



# FREMONT ROSS HIGH REQUIRED ATHLETIC FORMS 2011/2012

The enclosed forms must be completed in their entirety and **TURNED INTO THE COACH OF YOUR FIRST SEASON** before trying out or practicing in any sport at Fremont Ross High School.

Ohio High School Athletic Association  
Official Season Start Dates

Baseball: March 3, 2012  
Basketball Boys: November 4, 2011  
Basketball Girls : October 28, 2011  
Bowling: November 11, 2011  
Cross Country: August 1, 2011  
Football: August 1, 2011  
Golf: August 1, 2011  
Ice Hockey: November 4, 2011  
Soccer Boys: August 1, 2011  
Soccer Girls: August 1, 2011  
Softball March 3, 2012  
Swimming/Diving: November 4, 2011  
Tennis Boys: March 3, 2012  
Tennis Girls: August 1, 2011  
Track & Field: March 5, 2012  
Volleyball: August 1, 2011  
Wrestling: November 11, 2011



## Head Coaches Email Addresses

Baseball – Mark King	<a href="mailto:mking@vscc.k12.oh.us">mking@vscc.k12.oh.us</a>
Basketball – Mark Gedeon	<a href="mailto:GedeonM@fremont.k12.oh.us">GedeonM@fremont.k12.oh.us</a>
Basketball Girls – Juan Vela	<a href="mailto:nautica4444@yahoo.com">nautica4444@yahoo.com</a>
Bowling – Kirk Stout	<a href="mailto:bowlinbag@aol.com">bowlinbag@aol.com</a>
Cross Country – John Elder	<a href="mailto:ElderJ@fremont.k12.oh.us">ElderJ@fremont.k12.oh.us</a>
Football – Derek Kidwell	<a href="mailto:KidwellD@fremont.k12.oh.us">KidwellD@fremont.k12.oh.us</a>
Golf – James Scharer	<a href="mailto:ScharerJ@fremont.k12.oh.us">ScharerJ@fremont.k12.oh.us</a>
Ice Hockey – TBA	TBA
Soccer Boys – Phil Collison	<a href="mailto:collison_phil@co.sandusky.oh.us">collison_phil@co.sandusky.oh.us</a>
Soccer Girls – Otto Gonzalez	<a href="mailto:GonzalezO@fremont.k12.oh.us">GonzalezO@fremont.k12.oh.us</a>
Softball – Mike Gilbert	<a href="mailto:GilbertM@fremont.k12.oh.us">GilbertM@fremont.k12.oh.us</a>
Swimming/Diving – Phil Moran	<a href="mailto:MoranP@fremont.k12.oh.us">MoranP@fremont.k12.oh.us</a>
Tennis Boys and Girls – Lisa Wolfe	<a href="mailto:WolfeL@fremont.k12.oh.us">WolfeL@fremont.k12.oh.us</a>
Track & Field – TBA	TBA
Volleyball – Laura Blasko	<a href="mailto:laurenblaskosws@yahoo.com">laurenblaskosws@yahoo.com</a>
Wrestling – Mike Mezinger	<a href="mailto:zinger05@roadrunner.com">zinger05@roadrunner.com</a>

\*Each coach will have specific packets  
for conditioning and practice schedules

# **\$10 SPORTS PHYSICALS**

ADMINISTERED BY LOCAL HEALTH CARE PROFESSIONALS

**WHEN: JUNE 22**

**TIME:** Two Sessions: 1 to 3pm & 5 to 7pm

**WHERE: Herbert-Perna Center For Physical Health**  
710 Cleveland Avenue  
Fremont, Ohio

**WHO:** Students entering Grades 7-12

**COST: \$10 per student**

Proceeds donated back to schools!!!

## **IMPORTANT!**

All athletes **Must** have pages 1,3 and 4 **completed** on the Ohio High School Athletic Association Preparticipation Physical Evaluation form prior to having physical done. Parent signatures are required on pages 1,3, and 4. Page 2 will be complete by examining doctor.

Physical Forms are available at high school offices, or at the Herbert-Perna Center. These Physical forms can also be downloaded off the OHSAA website at [www.ohsaa.org/MEDICINE/PPE.pdf](http://www.ohsaa.org/MEDICINE/PPE.pdf)

For more information contact Memorial  
Physical Medicine at 419-334-6630.



