade point average during the athletic season and not be failing a class.
- Students must maintain a good attitude at practices and games.
- Student must show complete respect to all coaches and ERCS staff.

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.



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).

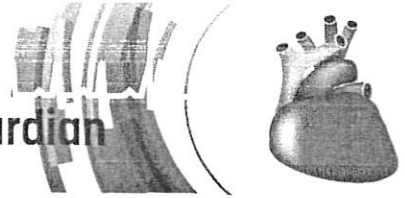
Step 4: Full contact in controlled practice or scrimmage.

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.**

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 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.