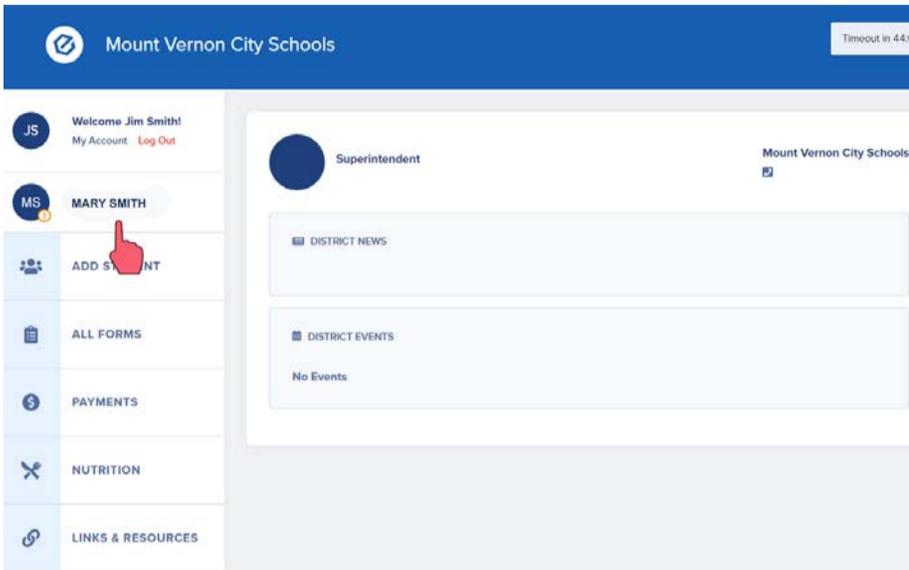


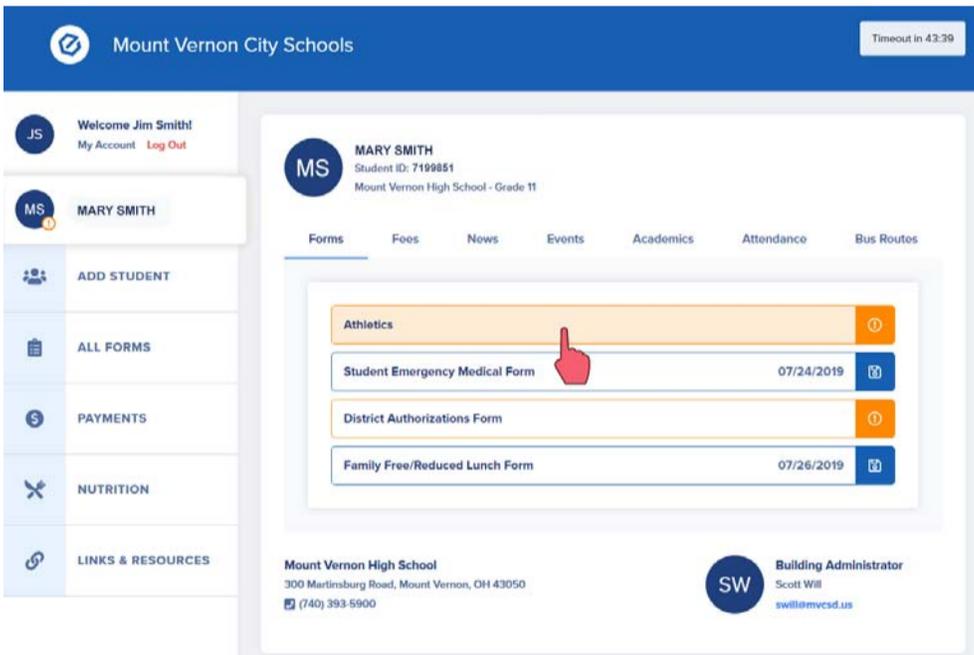
Athletics Form

Mount Vernon City Schools Athletics Form for students in grades 7-12 who are participating in interscholastic sports must be completed through the OneView Parent Portal. MV student/athletes must have the Emergency Medical Authorization Form filled out prior to filling out the Athletics Form. Please follow these guidelines.

