



## **ATHLETIC FORMS TO ACCOMPANY PHYSICAL FOR 2025-2026 SCHOOL YEAR**

Please complete the packet, sign all papers as needed, and return this packet prior to participating in practices and competition.

This packet must be on file in the school/athletic office in order for your child to compete in athletics.

### **Signatures**

- Signatures must be handwritten. No signature stamps will be accepted.
- Make sure both parents/guardians and student-athletes have signed all papers where needed.
- Please date all forms.

Your cooperation will help ensure the best participation screening for Indiana's High School Athletes.



# **STUDENT HANDBOOK & CODE OF CONDUCT**

2025-2026

Acknowledgement Form  
Oregon-Davis Community Schools  
Office of Athletics

By signing below, we acknowledge that we have read and are aware of the rules and regulations that govern the conduct of the students who participate in any sports program in the Oregon-Davis Community Schools.

We agree to abide by and support the rules as established by the coach of this sport, The Oregon-Davis Community Schools Athletic Department, the Oregon-Davis Community Schools Board of Education and the Indiana High School Athletic Association.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
2025-2026 School Year

\_\_\_\_\_  
Students' Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Indiana High School Athletic Association, Inc.

9150 North Meridian Street, PO Box 40650, Indianapolis, Indiana 46240-0650

Phone: 317-846-6601 Fax: 317-575-4244 Website: [www.ihsaa.org](http://www.ihsaa.org)

Bobby Cox, Commissioner

## **Athletic Eligibility: A Basic Guide for Schools, Students and Parents**

### **To All Student Athletes**

- Your high school years will provide some of the most memorable and enjoyable moments you will ever experience. Competition in interschool athletics is a once-in-a-lifetime experience, which will influence you forever.
- Your participation in high school athletics is dependent on your Eligibility.
- Keep that Eligibility. Read the following summary of the IHSAA Eligibility rules which govern your participation.
- Review these summaries with your parents and ask your principal, athletic directors and coaches about them.

### **To All Parents of Student Athletes**

- The value of participating in athletics has been well documented: participants earn better grades, have better school attendance and have a greater chance for success in later life, than non-participants in athletics.
- Students must meet certain Eligibility rules to maintain the privileges of participating in interschool athletics.
- Review the following summaries with your son or daughter. Your role in stressing and supporting the value of following these rules cannot be emphasized enough.

### **From the IHSAA**

- Since 1903 the IHSAA has been the principal governing body for high school athletics in Indiana.
- Your school is a voluntary member of the IHSAA and has agreed to follow the IHSAA rules.
- Your school and the IHSAA believe in equal competition and the close relationship between academics and athletics.
- The following are only summaries of some of the IHSAA Eligibility rules affecting student athletes. A complete listing of the IHSAA Eligibility rules is found in the *IHSAA By-Laws and Articles of Incorporation* manual, which your principal and your athletic directors have a copy; an on-line version can also be found at [www.ihsaa.org](http://www.ihsaa.org).

### **You may be fully ELIGIBLE for interscholastic competition, if:**

1. **Age Eligibility (Rule 4).** You will not have turned 20 by the scheduled date of the state finals of IHSAA Tournament Series in your sport.
2. **Amateurism Eligibility (Rule 5).** You have not:
  - Played under an assumed name.
  - Accepted money or merchandise directly or indirectly for any athletic participation, in your sport.
  - Signed a professional contract in your sport.
3. **Awards and Gifts Eligibility (Rule 6).** You have not received, or been 'loaned':
  - An award in recognition of your athletic talents in your sport which was not approved by your school and the IHSAA.
  - Merchandise as an award, prize or gift, or been allowed to purchase for a token sum.
  - An award, medal, recognition, gift or honor from a college/university or it's alumni.
4. **Conduct and Character Eligibility (Rule 8).** You have not:
  - Conducted yourself in or out of school in a way which reflects discredit upon your school or the IHSAA.
  - Created a disruptive influence on the discipline, good order, moral and educational environment of your school.
5. **Consent and Release Certificate Eligibility (Rule 3).** You have on file with your principal, each school year, a Certificate (annual physical form) which was completed between April 1 and your first practice in your sport.
6. **Enrollment Eligibility (Rule 12).** You have:
  - Enrolled in a school during the first 15 days of the semester.
  - Been enrolled for no more than 4 consecutive years (or the equivalent, e.g. 8 semesters, 12 trimesters, etc.), beginning with grade 9.