# Ohio High School Athletic Association Preparticipation Physical Evaluation



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

Page 1 of 4

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

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

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

Personal Physician \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

## History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers in the space provided. Circle questions you don't know the answer to.

- 1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
- 2. Do you have an ongoing medical condition (like diabetes or asthma)?
- 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?
- 4. Do you have allergies to medicines, pollens, foods, or stinging insects?
- 5. Do you think you are in good health?
- 6. Have you ever passed out or nearly passed out DURING exercise?
- 7. Have you ever passed out or nearly passed out AFTER exercise?
- 8. Have you ever had discomfort, pain, or pressure in your chest during exercise?
- 9. Does your heart race or skip beats during exercise?
- 10. Has a doctor ever told you that you have (check all that apply):  
 High Blood Pressure  A heart murmur  
 High Cholesterol  A heart infection
- 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)
- 12. Has anyone in your family died of no apparent reason?
- 13. Does anyone in your family have a heart problem?
- 14. Has any family member or relative died of heart problems or of sudden death before age 50?
- 15. Does anyone in your family have Marfan syndrome?
- 16. Have you ever spent the night in a hospital?
- 17. Have you ever had surgery?

18. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:

19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:

20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand / Fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toes

- 21. Have you ever had a stress fracture?
- 22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?
- 23. Do you regularly use a brace or assistive device?
- 24. Has a doctor ever told you that you have asthma or allergies?

- 25. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
- 26. Is there anyone in your family who has asthma?
- 27. Have you ever used an inhaler or taken asthma medicine?
- 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?
- 29. Have you had infectious mononucleosis (mono) within the last month?
- 30. Do you have any rashes, pressure sores, or other skin problems?
- 31. Have you had a herpes skin infection?
- 32. Have you ever had a head injury or concussion?
- 33. Have you been hit in the head and been confused or lost your memory?
- 34. Have you ever had a seizure?
- 35. Do you have headaches with exercise?
- 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
- 37. Have you ever been unable to move your arms or legs after being hit or falling?
- 38. When exercising in the heat, do you have severe muscle cramps or become ill?
- 39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 40. Have you had any problems with your eyes or vision?
- 41. Do you wear glasses or contact lenses?
- 42. Do you wear protective eyewear, such as goggles or a face shield?
- 43. Are you happy with your weight?
- 44. Are you trying to gain or lose weight?
- 45. Has anyone recommended you change your weight or eating habits?
- 46. Do you limit or carefully control what you eat?
- 47. Do you have any concerns that you would like to discuss with a doctor?
- 48. Record the dates of your most recent immunizations (shots)  
Tdap \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Meningococcal \_\_\_\_\_

### FEMALES ONLY

- 49. Have you ever had a menstrual period?
- 50. How old were you when you had your first menstrual period? \_\_\_\_\_
- 51. How many periods have you had in the last 12 months? \_\_\_\_\_

Explain "Yes" Answers Here: (Attach additional sheets as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (we) hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

Signature: \_\_\_\_\_  
Athlete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian (If athlete is under 18)

The student has family insurance  Yes  No; If yes, family insurance company name and policy number: \_\_\_\_\_

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.  
NOTE: HISTORY AND ALL CONSENT FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION

# Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Students Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_

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

**Follow-Up Questions on More Sensitive Issues (Optional)**

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
9. Questions from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL	Normal	Abnormal findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

Notes: \_\_\_\_\_

## Clearance

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for:

Not cleared for: All Sports Certain sports: Reason: \_\_\_\_\_

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

## Emergency Information:

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name of Physician: (print/type/stamp) \_\_\_\_\_ (M.D., D.O., D.C.) Date: \_\_\_\_\_

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

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

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_



OHSAA AUTHORIZATION FORM

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

## 2011-2012 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 parent.


 I have read, understand and acknowledge receipt of the OHSAA brochure entitled "Your Athletic Eligibility," 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 web site at [www.ohsaa.org](http://www.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 Conduct is not in good standing and is ineligible for a period of time 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 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 transported via ambulance to the nearest hospital.

 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), 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 Post Secondary Enrollment Option, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility.

 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 competition due to a suspected concussion, he or she will be unable to return to competition that day without the written authorization from a physician (M.D. or D.O.) or an athletic trainer which indicates that the student has not been concussed. Further, I acknowledge that discussion took place and materials were provided to me on this topic by my school.

