

OSSAA ELIGIBILITY RECORD FORM FOR NEW STUDENTS IN GRADES 7-12  
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Student's Current Address \_\_\_\_\_

Last School attended \_\_\_\_\_ Last School Address \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.**

YES NO

- 1. Will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation before September 1? (Rule 1)
- 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- 4. Are you currently failing any class? (Rule 3)
- 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- 7. Have you completed all 12<sup>th</sup> grade requirements for high school graduation? (Rule 6)
- 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7<sup>th</sup> grade and the five school years that follow consecutively after that school year- Rule 7)
- 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
- 10. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- 11. Do you live with someone other than your parents? (Rule 8)
- 12. Do you live with only one parent? (Rule 8)
- 13. Do you live outside this school district? (Rule 8)
- 14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- 15. Have you ever attended school outside the district where your parents reside? (Rule 8)
- 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
- 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
- 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-IX)
- 21. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-IX)
- 22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)  
**INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.**

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Coach)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

# OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
			Hepatitis _____ Chickenpox _____		
			Explain "Yes" answers on a separate sheet.		

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

## PREPARTICIPATION PHYSICAL EVALUATION

**PLEASE PRINT**

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_% Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_  
Initial BP Post Exercise 5 Min. Post Ex.

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y / N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**CLEARANCE**

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_

( ) Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

# INFORMED CONSENT

## BENEFITS OF SPORTS AND PHYSICAL EDUCATION ACTIVITIES:

1. Physical Benefits
  - a. Develop coordination
  - b. Keep trim and in shape
  - c. Build muscles
  - d. Improve heart and cardiovascular system
  - e. Develop endurance
2. Mental Benefits
  - a. Learn rules of sports
  - b. Learn to think straight and keep alert
3. Social Benefits
  - a. Make new friends
  - b. Learn to work with others
  - c. Learn sportsmanship
  - d. Learn to be a part of a team
4. Emotional Benefits
  - a. Develop self-confidence
  - b. Have fun
  - c. Learn to handle winning and losing

## RISKS OF SPORTS AND PHYSICAL EDUCATION ACTIVITIES

1. Death
2. Paralysis
3. Wounds
4. Sprains and Strains
5. Dislocation and Fracture
6. Concussion
7. Heat Illness

## RULES FOR REDUCING RISKS

1. Wait for coach or teacher and obey their rules
2. Proper protective equipment and footwear
3. Warm-up before every game or practice
4. Do not use drugs, alcohol, or tobacco
5. Report all injuries
6. Do not horseplay
7. Follow training rules (Get in condition)

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## ACKNOWLEDGMENT OF INFORMED CONSENT TO PARTICIPATE IN ATHLETICS

We, the undersigned parent(s) and student/athlete, recognize both the benefits and the risks of participating in athletics and physical education, and do hereby give our consent for our student/athlete to participate in these activities.

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Signature of Student/Athlete

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Signature of Parent

# CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

## DURANT INDEPENDENT SCHOOL DISTRICT

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by **DURANT ISD** related to potential concussion and head injuries occurring during participation in athletics.

I, \_\_\_\_\_, as a student-athlete who  
(PLEASE PRINT STUDENT ATHLETE'S NAME)  
participates in **DURANT ISD** athletics and I, \_\_\_\_\_ as the  
parent/legal guardian, have read the information material provided to us by  
**DURANT ISD** related to concussions and head injuries occurring during  
participation in athletic programs and understand the content and warnings.

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SIGNATURE OF STUDENT-ATHLETE

DATE

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SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

*This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*

# CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

## WHAT IS A CONCUSSION?

- A concussion is brain injury
- It is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged”

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or “reassure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

## HOW CAN I PREVENT A CONCUSSION?

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

## FOR MORE INFORMATION VISIT:

- [www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

**IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!**

## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is sudden cardiac arrest in the United States?**

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pains; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

## **Can you screen for cardiac abnormalities?**

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

## **Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)**

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

### *Removal from play/return to play*

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).





## Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

\_\_\_\_\_  
(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

*This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*