- Represented a high school in your sport for no more than 4 years.
7. **Illness and Injury Eligibility (Rule 9).** You have been absent, due to illness or injury, from practice sessions:
- On 5 or more, but less than 11 consecutive days (not including Sunday), but have since participated in at least 4 separate days of practice prior to your participation in an interscholastic contest in your sport.
  - On 11 or more consecutive days (not including Sunday), but have since participated in at least 6 separate days of practice prior to your participation in an interscholastic contest in your sport.
8. **Participation (Rule 15).**
- a. **During the Authorized Contest Season in your sport, you have not:**
- Participated in a try-out or demonstration in your sport as a prospective post-secondary school student-athlete.
  - Participated in a practice with or against players not belonging to your school in your sport.
  - Participated in a non-school sponsored contest, in your sport, without an approved waiver.
  - Attended a non-school sponsored camp in your sport.
  - Attended and participated in a student-clinic in your sport.
- b. **During the School Year Out-of-Season in your sport, you have not:**
- Participated in a team sport contest as a member of a non-school team where there was more than the following number of students, who had participated the previous year in a contest as a member of the school team (also including incoming freshmen): Basketball-3 Baseball-5 Football-6 Volleyball-3 Softball-5 Soccer-7.
  - Received instruction in your sport, in a school sponsored program, from an individual who was a member of your school's coaching staff (Exception: see the Limited Contact Program of your school).
  - Participated in a non-school contest during school time without the approval of your school.
- c. **During the Summer, you have not:**
- Attended a school-sponsored fall sports camp/clinic after Monday of Week 5 (See your AD for specific dates).
  - Attended a non-school sponsored camp/clinic after Monday of Week 7 (See your AD for specific dates).
9. **Pre-participation Practice (Rules 50 & 101).** You have completed the required number of separate days of organized practice in your sport under the direct supervision of your school's coaching staff prior to your participation in a contest.
10. **Scholarship Eligibility (Rule 18).** You have:
- Passed 70% of the full credit subjects, or the equivalent, that a student can take at your school, in the previous grading period (semester grades take precedence of grading period grades).
  - Been enrolled in 70% of the full credit subjects or the equivalent that a student can take at your school.
11. **Transfer and Initial Promotion Eligibility (Rule 19).** You have:
- a. **Not** transferred from your prior school to your current school for Primarily Athletic Reasons, or,
- b. Enrolled at your current school for the first time as a 9th grader, or,
- c. Transferred from your prior school to your current school:
- And at the same time you and your parents made a bona fide move to a New District or Territory, or,
  - Because you became a ward of the court, or,
  - Because you became an orphan, or,
  - Because your prior school closed, or,
  - And your prior school was not a member of the local state athletic association or was not accredited by the local state accrediting agency, or,
  - Because of a school board mandate for redistricting which involved your prior school, or,
  - Because you enrolled or attended, in error, a wrong school, or,
  - And you transferred from a correctional school to your current school, or,
  - Because you are emancipated and you have now moved to a New District or Territory, or,
  - And you did not participate in a contest for another school or for a club team during the preceding 365 days, or,
  - And your prior school was not a member of the local state athletic association and you have moved back to reside with the same parent or guardian, or,
  - And the transfer is either to or from a Boarding School, or,
  - And you are a qualified Foreign Exchange Student under an approved CSIET program for one year, or,
  - And at the same time your parent or guardian just took a licensed or certified position at your current school, or,
12. **Undue influence (Rule 20).** Your enrollment at your new school:
- Was **not** influenced by anyone seeking to secure you as a student at your new school for athletic purposes.
  - Did **not** involve a Past Link (see definition).

## **ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**

I hereby release, discharge, indemnify, and agree to hold harmless, member schools of O-D, and their past, present, and future officers, attorney, agents, employees, predecessors and successors in interest, and assigns, hereinafter "O-D releasees", from any and all liability arising out of or in connection with Student's participation in inter-scholastic athletics, sports teams, clubs and/or events. For purpose of this release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student or Student's parents, guardians, heirs, executors, administrators, and assigns have or may have against O-D releasees because of Student's personal, physical, or emotional injury, accident, illness or death that occurs to Student during Student's participation in inter-scholastic athletics, sports teams, clubs and/or events due to, or arising out of, any physical or mental condition not disclosed on the physical exam and or doctor's notice provided to O-D.

