

# Fall 2022

## Athletic Parent/Guardian Meeting



Student/Athlete Name: \_\_\_\_\_

**Grade:** High School   or   Middle School  
(Circle One)

**Sport:** Cheerleading, Cross Country, Football, Golf, Soccer, Volleyball  
(Please Circle)

Athletic Policies and other important information regarding annual parent meeting are available online at:  
[www.newlexsports.org](http://www.newlexsports.org)

Student Name \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_ ☐ Boys ☐ Girls

**STUDENT – ATHLETE DATA SHEET & ATHLETIC ELIGIBILITY  
NEW LEXINGTON SCHOOLS & OHIO HIGH SCHOOL ATHLETIC ASSOCIATION**

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

**AGE REQUIREMENTS OF THE STUDENT ATHLETE**

Present Age - \_\_\_\_\_ Date of Birth - \_\_\_\_\_

Grade - \_\_\_\_\_ In what year did you enter 9<sup>th</sup> Grade? - \_\_\_\_\_

**RESIDENCE REQUIREMENTS**

Are your natural parents divorced? Y N

If yes, are you residing with the custodial parent? Y N

Does your custodial parent or guardian reside within the New Lexington School District? Y N  
(Reside means eat, sleep, maintain voting record, receive mail and spend the majority of non-work time.)

Are you an independent (emancipated) student? Y N  
(Emancipated means a student who is not living in the same school district as his/her parents and is financially self-supporting.)

Will you become an independent (emancipated) student this year? Y N

**ENROLLMENT REQUIREMENTS**

Did you enroll in New Lexington schools after the 15<sup>th</sup> day of the school year? Y N

Have you practiced, scrimmaged or played as a part/member of another team from another school during the current school year? Y N

Are you a transfer from another private or public high school? Y N

If yes, which high school(s)? \_\_\_\_\_

**FOREIGN EXCHANGE STUDENTS ONLY**

Are you a foreign exchange student? Y N

Are you a returning foreign exchange student? Y N

Have you graduated from high school in your native country? Y N

**ELIGIBILITY FOR INTERCOLLEGIATE ATHLETICS**

Are you aware that both the NCAA and the NAIA have eligibility requirements and recruiting rules for incoming freshman based upon their high school academic record? Y N  
**If you do not understand this, please contact your coach.**

**INJURIES**

Do you understand that you must immediately report all injuries either to your coach or athletic trainer? Y N

### ACADEMIC ELIGIBILITY REQUIREMENTS

In order to be eligible to participate in interscholastic athletics, you must have passed 5 credit hours during the preceding nine weeks

Did you accomplish this requirement?            Y        N

Did you receive at least a 1.5 GPA during the preceding nine weeks?            Y        N

### FRESHMAN ONLY - FIRST QUARTER

First quarter freshman must have passed 5 of their classes during the last nine weeks period in middle school.

Did you accomplish this requirement?            Y        N

### VERIFICATION

**NOTE: ANY CHANGES THAT OCCUR IN-SEASON MAY AFFECT ELIGIBILITY (RESIDENCY, CURSTODY, ETC.). IF CHANGES OCCUR, PLEASE NOTIFY THE ATHLETIC DIRECTOR IMMEDIATELY. 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.**

### EXTRA CURRICULAR CODE OF CONDUCT & SPORTSMANSHIP GUIDELINE

We, the Student and Parent/Guardian, understand that we have the opportunity to attend the preseason meeting conducted by our New Lexington Schools Athletic Department, and required by the OHSA. We have read the *Code of Conduct for Students Participating in Extracurricular Activities* We understand and agree to follow all rules listed in this policy. If we violate a policy, we agree to abide by the consequences, which have been established for the particular violation.

As a representative of New Lexington Schools, my parents and I are aware that our behavior reflects not only the team but also my coaches, school, and community. Questioning the calls of officials, arguing with coaches and teammates, foul language and disrespect towards opponents are examples of bad conduct and sportsmanship. None of these types of behavior are acceptable. If we display these behaviors, we are subject to consequences that range from being asked to leave practice/game, and dismissal from the team and/or removal from all future extracurricular activities. If I am rejected from a contest, I am also subject to punishment from the Ohio High School Athletic Association and New Lexington Schools. Parents who do not set good examples of good sportsmanship may be asked to leave and not return to future competitions.

I understand the concepts of acceptable Conduct and Sportsmanship. If I violate the boundaries of appropriate conduct and sportsmanship, I agree to accept and abide by any consequences delivered by my coach, athletic director, administrator and the Ohio High School Athletic Association.

### PUBLICITY CONSENT FOR ATHLETIC PURPOSES ONLY

We consent to the publication and use of photographs, video, name or quotes by my student-athlete for use by the Athletic Office.    Y        N

### NEW LEXINGTON SCHOOLS RISK ACKNOWLEDGEMENT STATEMENT

All interscholastic sports activities have within them certain inherent dangers.

The mere nature of the sports activities makes it possible for the participant to sustain injuries; some of which could result in paralysis or even death.

By signing this form, the participant and their parent/guardians are acknowledging that they understand and accept the risk inherent within this sport activity.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPLETE AND RETURN TO THE ATHLETIC OFFICE**

**ATHLETE/PARENT/GUARDIAN CONTRACT**

To request a hard copy of this policy, contact the high school office at 740-342-3528.

