



## 2018-2019 Athletic Physical Information

*Dear Athlete and Parents,*

Please make sure and follow the steps below when completing the Athletic Physical packet for the 2018-2019 school year:

1. *Read all of the information carefully.*
2. All High School and Middle School Athletes **MUST** use the IHSA physical form.
3. Parents/guardian and Athletes **MUST** sign all pages requiring signatures.
4. All pages must be filled out completely, with signatures **PRIOR** to the athlete being seen by the Dr.
5. All completed forms are to be turned in to the athletic office.

### General Information concerning Athletic Physicals:

#### Who

1. *Any student who will be in grades 6-12 for the 18-19 school year MUST use this packet.*

#### Physicals Administration Dates

1. Each secondary school will set dates to have athletic physicals for the 2018-2019 school year. Any physical completed after April 1, 2018 is valid for the 2018-2019 school year but it must be completed using the forms in this packet.
2. Athletes can use their own Doctor but **MUST** use this physical form packet.

#### Cost

1. Cost of the physical is \$10.00 if done at school. The fee will be charged to the athlete's book fees.

Thank you,

Tom Lyon  
Athletic Director  
Muncie Central High School

Please call your school's Athletic Office if you have questions.

Central	747-5270
Northside	747-5290
Southside	747-5320

# ***SUDDEN CARDIAC ARREST***

## *A Fact Sheet for Parents*

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### **FACTS**

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can 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**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help my child prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (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 has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can 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 sudden cardiac arrest?**

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

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# Heads x Up CONCUSSION

## A FACT SHEET FOR **ATHLETES**

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if with just a mild bump or blow.

**All concussions are serious.** A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- |                                |  |
|--------------------------------|--|
| Headache or "pressure" in head | • Feeling sluggish, hazy, foggy, or groggy |
| Nausea or vomiting             | • Difficulty paying attention              |
| Balance problems or dizziness  | • Memory problems                          |
| Double or blurry vision        | • Confusion                                |
| Bothered by light or noise     |  |

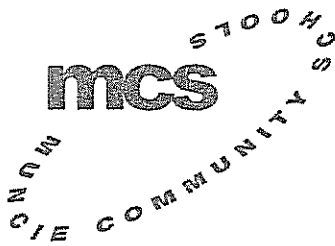
### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

**Tell your coaches, an athletic trainer, or your parents** - Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if one of your teammates might have a concussion.

**Get a medical check-up** - Seek medical attention from a health care provider who is trained in the treatment of concussions.

**Give yourself time to get better** - If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain.

## IF IN DOUBT, SIT OUT



# Heads x Up CONCUSSION

A FACT SHEET FOR **PARENTS**

## WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms below, or if you notice the signs yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS?

Problems could arise over the first 24-48 hours. Watch for any of the following signs or symptoms of a concussion. Monitoring for deterioration is essential over this time period after injury.

### Signs Observed by Parents/Guardians or Coaches

Appears dazed or stunned	Answers questions slowly
Is confused about a play or position	Loses consciousness (even briefly)
Forgets instructions	Show behavior or personality changes
Is unsure of game, score, or opponent	Can't recall events prior to hit or fall
Moves clumsily	Can't recall events after hit or fall

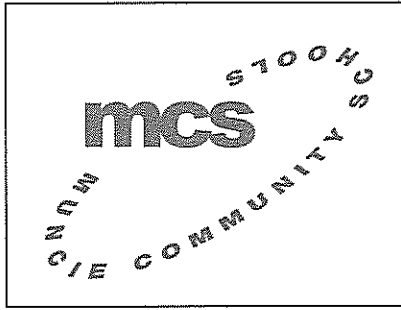
### Symptoms Reported by Athlete

Headache or "pressure" in the head	Feeling sluggish, hazy, foggy or groggy
Nausea or vomiting	Concentration or memory problems
Balance problems or dizziness	Confusion
Double or blurry vision	Does not "feel right"
Sensitivity to light and/or noise	

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. Tell your athlete's coach and/or athletic trainer
2. Seek medical attention from a health care provider who is trained in the treatment of concussions.

# IF IN DOUBT, SIT OUT



**2018-2019**

**CONCUSSION AND SUDDEN CARDIAC ARREST**  
**ACKNOWLEDGEMENT AND SIGNATURE FORM FOR**  
**PARENTS AND STUDENT ATHLETES**

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

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

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

Sport(S) Participating In: \_\_\_\_\_

*Parent - please read the attached "**Heads up Concussion: A Fact Sheet for Parents**" and the "**Sudden Cardiac Arrest**" fact sheet and ensure that your child has also received and read both. After reading these fact sheets, please sign below and ensure that your child also signs the form.*

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I am a student athlete participating in the above mentioned sport. I have received and read "Heads up Concussion: A Fact Sheet for Athletes" and the "Sudden Cardiac Arrest Fact Sheet. I understand the nature and risk of concussion and head injury and cardiac arrest 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 "Heads up Concussion: A Fact Sheet for Parents" and the "Sudden Cardiac Arrest Fact Sheet". I understand the nature and risk of concussion and head injury and cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury.