### **SIGNATURE**

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily.

I have signed this CONSENT AND RELEASE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This consent and release have been read and is understood by me.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**ATHLETIC PARTICIPATION WARNING:**

The potential for injury is inherent in all interscholastic sports. Even with the best coaching, the most advance equipment and a strict observance of rules, injury can happen. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Parents and students must be willing to accept the risk associated with interscholastic sports participation.

In addition, due to the highly contagious nature of the current COVID-19 virus outbreak and potentially any other virus that can be contracted from both symptomatic and asymptomatic carriers, Oregon-Davis Community School Corporation assumes no responsibility for the contraction of any illness as result of your participation in the school's athletic program(s). The school will not be responsible for determining whether or not any participant has or does not have COVID-19 or any other illness before, during or after any athletic activity. It is the school district's recommendation that during the COVID-19 pandemic, the participant's consult with their doctor before participation and follow the CDC guidelines where possible.

**SIGNATURE**

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily.

I have signed this CONSENT AND RELEASE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This consent and release have been read and is understood by me.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date



# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to or after* a hit or fall

### Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



**Plan ahead.** What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Teens** who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

*Revised January 2019*

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)





# A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

## WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

## What Should I Do If I Think I Have a Concussion?



**Report It.** Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

**Get Checked Out.** If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



### **Give Your Brain Time to Heal.**

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

## Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



# How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:



Get a headache



Feel dizzy, sluggish, or foggy



Are bothered by light or noise



Have double or blurry vision



Vomit or feel sick to your stomach



Have trouble focusing or problems remembering



Feel more emotional or "down"



Feel confused



Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something "isn't right" for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

## How Can I Help My Team?



### **Protect Your Brain.**

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



### **Be a Team Player.**

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)





# ***SUDDEN CARDIAC ARREST***

## ***A Fact Sheet for Parents***

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### **FACTS**

Sudden cardiac arrest (SCA) is a rare, but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA affects all students, in all sports or activities, and in all age levels. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

### **WARNING SIGNS**

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

### **ASSESSING RISK**

Health care providers may use several tests to help detect risk factors for SCA. One such test is an electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are able to detect a majority of heart conditions more effectively than a physical exam and health history alone.

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

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

### **How can I help prevent my child from experiencing SCA?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist students prevent death from SCA by:

- Ensuring your child knows about any family history of SCA (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition have automated external defibrillators (AED's) that are close by and properly maintained
- Asking if your child's coach is CPR/AED certified
- Becoming CPR/AED certified yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think my child has warning signs that may lead to SCA?**

1. *Tell your child's coach or band leader about any previous events or family history*
2. *Keep your child out of play or band*
3. *Seek medical attention right away*

### **What are the survival steps for sudden cardiac arrest?**

- *Immediate activation of EMS*
- *Early CPR with an emphasis on chest compressions*
- *Immediate use of the onsite AED*
- *Integrated post-cardiac arrest care*

# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Students*

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### **FACTS**

Sudden cardiac arrest (SCA) is a rare but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA affects all students, in all sports or activities, and in all age levels. It may even occur in athletes who are in peak shape. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once SCA occurs, there is very little time to save the person. So, identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

### **ASSESSING RISK**

Health care providers may use several tests to help detect risk factors for SCA. One such test is the electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG. ECG's are used as a screening tool to detect abnormalities before a person has symptoms, or as a diagnostic tool to help identify persons who would benefit from interventions to reduce the risk of a heart-related condition.

*Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (May 2021)*

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

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automated external defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

### **How am I able to protect myself from SCA?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of SCA (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of feeling faint, shortness of breath, chest discomfort, dizziness, or racing or irregular heart rate, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping can increase your risk
- Being honest and reporting symptoms

### **What should I do if I notice the warning signs that may lead to SCA?**

1. *Tell an adult – your parent, your coach, your athletic trainer, your band leader, or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*



SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENTS

Student's Name (Please Print): \_\_\_\_\_

Activity Participating In (Current and Potential): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

IC 20-34-8 requires schools to distribute information sheets to inform and educate students and their parents on the nature and risk of sudden cardiac arrest (SCA) to students, including the risks of continuing to participate in physical activities while experiencing warning signs of SCA. These sheets must also include information about electrocardiogram testing, including the potential risks and benefits of testing.