I have read the New Lexington Schools Athletic Contract and the O.H.S.A.A. Athletic Eligibility Rules and Requirements. I fully understand and agree to abide by the rules and regulations contained within said contract.

**STUDENT-ATHLETE NAME** - \_\_\_\_\_

**SIGNATURE** - \_\_\_\_\_

**DATE** - \_\_\_\_\_

**PARENT/GUARDIAN NAME** - \_\_\_\_\_

**SIGNATURE** - \_\_\_\_\_

**DATE** - \_\_\_\_\_

*A signed contract slip between the athlete and parent/guardian stating that they have read, understand, and will abide by these rules and regulations, must be on file in the Athletic Department Office in order to participate. Contract is valid throughout the entire year.*



# OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

## OHSAA Eligibility Checklist

For High School Students Enrolled and/or Participating at an OHSAA Member School

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes may mean you are **NOT** eligible. For questions, see your principal or athletic administrator.

- ☐ I am officially enrolled in an OHSAA member high school or participating in accordance with state law.
- ☐ I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.
- ☐ I received passing grades in at least five one credit courses or the equivalent, each of which count toward graduation, during the immediately preceding grading period, or as an incoming 9<sup>th</sup> grader, I have passed four classes.
- ☐ I have a biological and/or adoptive parent who lives in Ohio.
- ☐ I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.
- ☐ If I have changed schools (transferred), I have followed up with my new school to ensure that all proper forms (if applicable) have been submitted to the OHSAA Office.
- ☐ I understand I am permitted only eight semesters of eligibility taken in order of attendance, whether I play or not, once I have become eligible for athletics at grade 9.
- ☐ I understand I will become ineligible once I turn 20 years old.
- ☐ I have not received an award, equipment or prize in a sport in which I compete interscholastically valued at greater than \$500/item/source.
- ☐ I was either 1) born in the United States, 2) born outside the United States but am living here with a parent, or 3) have been approved for eligibility under Bylaw 4-8, International Students.
- ☐ I am competing under my true name and have provided my school with my correct home address.
- ☐ I have not competed in a mandatory open gym/facility, conditioning or instructional program outside the school season.
- ☐ I have not been coached or provided instruction by a school coach in a team sport in which I participate other than during my sport season, during an instructional period approved by the OHSAA outside the season observing the 50% roster limitation.
- ☐ I am not competing on a non-school team or in non-school competition as an individual during my school team's season in the same sport.
- ☐ I have not been recruited for athletic purposes to attend this school.
- ☐ I am not using anabolic steroids or other performance-enhancing drugs.
- ☐ I have had a physical examination within the past year and it is on file at my school.
- ☐ My parents and I attended a preseason meeting at my school which the OHSAA requires to be held no later than two weeks after the beginning of each sports season. We viewed a presentation prepared by the OHSAA to review key eligibility issues, healthy lifestyles and sporting behavior.
- ☐ My school also reviewed with my parents and me its concussion management protocol, we reviewed and signed the Ohio Department of Health's "Concussion Information Sheet" prior to participation and we reviewed a short presentation on concussions available at no cost at [www.nfhslearn.com](http://www.nfhslearn.com).
- ☐ My school also reviewed with my parents and me the Sudden Cardiac Arrest video, and we reviewed and have signed the Ohio Department of Health's "Sudden Cardiac Arrest Information Sheet" prior to participation and we reviewed a short presentation on Sudden Cardiac Arrest.
- ☐ My parents & I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement. They are on file at my school.

**Student Printed Name**

**Parent/Guardian Printed Name**

**Student Signature**

**Date**

**Parent/Guardian Signature**

**Date**

**NOTE:** This form has been provided as a service to the OHSAA membership for schools to utilize with student-athletes and their parents/guardians. Use of this form is at the sole discretion of each member school.



# 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 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

# 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.

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**Athlete**

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**Date**

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**Athlete** *Please Print Name*

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**Parent/Guardian**

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**Date**



## New Lexington City Schools

Your son/daughter will be participating in interscholastic athletics this year. Therefore, it is important that we know whether he/she has adequate insurance coverage. A policy may be purchased from the school's authorized insurance agent for a charge if you do not feel your insurance will cover your son/daughter. Please check your policy carefully. Occasionally, we find parents think their son/daughter is covered, only to learn that such is not the case.

Your son/daughter can NOT participate until the school has this information. Please fill out the bottom portion and have it returned to coach as soon as possible.

I hereby verify that \_\_\_\_\_  
(Students Name)

Does have adequate insurance coverage and therefore the New Lexington City School  
System will not be responsible for injuries suffered during athletic related activities.

\_\_\_\_\_  
(Date) (Parent's Signature)



# New Lexington Athletics



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the New Lexington Athletic Department and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the New Lexington Athletic Department, their coaches, officials, and/or employees, other participants, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS:**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

# New Lexington Athletics



## Athlete Emergency Contact Form

COACHES PLEASE KEEP A COPY OF THIS WITH YOU AT ALL TIMES

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Year in school (please circle):    7       8       9       10       11       12

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Alternative Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

CONDITIONS/ISSUES: Please list any medical issues the student may have; i.e. asthma. allergies.....

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The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by New Lexington School Athletic Department personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my child and child's information to be released/treated for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_