

Milford Exempted Village Schools Athletic Department

2009-10 HS STUDENT INFORMATION FORM

(please print...)

NAME _____ SPORT _____

FULL ADDRESS _____

H PHONE _____ STUDENT ID _____

AGE _____ GRADE LEVEL _____ BIRTH DATE _____

FATHER/GUARDIAN NAME _____ ALT. PHONE _____

MOTHER/GUARDIAN NAME _____ ALT. PHONE _____

O.H.S.A.A. HS STUDENT ELIGIBILITY INFORMATION

Please Circle...

- | | |
|---|----------------------|
| 1. Are you currently living with your parent(s)/guardian(s) at the above address? | 1. YES / NO* |
| 2. Does at least one of your biological or adoptive parents live in Ohio? | 2. YES / NO* |
| 3. Is Milford High School the only high school (grades 9-12) you have ever attended? | 3. YES / NO* |
| 4. Are you currently enrolled in Milford High School and taking at least 5 one-credit courses? | 4. YES / NO* |
| 5. Did you earn passing grades in at least 5 one-credit courses or the equivalent last quarter? | 5. YES / NO* |
| 6. Did you earn at least a 1.5 GPA last quarter? | 6. YES / NO* |
| 7. Have you had a doctor's physical examination within the past calendar year? | 7. YES / NO* |
| 8. Will you be 19 years old <i>before</i> August 1, 2009? | 8. YES* / NO |
| 9. Have 8 semesters elapsed since you began 9 th grade? (Are you in your 5 th year of high school?) | 9. YES* / NO |
| 10. Are you competing on a non-school team during the same school team's season? | 10. YES* / NO |
| 11. Are you using anabolic steroids or other performance-enhancing drugs? | 11. YES* / NO |
| 12. Have you ever been convicted of a felony? | 12. YES* / NO |

If you have any circled * above, you may be ineligible and must provide a written explanation to the Head Coach and Athletic Director before beginning participation.

The above information is true and correct. We understand that any changes that may affect eligibility must be immediately communicated to the Head Coach and the Athletic Director. We know that false information or failure to report changes which affect eligibility could possibly result in forfeiture of contests. Further, we acknowledge that participating in athletics is a privilege, not a right, and violation of rules may result in denial of participation. We have read and we understand the training regulations, substance abuse guidelines, eligibility requirements and all other athletic policies outlined in the Milford Athletic Handbook for Students/Parents and the OHSAA Athletic Eligibility Guide. Our signatures below indicate we are aware of our responsibilities as a Milford athlete/family.

STUDENT SIGNATURE _____ DATE _____

FATHER/GUARDIAN SIGNATURE _____ DATE _____

MOTHER/GUARDIAN SIGNATURE _____ DATE _____

Milford Exempted Village Schools Athletic Department

STUDENT AND PARENT/GUARDIAN PLEDGE FORM

STUDENT PLEDGE

As a participant in the Milford Athletic Program, I, _____, agree to abide
(Print Student's Full Name)

by all training rules, especially those regarding the use, sale or possession of alcohol, tobacco products or illegal drugs. I understand this is a year-round commitment that is in effect for the remainder of my enrollment as a student in the MEVSD. I recognize, accept and pledge to abide by all policies and regulations outlined in the Milford Athletic Handbook and others established by my coach.

To demonstrate my support, I pledge to:

1. Encourage my fellow students by setting a positive example and abstaining from the use, sale or possession of alcohol, tobacco products or illegal drugs.
2. Not enable my fellow students who use alcohol, drugs or tobacco. I will not cover up for them or lie for them if rules are broken. I will hold my teammates responsible and accountable for their actions.
3. Seek information and assistance in dealing with my own or my fellow students' problems.
4. Try to be honest and open with my parents about feelings, needs and issues.
5. Be honest and open with my coach and other school personnel when the best interests of my fellow students and my school are being jeopardized.