The law requires that each year, before beginning participation in a physical activity, applicable students and their parents must be given the information sheet, and both must sign and return a form acknowledging receipt of the information to the student's coach or band leader. Applicable students include students participating in:

- An athletic contest or competition between or among schools
- Competitive and noncompetitive cheerleading that is sponsored by or associated with a school
- Marching band.

IC 20-34-8 states that a student who is suspected of experiencing symptoms of SCA shall be removed from the activity and may not return to the activity until the coach or band leader has received verbal permission from a parent for the student to resume participation. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent.

Parent - please read the SCA Fact Sheet for Parents and ensure that your child has also received and read the SCA Fact Sheet for Students. After reading these fact sheets, please ensure that you and your child sign this form and have your child return this form to his/her coach or band leader.

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I, as a student participating in an athletic contest, cheerleading, or marching band, have received and read the SCA Fact Sheet for Students. I understand the warning signs of SCA, including the risks of continuing to participate if I am experiencing any of these warning signs.

\_\_\_\_\_  
(Signature of Student Athlete)

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

I, as the parent of the above-named student, have received and read the SCA Fact Sheet for Parents. I understand the nature and risk of SCA, including the risks of continuing to participate after experiencing warning signs of SCA.

\_\_\_\_\_  
(Signature of Parent or Guardian)

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

**CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating In (Current and Potential): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

IC 20-34-7 requires schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

This law requires that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an Interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

Parent/Guardian - please read the Concussion Fact Sheet for Parents and ensure that your student athlete has received and read the Concussion Fact Sheet for Students. After reading these fact sheets, please ensure that you and your student athlete sign this form and have your student athlete return this form to his/her coach.

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As a student athlete, I have received and read the Concussion Fact Sheet for Students. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Student Athlete)

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

I, as the parent or legal guardian of the above-named student, have received and read the Concussion Fact Sheet for Parents. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Parent or Guardian)

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



## PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
  - ☐ The signature must be hand-written. No signature stamps will be accepted.
  - ☐ The signature and license number must be affixed on page three (3).
  - ☐ The parent signatures must be affixed to the form on pages two (2) and five (5).
  - ☐ The student-athlete signature must be affixed to pages two (2) and five (5).
4. **Distribution**
  - ☐ History Form retained by Physician/Healthcare Provider
  - ☐ Examination Form and Consent and Release Form signed and returned to member school.

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

# PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). \_\_\_\_\_

Are your required vaccinations current? \_\_\_\_\_

## Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?					9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
2. Has a provider ever denied or restricted your participation in sports for any reason?					10. Have you ever had a seizure?				
3. Do you have any ongoing medical issues or recent illness?					<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			Yes	No
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>					Yes	No	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
4. Have you ever passed out or nearly passed out during or after exercise?							12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?							13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?									
7. Has a doctor ever told you that you have any heart problems?									
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.									



BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

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

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## PHYSICIAN REMINDERS

### 1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?

### 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION									
Height		Weight		<input type="checkbox"/> Male <input type="checkbox"/> Female					
BP	/	(	/	)	Pulse	Vision	R 20/	L 20/	Corrected? Y N
MEDICAL								NORMAL	ABNORMAL FINDINGS
Appearance									
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)									
Eyes/ears/nose/throat									
• Pupils equal									
• Hearing									
Lymphnodes									
Heart									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Skin									
• HSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									

MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			• Double-leg squat test, box drop or step drop test		
Hip/thigh					

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared ☐ Pending further evaluation ☐ For any sports

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_, MD, DO, PA, or NP (Circle one)



## 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 8 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.
  - ... 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 April 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 brief summary of the eligibility rules.*

*You may access the IHSAA Eligibility Rules (By-Laws) at [www.ihsaa.org](http://www.ihsaa.org)*

*Please contact your school officials for further information and before participating outside your school.*

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

# PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



## I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on the 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, illness and even death, is a possible result of 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, illness 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 participation in the following interschool sports **not marked out**:
- Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling.
- Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling.
- Unified Sports:** Unified Flag Football, Unified Track & Field
- 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, illness and even death, is a possible result of 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**:

☐ The student has adequate family insurance coverage.

☐ The student does not have insurance

☐ The student has football insurance through school.

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 Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

### CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.  
9150 North Meridian St.  
Indianapolis, IN 46260-1802

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