From your OneView Parent Account page, click on the name of the student for whom you will be completing the Athletics Form.



Select **Athletics** – the Athletics Form is one form with seven important sections. All sections need reviewed and authorized by both parent and student.



Select Your Child's Sports

ATHLETICS

Form Submission History

[Load All History](#)

[Save](#) [Save & Submit](#)

MOUNT VERNON HIGH SCHOOL - ATHLETICS FORM

MARY SMITH StudentID: 7199851

If your student will be participating in Athletics for the 2019-2020 school year, please review each section below and indicate your acceptance (where applicable) and download the information required. Your electronic signature at the bottom is required before your child may participate.

SELECT YOUR CHILD'S SPORT(S) Check all sports that apply to your student/athlete.

FALL SPORTS <ul style="list-style-type: none"><input type="checkbox"/> Cheerleading (Fall)<input type="checkbox"/> Cross Country (Boys and Girls)<input type="checkbox"/> Field Hockey<input type="checkbox"/> Football<input type="checkbox"/> Boys Golf<input type="checkbox"/> Girls Golf<input type="checkbox"/> Boys Soccer<input checked="" type="checkbox"/> Girls Soccer	WINTER SPORTS <ul style="list-style-type: none"><input type="checkbox"/> Bowling<input type="checkbox"/> Boys Basketball<input type="checkbox"/> Girls Basketball<input type="checkbox"/> Cheerleading (Winter)<input type="checkbox"/> Gymnastics<input type="checkbox"/> Ice Hockey<input type="checkbox"/> Swimming/Diving<input type="checkbox"/> Wrestling	SPRING SPORTS <ul style="list-style-type: none"><input type="checkbox"/> Baseball<input type="checkbox"/> Boys Tennis<input type="checkbox"/> Boys Lacrosse<input type="checkbox"/> Girls Lacrosse<input type="checkbox"/> Softball<input checked="" type="checkbox"/> Track (Boys and Girls)<input type="checkbox"/> Boys Volleyball
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STEP ONE: Review and Agree & Emergency Procedures – Select the appropriate response in both areas. Please list any known allergies and any medications taken by the student athlete.

STEP ONE: Please Review & Agree
 Welcome to the Mount Vernon Athletic Department. The below electronic forms and information are provided to all potential student-athletes and includes the requirements for interscholastic participation. In addition, all things worthwhile require a certain amount of preparation. The student-athlete should maintain an above average level of fitness, which should be increased during the preseason. See your coach for specific details

The student-athlete must also complete the necessary electronic forms below and printed paperwork before participation is permitted. These forms and paperwork include:

- Emergency Procedure Electronic Form (Section One)
- Review & Agree to Mount Vernon Code of Conduct (Section Two)
- Review Physical Exam Locations (Section Three)
- Review & Complete the OHSAA Pre-Participation Physical Form Return (**hard copy**) to coach prior to first day of practice (Section Four) & Review & Agree (**digital acknowledgement**) to pages 5 & 6 of the OHSAA Acknowledgement Form
- Review & Agree to the Ohio Dept. of Health Concussion Information (Section Five)
- Review & Agree to the Sudden Cardiac Arrest/Lindsay's Law Materials (Section Six)

Read and review the Participation Requirements in the bullet list above.

I/we have reviewed the Participation Requirements outlined above and understand its contents and agree to provide the information as requested below.

Please Select..

STEP TWO: EMERGENCY PROCEDURE ELECTRONIC FORM - Please fill out the fields below

Student-Athlete Name: Sport Season:
 Fall
 Winter
 Spring

Home Phone: Cell/Other Phone:

Prioritize the steps to be taken in the event of an emergency provide contact phone numbers.

In case of emergency, illness or accident to the student named above, the school is authorized to proceed as indicated below. Please select a number next to each item in the order of desired action to be taken.

Do This Second Call Father At:

Do This Second Call Mother At:

Do This Third Call Family Physician At:

Do This First Take Child To Emergency Hospital:

Please Select... Take Child To Licensed Physician:

Please Select... Other Desired Procedure(s):

Enter known allergies and medications taken. **Only enter medical information.** Leave blank if your student/athlete has no allergies or does not require specific medications.