 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

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Student's Signature	Birth date	Grade in School	Date
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Parent's or Guardian's Signature	Date
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**FREMONT CITY SCHOOLS DISTRICT  
EMERGENCY MEDICAL AUTHORIZATION (EMA) AND STUDENT REGISTRATION FORM (EMIS)  
2011-2012**

Please complete ALL sections

<b>Date of Entry (For Office Use Only):</b> _____	<b>EMIS ID# (For Office Use Only):</b> _____	<b>DASL ID # (For Office Use Only):</b> _____
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<b>Legal Last Name</b> _____	<b>First</b> _____	<b>Middle</b> _____	<b>Suffix</b> _____	<b>Grade</b> _____
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<b>Address</b> (post office box is not acceptable as a residence address) _____	<b>City</b> _____	<b>Zip</b> _____	<b>Phone</b> _____
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<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> _____	<b>Birth City</b> _____	<b>Citizenship (ex. U.S.)</b> _____
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<p><b>FILL OUT BOTH PARTS – (Federal Government Requirement)</b></p> <p><b>Part I – ETHNIC CATEGORY – Choose One</b></p> <p><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian</p> <p><b>Part II – HERITAGE</b></p> <p><b>Is the student of Hispanic/Latino Heritage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Choose one or more Racial Groups below:</b></p> <p><input type="checkbox"/> White <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian</p>	<p><b>Primary Language Spoken at Home</b></p> <p><input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <hr/> <p><b>Is this student presently under expulsion or suspension?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>(If yes, please provide copies or paperwork)</i></p>
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**Has this student previously attended Fremont City Schools?**  
 No  Yes *(If yes, grade level at withdrawal)* \_\_\_\_\_ Building \_\_\_\_\_

<b>Previous School District/Building Attended</b> _____	<b>Previous School Address/City/State/Zip</b> _____	<b>Phone:</b> _____ <b>Fax:</b> _____
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**Is student currently on an Individual Educational Plan (IEP)?**  
 No  Yes *(If yes, an appointment will be needed to meet with Director of Student Services)* Appointment Date: \_\_\_\_\_

**Marital Status of Parents**  Single  Married  Separated  Divorced  Remarried  Widowed

**STUDENT RESIDES WITH:**

Mother only\*  Father only\*  Grandparents *(POA or Grandparent Affidavit required\*\*)*  Foster Family\*

Both Parents  Mother/Stepfather\*  Father/Stepmother\*  Other\*: \_\_\_\_\_

**\*If the student is not living with both parents, is there a temporary or permanent custody order/deedce allocating parental rights and responsibilities?**  
 No  Yes **(If yes, you must provide a certified copy of the custody order)**

**Would the non-custodial/non-residential parent like to receive school correspondence?**  No  Yes

**RESIDENTIAL PARENT/GUARDIAN INFORMATION: (required)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Spouse's Name *(if applicable)* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**NON-RESIDENTIAL PARENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Spouse's Name *(if applicable)* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY CONTACTS:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address *(if different from above)* \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please list all siblings who attend Fremont City Schools:**

Last Name _____	First Name _____	Current Grade _____
Last Name _____	First Name _____	Current Grade _____
Last Name _____	First Name _____	Current Grade _____
Last Name _____	First Name _____	Current Grade _____
Last Name _____	First Name _____	Current Grade _____

**\*\*PLEASE COMPLETE EITHER PART I OR PART II\*\***



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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Vision Specialist \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE:** Sandusky County EMS will transport to Memorial Hospital of Sandusky County – (If you would prefer another hospital, please specify below and understand the greater travel distance may require an ambulance).

Hospital (if other than Memorial) \_\_\_\_\_ Phone \_\_\_\_\_

**In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Any hospital or practitioner not having access to the child’s medical history needs the following information:**

Date of last tetanus shot \_\_\_\_\_ Allergies \_\_\_\_\_

Medication Being Taken \_\_\_\_\_

Physical impairments (heart, epilepsy, etc.) \_\_\_\_\_

Other pertinent facts to which a physician should be alerted: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_



**PART II**

**I DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

As stated in Section 3313.712 of Ohio Law, this section also requires that this form, which is a facsimile of the form included in section 3313.712 be used. The law provides that the emergency medical form must be on file by October 1 of the current school year or the student will not be permitted to participate in any school function or activity.