<i>STUDENT SIGNATURE</i> _____ <i>DATE</i> _____
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PARENT/GUARDIAN PLEDGE

As parent(s)/guardian(s) of a student participating in the Milford Athletic Program, I/we will support _____'s agreement to abide by all training rules.
(Student Name)

To demonstrate my/our support, I/we pledge to:

1. Set a positive example by exhibiting responsible use of alcohol, drugs and tobacco.
2. Heighten my/our awareness of my/our child's behavior, psychological needs, social habits and academic status.
3. Assert my/our authority as parent(s)/guardian(s) in supporting and guiding my/our child.
4. Provide support for my/our child if it becomes apparent a problem exists, by seeking information and assistance.
5. Not enable my/our child by covering up if any training rules are broken. I/we will hold him/her responsible and accountable for his/her actions.
6. Uphold the coach and other school personnel by providing information and support in dealing with my/our child and his/her teammates.

<i>FATHER/GUARDIAN SIGNATURE</i> _____ <i>DATE</i> _____
<i>MOTHER/GUARDIAN SIGNATURE</i> _____ <i>DATE</i> _____

Milford Exempted Village Schools Athletic Department

ACKNOWLEDGMENT OF WARNING AND RELEASE OF LIABILITY

We, the undersigned student and parent(s)/guardian(s) of _____, do hereby
(Print Student's Full Name)
release, waive, discharge and covenant not to sue the Milford Exempted Village School District Board of Education, its individual members, Superintendent, principals, athletic directors, administrators, employees, agents or anyone acting on its behalf, from any and all liability, claim, demand, action or cause of actions, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from or to result from _____'s participation in sports and/or any other extracurricular
(Student Name)
activity on behalf of or in the name of the Milford Exempted Village School District Board of Education.

We hereby assume full responsibility for the risk of bodily injury, personal injury or mental injury or death due to _____'s participation in sports and/or other extracurricular activities
(Student Name)
on behalf of or in the name of the Milford Exempted Village School District Board of Education.

We hereby acknowledge that we have been properly advised, cautioned and warned by the Milford Exempted Village School District personnel regarding the risks associated with _____'s participation in sports and/or other extracurricular activities, and it is our
(Student Name)
desire to, with full knowledge and understanding of those risks, participate in such activities.

We expressly agree that his/her release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall nevertheless, continue in full force and effect.

We further state that I/we have carefully read the above release and know the contents of same and sign this release of our own free act.

<i>STUDENT SIGNATURE</i> _____	<i>DATE</i> _____
<i>FATHER/GUARDIAN SIGNATURE</i> _____	<i>DATE</i> _____
<i>MOTHER/GUARDIAN SIGNATURE</i> _____	<i>DATE</i> _____

Milford Exempted Village Schools Athletic Department

ACKNOWLEDGMENT OF PHYSICAL EXAMS, EMERGENCY MEDICAL AUTHORIZATIONS AND INSURANCE COVERAGE

(from the Milford Athletic Handbook for Students and Parents...)

IV. Physical Exams and Emergency Medical Authorizations

- A. Athletic participation forms (also referred to as “physicals”) for participants in any of the grades 7-12 shall be signed by a medical examiner, the participant and by a parent/guardian. These forms must be on file in the athletic director’s office before any candidate for a team may participate in a practice. These forms shall require the medical examiner to certify the individual’s physical fitness no less than once each calendar year. (*OHSAA Bylaw Ref.: 3-4-1*) The official OHSAA “Preparticipation Physical Evaluation Form” must be used for this purpose and all pages must be completed in full. It is recommended that students arrange for their physical exams in the summer or at least one month in advance of the season. This will prevent any problems participating in tryouts or practices on scheduled starting dates.

- B. The Milford Athletic Department and individual team coaches are required to keep an approved MEVSD Emergency Medical Authorization form on hand for all athletes under their supervision. These forms give permission for doctors and hospitals to perform necessary emergency procedures when parents/guardians cannot be present for authorization. Athletes are to return their “EMA” containing all requested information and valid signatures prior to any participation.

V. Insurance

- A. The MEVSD does NOT insure its students (in full, in part or as a supplement) against accident or injury incurred while involved in and/or as a result of school activities (including athletics).

*I/We have read the information above regarding the required medical forms and insurance coverage.
 I/We understand that the MEVSD does NOT provide any type of student accident/injury insurance and
 I/We verify that the information below is correct.*

_____ Individual Policy _____ or Group Policy _____ Employer:
 Name of Family Insurance Coverage

FATHER/GUARDIAN SIGNATURE _____ *DATE* _____

MOTHER/GUARDIAN SIGNATURE _____ *DATE* _____