

Warren Central High School / Department of Athletics
IHSAA PRE-PARTICIPATION PHYSICAL EXAMINATION / STUDENT & PARENT CERTIFICATION OF CONSENT

In addition to the IHSAA Pre-Participation Physical Evaluation Form, all sections of this form must be completed in full, BEFORE the student-athlete is permitted to practice or compete.

Circle Your Gender

Male Female

Circle ONLY 1 Sport Per Season in which you hope to Compete:

- | | | |
|---------------|---------------|---------------|
| <u>FALL</u> | <u>WINTER</u> | <u>SPRING</u> |
| Cheer-FB | Cheer-BKB | Baseball |
| Cross-Country | Basketball | Golf-Boys |
| Football | Gymnastics | Softball |
| Golf-Girls | Swim | Tennis-Girls |
| Soccer | Wrestling | Track |
| Tennis-Boys | | |
| Volleyball | | |

Date: _____

Name: _____

Phone: _____

Address: _____

City: _____

Zip: _____

Gender: _____

Age: _____

Year of Graduation: _____

Date of Birth: _____

Personal Physician: _____

Physician's Phone: _____

Have You Ever Attended Another High School? _____

If YES, Name of Previous High School: _____



STUDENT CERTIFICATION OF KNOWLEDGE & RELEASE

I have read the Warren Central Athletic Handbook for Student Athletes. I believe I am eligible to represent my present school in athletics and agree to abide by said rules and regulations of my school and the IHSAA. To the best of my knowledge I have suffered no injury or illness in the past that would hinder my participation in my chosen sport(s).

I acknowledge that I have received a copy of the athletic code, been informed of and read the Code of Conduct for Warren Central athletes. I understand the Code applies to me year-round and realize that I am subject to disciplinary measures should I violate the code. I do agree to participate and conduct myself in accordance with the rules of our athletic code and with any other specific rules of my coaches. I know that athletic participation is a privilege. I further understand and have been told that there is a risk of being injured that is inherent in all sports. I realize that the risk may be severe, including the risk of fracture, brain injury, paralysis, or even death, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I also understand that travel is necessary and accident causing injury is a possibility.

I HAVE READ THE ABOVE CAREFULLY

Student-Athlete Signature: X _____

Printed: _____

Date: _____

FOR PARENTS OR GUARDIANS:
 CERTIFICATION OF CONSENT
 ACKNOWLEDGMENT & RELEASE

(to be completed by all parents/guardians: where divorce or separation, parent with legal custody must sign)

A. In accordance with the rules of the IHSAA and Warren Central High School. I hereby give my consent for the above student to participate in all athletics at Warren Central High School.

B. I understand that participation may necessitate an early dismissal from classes and I also understand that travel is necessary and accident causing injury is a possibility.

C. I/we consent to the disclosure, by my son's/daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.

D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation, and chooses to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my school, the schools involved, and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against the IHSAA or my school because of any accident or mishap involving the athletic participation of my son/daughter.

E. As a parent and/or guardian of the above student-athlete, I have read the Student Handbook for Athletes and the Warren Code of Conduct and discussed it with my son/daughter. I understand the Code and realize that it applies year-round. I also realize that my son/daughter is subject to disciplinary measures should he/she violate the rules of the Code or the coaches.

F. I/we authorize Warren Central High School to investigate and obtain information from police agencies, the probation department, or any other source regarding events leading up to an arrest or filing of charges for an act which would be in violation of any of the rules and regulations as stated in Warren Central's Athletic Handbook.

G. I understand that the Athletic Department DOES NOT offer student athlete insurance.

H. HEALTH INSURANCE: Please check the appropriate box:
 *Has adequate family health insurance coverage
 *If yes, name of insurance company _____
 Does not have health insurance. Parents assume all costs for medical treatment.
 Has purchased school student accident insurance
 Other: (please explain)

I. MEDICATION: School representatives may administer the following ANALGESIC and/or BEE STING MEDICATION:
 (Circle Yes or No for each MEDICATION below)
 Yes No Aspirin
 Yes No Acetaminaphen (Tylenol or generic)
 Yes No Ibuprofen (Advil, Nuprin, Motrin or generic)
 Yes No Diphenhydramine HCl/Benadryl (by mouth if stung by bee or wasp)

I HAVE READ THE ABOVE CAREFULLY

Parent/Guardian: X _____

Printed Name: _____

Date: _____

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year— IHSAA By-Law C 3-10)