\_\_\_\_\_  
**SIGNATURE OF PERSON ENROLLING STUDENT**                      **RELATIONSHIP**                      **DATE**

# ATTENTION ALL STUDENT ATHLETES

Please remember you **MUST** carry  
5 courses at a ½ credit each in order  
to be eligible to partake in  
interscholastic athletics.

That means, each of the 5 classes  
need to be worth ½ credit each.

Physical Education/Swimming classes  
**DO NOT COUNT!!!**



# Fremont Ross High School Equipment Contract

## BASEBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### Equipment Item

1. Uniform Pants (2)
2. Uniform Shirt (2)
3. Jacket
4. Belt
5. Equipment Bag
6. Player Manual

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

10/06/10

# Fremont Ross High School Equipment Contract

## BOYS BASKETBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### Equipment Item

1. Uniform Top (2)
2. Uniform Pants (2)
3. Warm up Pants
4. Warm up Sweatshirt
5. Shooting Shirt
6. Practice Jersey
7. Travel bag
8. Other

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## GIRLS BASKETBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

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In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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### **Equipment Item**

- 1. Home uniform shirt & shorts**
- 2. Away uniform shirt & shorts**
- 3. Practice uniform shirt & shorts**
- 4. Warm up pullover**
- 5. Warm up pant**
- 6. Team bag (if applicable)**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## CHEERLEADING

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

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In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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#### Equipment Item

1. Sleeveless Shell
2. Skirt matching item 1
3. Liner matching item 1 & 2
4. Warm-up jacket
5. Warm-up pant
6. Winter coat
7. Equipment Bag

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## BOYS/GIRLS CROSS COUNTRY

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

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In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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### **Equipment Item**

- 1. Shorts**
- 2. Shirts**
- 3. Warm-up Jacket**
- 4. Warm-up Pants**
- 5. Other**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## FOOTBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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#### Equipment Item

1. Forearm pad
2. Girdle
3. Cloth hand pad – Leather hand pad
4. Helmet
5. Knee pads
6. Thigh pads
7. Shoulder pads
8. Jersey- Practice, White game, Purple game
9. Pants – Practice, White game, Purple game
10. Rib pads
11. Side line jacket
12. Lock
13. Belts (3)
14. Elbow pads
15. Shock Pads
16. Cowboy Collar
17. Hip pad
18. Notebook

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## GOLF

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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### Equipment Item

1. **Shirt**
2. **Jacket**
3. **Golf Bag**
4. **Other**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## SOCCER

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

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In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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### **Equipment Item**

- 1. Uniform Top**
- 2. Uniform Shorts**
- 3. Goalie Top**
- 4. Goalie Shorts**
- 5. Socks**
- 6. Other**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## SOFTBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### Equipment Item

1. Uniform Pants
2. Uniform Shirt
3. Jacket
4. Other

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## SWIM / DIVE

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

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In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

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### **Equipment Item**

- 1. Team Bag**
- 2. Warm up Jacket**
- 3. Warm up Pant**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## BOYS TENNIS

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### **Equipment Item**

- 1. Uniform Shorts**
- 2. Uniform Shirt**
- 3. Warm-Up Jacket**
- 4. Warm-Up Pants**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## GIRLS TENNIS

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### **Equipment Item**

- 1. Uniform Skirt**
- 2. Uniform Shirt**
- 3. Warm-Up Jacket**
- 4. Warm-Up Pants**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## BOYS/GIRLS TRACK

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Equipment Contract**

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### **Equipment Item**

- 1. Uniform Shorts**
- 2. Uniform Shirts**
- 3. Warm-Up Jacket**
- 4. Warm-Up Pants**
- 5. Bag (possible)**
- 6. Hat (possible)**

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## VOLLEYBALL

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the team, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

### Equipment Item

#### 1. Game Shirt (Home & Away)

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fremont Ross High School Equipment Contract

## WRESTLING

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Equipment Contract

I fully understand that I am totally responsible for all of the equipment items issued to me and assume the responsibility of returning all equipment issued in my name.

In the event that I either, quit or am dropped from the squad, I will also be responsible for returning all equipment items issued within 7 days.

I agree to pay the full replacement cost for any piece of equipment not returned at current retail value. It is also understood by me that I will not be permitted to participate in another sport until my obligations are completed.

#### Equipment Item

1. Head Gear
2. Wrestling Uniform
3. Warm-Up Pants
4. Warm-up Jacket
5. Other

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_