Parent/Guardian Review & Update of Medical Alerts and Health Conditions

List Known Allergies:
 List any known allergies. LEAVE BLANK if this does not apply to your student. Do not type none or NA.

List Medications Taken:
 List Medications Taken. LEAVE BLANK if this does not apply to your student. Do not type none or NA.

The grid below lists any current medical alerts and/or health conditions on file for your student-athlete. **Please review the list carefully and indicate whether or not any changes should be made to the information provided.** The health and safety of your student-athlete is of paramount concern to Mount Vernon City Schools, and the coaches, athletic trainers, and school health officials so your careful attention here is appreciated.

No active medical alerts found for MARY SMITH **Grid for current medical alerts or health conditions would appear here.**

Are there any changes to the above information (or do you wish to add a health/medical alert for the school to be aware of)?

Please Select... **Select down arrow.**

No, Information Is Accurate
 Yes, I have changes which are described below:

SECTIONS 2, 3 and 4 – please click the link to read and review, with your student athlete, all documentation and then select the appropriate response.

SECTION TWO: CODE OF CONDUCT

Please review the linked [Code of Conduct Video](#) (opens in a new window) and indicate that you have reviewed it in the space below. You can download and review the full text version of the [Code of Conduct](#)

I/we have reviewed the Code of Conduct video or the full text version and agree to abide by its rules and regulations.

Please Select...

SECTION THREE: OHSAA PRE-PARTICIPATION PHYSICAL FORM 2019-2020

Please download and print out the [OHSAA Physical Form 2019-2020](#) document (opens in a new window).
IMPORTANT: This form should be printed, filled out (both by you and a physician) and returned to the athletic department [once complete](#).

SECTION FOUR: CONCUSSION INFORMATION AND ACKNOWLEDGEMENT

Please review the linked [Concussion Information and Acknowledgement](#) document (opens in a new window) and indicate that you have reviewed it in the space below.

I/we have reviewed the Concussion Information and Acknowledgement form.

Please Select...

In **SECTION 3**, download and print out the OHSAA Physical Form and have it filled out by both you and a physician. You are to return the completed form to the athletic department or directly scan and upload the form (**SECTION 7**). **Please note: it is not necessary to upload the form yourself.** You may have your student/athlete hand the form in to the athletic office and it will be scanned and uploaded for you.

SECTIONS 5 and 6 – please click the link to read and review, with your student athlete, all documentation and then select the appropriate response. If you desire school insurance, download and complete the Insurance Form Application. Mail the insurance form directly to the company.

SECTION FIVE: INSURANCE AGREEMENT

Please review the linked [School Insurance Information](#) document (opens in a new window) and answer the question(s) below:

I realize that my child may be injured or possibly die as a result of participation in interscholastic athletics.

I/we wish to accept the insurance offered by Student Protective Agency.

Please Select...

Click here for the application [Insurance Form](#)

SECTION SIX: STUDENT CARDIAC ARREST ACKNOWLEDGEMENT

Please watch the linked [Sudden Cardiac Arrest](#) video (opens in a new window) and review the linked [Lindsay's Law Handout](#) document and the [Lindsay's Law Signature Form](#) document.

I/We have watched, read, understand the linked Lindsay's Law information. I also understand that signing this form electronically replaces the need to sign the Lindsay's Law Signature Form.

Please Select...

Electronic Signature & Authorization

Both Students and Parents are required to type in their name - Digital Signature. Finally, be sure to click **|Save and Submit|** to the District.

SECTION SEVEN: UPLOAD COMPLETED OHSAA PHYSICAL FORM

Please upload your physical form once completed and signed by a doctor by clicking the button below.

Upload Document

You can upload your completed OHSAA Physical form or turn it in to the Athletic Secretary in the Office.

AUTHORIZATION AND ELECTRONIC SIGNATURE

Please read the below information carefully:

I agree to complete and submit through electronic means this form and such other forms, documents and questionnaires as the Mount Vernon City Schools may require.

Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of this form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form.

Digital Signature of Parent/Guardian

Jim Smith

Date

7/24/2019

Digital Signature of Student

Mary Smith

Date

7/24/2019

Save

Save & Submit