SCHOOL: _____

HISTORY (to be completed by student and parent prior to examination by Physician) **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes ___ No ___
Have you ever had surgery? Yes ___ No ___
Are you presently under a doctor's care? Yes ___ No ___
2. Are you presently taking any medications or pills? Yes ___ No ___
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes ___ No ___
4. Have you ever passed out during or after exercise? Yes ___ No ___
Have you ever been dizzy during or after exercise? Yes ___ No ___
Have you ever had chest pain during or after exercise? Yes ___ No ___
Have you ever had high blood pressure? Yes ___ No ___
Have you ever been told that you have a heart murmur? Yes ___ No ___
Have you ever had racing of your heart or skipped heartbeats? Yes ___ No ___
Has anyone in your family died of heart problems or a sudden death before age 50? Yes ___ No ___
Has anyone in your family had Marfan's syndrome? Yes ___ No ___
5. Do you have any skin problems (itching, rashes, acne)? Yes ___ No ___
6. Have you ever had a head injury? Yes ___ No ___
Have you ever been knocked out or unconscious? Yes ___ No ___
Have you ever had a seizure or epilepsy? Yes ___ No ___
Have you ever had a stinger, burner or pinched nerve? Yes ___ No ___
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes ___ No ___
8. Do you have trouble breathing or do you cough during or after activity? Yes ___ No ___
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? Yes ___ No ___
10. Have you had any problems with your eyes or vision? Yes ___ No ___
Do you wear glasses or contacts or protective eye wear? Yes ___ No ___
11. Are you missing an eye, kidney or testicle? Yes ___ No ___
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes ___ No ___
 Head Shoulder Thigh Neck Elbow Knee Foot
 Forearm Shin/Calf Back Wrist Ankle Hip Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? Yes ___ No ___
14. **Have you had a medical problem or injury since your last evaluation?** Yes ___ No ___
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. **(BOTH SIGNATURES ARE REQUIRED)**

• Signature of athlete: (X) _____

Date: _____

• Signature of parent/guardian: (X) _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician)

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____		
Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R		
	Circle (if option given)	----- Specific Findings -----
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	----- Specific Findings -----
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling

Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____ Phone: (_____) _____

Signature of Physician: (X) _____

(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year– IHSAA By-Law C 3-10)

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)



Individual Eligibility Rules (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSJET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a summary of the rules.

Contact your school officials for further information and before participating outside of your school.

(Consent & Release Certificate - on back or next page)

CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**File In Office of the Principal
Separate Form Required for Each School Year**

WCHS/Methodist Sports Medicine High School Athlete Authorization Form

Purpose: Methodist Sports Medicine provides athletic training and certain medical-related services to your school's athletic program. Methodist Sports Medicine is required by federal law to obtain this authorization before it can disclose your protected health information to your school. This form is used to authorize us to disclose protected health information to your school. Your authorization does not limit your right to choose your own physician for your own personal medical needs.

NOTE: Please Print. All information must be completed.

Section A: Athlete Information

First Name: _____ MI _____ Last Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Section B: Parent/Guardian Information

Name: _____

Relationship to Athlete: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

Section C: The use and/or disclosure being authorized.

Protected health information to be used and /or disclosed: The protected health information to be used or disclosed by Methodist Sports Medicine includes any and all medical data, documents, or consultation reports related to the athlete's physical fitness to practice or to engage in any school-related sport(s).

(Over)

Purpose of this Authorization/Entities Authorized: By signing this form, you authorize us to the school named above and its coaches, athletic trainers, athletic directors, and staff the protected health information described above to enable the school to determine the athlete's fitness to practice and participate in school sports.

No Conditions: This authorization is voluntary. We will not condition treatment on receiving this authorization.

Effect of Granting this Authorization: The protected health information described above may be disclosed to and/or received by individuals or organization who are not subject to federal health information privacy laws. These individuals or organizations may further disclose the protected health information, and it may no longer be protected by federal health information privacy laws.

Section D: Expiration and Revocation.

Expiration: This authorization will expire upon (a) the termination of the athlete's eligibility to participate in school sports, according to school and IHSAA policies, as amended from time or (b) revocation of this authorization as described below.

Right to revoke: You may revoke this authorization at any time by giving written notice of revocation to the contact listed below. Revocation of this authorization will **not** affect any action we took in reliance on this authorization before we received your written notice of revocation. Methodist Sports Medicine will inform WCHS of any revocation of this authorization.

Contact Information: Privacy Official
Methodist Sports Medicine
201 Pennsylvania Pkwy, Suite 325; Indianapolis, IN 46280
Telephone: 317-817-1259
E-mail: thumphrey@methodistsports.com

Individual's Signature.

I acknowledge and agree that (a) I have had full opportunity to read and consider the contents of this authorization and (b) the information provided above is accurate. I understand that, by signing this from, I am confirming my authorization for the use and /or disclosure of protected health information, ad described in this form.

Athlete's Signature: **X** _____

Parent/Guardian Signature: **X** _____

Date: _____

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.