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

PREPARTICIPATION PHYSICAL EVALUATION  
**HISTORY FORM**

2018-2019



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

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

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

PREPARTICIPATION PHYSICAL EVALUATION  
**PHYSICAL EXAMINATION FORM**

2018-2019



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

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

**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 past 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 used any other 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 <input type="checkbox"/> Y <input type="checkbox"/> 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			
Lymph nodes			
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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
  - For certain 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). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician (MD, DO, NP, or PA) \_\_\_\_\_ License # \_\_\_\_\_





**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 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**

2018-2019



**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**:
  - The student has school student accident insurance.
  - The student has adequate family insurance coverage.
  - The student has football insurance through school.
  - 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 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

# 2018-2019

**MUNCIE COMMUNITY SCHOOLS**  
**ATHLETIC PARTICIPATION PARENT CERTIFICATE**  
**Muncie Central High School**

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

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

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Grade in 18-19 \_\_\_\_\_

In accordance with the purpose and spirit of the IHSA rules, I hereby give my consent for my son/daughter named above to participate in interscholastic athletic contests and practices (except \_\_\_\_\_) during the 2018-2019 school year. It is my understanding that this consent also allows for my child to have a physical examination by the school doctor.

**In athletics, there is a chance of injury. Neither the Muncie Community Schools nor the individual school carries athletic insurance on students.**

**Financial responsibility for your child may be accepted by one of the following (Must check one).**

\_\_\_\_ 1. Family Insurance Coverage

Company \_\_\_\_\_ I.D.# \_\_\_\_\_

Account # \_\_\_\_\_ Benefit # \_\_\_\_\_

\_\_\_\_ 2. Personal acceptance of financial responsibility for all medical and hospital obligations.

**\*Students will not be permitted to participate in interscholastic contests or practices unless a parent/guardian signs the responsibility statement below and indicates above how financial responsibility for injuries will be covered.**

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I have read the above statement and **I assume full responsibility** for medical and/or hospital expenses incurred by the above named student in athletic participation for **Muncie Central High School**.

Date \_\_\_\_\_

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

MUNCIE COMMUNITY SCHOOLS
STUDENT HEALTH HISTORY

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Child Lives With \_\_\_\_\_ Address \_\_\_\_\_

Dear parent/guardian:

When deemed necessary, the information below will be given to staff members by the school nurse. All teachers will be given a list of students with health concerns. The teacher will be informed that this information is confidential.

I \_\_\_\_\_ give permission to the school nurse to release the information listed below.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Circle any condition that applies to your child:

- FREQUENT COLDS EARACHES FAINTING DIABETES
PREMATURE BIRTH SEIZURES HEART CONDITION ASTHMA
HEADACHES EPILEPSY RHEUMATIC FEVER NOSEBLEEDS

List ALL known allergies (specify): \_\_\_\_\_

Has ASTHMA (specify instructions, provide meds and doctor's verification by prescription): \_\_\_\_\_

Allergy to BEE STINGS (Specify reaction to bee sting and provide meds): \_\_\_\_\_

Medical condition which would require specific procedure to follow: \_\_\_\_\_

Currently taking medication/reason and name \_\_\_\_\_

Surgical Operation/specify: \_\_\_\_\_

PLEASE ADD ANY INFORMATION WHICH MIGHT HELP US IN PROTECTING YOUR CHILD'S HEALTH \_\_\_\_\_

MEDICAL AUTHORIZATION PERMIT

In case of accident, serious illness, or health issues, I request the school to contact me. If the school officials are unable to contact me, I hereby authorize the school to make whatever arrangements which may be appropriate or necessary.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mother's place of employment \_\_\_\_\_ work phone \_\_\_\_\_

Father's place of employment \_\_\_\_\_ work phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ phone \_\_\_\_\_ Dentist's name \_\_\_\_\_ phone \_\_\_\_\_

PLEASE LIST ANY OTHER EMERGENCY NUMBERS. THOSE INDIVIDUALS LISTED ARE PERMITTED TO PICK YOUR CHILD UP FROM SCHOOL AND WOULD TAKE RESPONSIBILITY FOR THE CARE OF YOUR CHILD IF AN ILLNESS, INJURY, OR OTHER SCHOOL EMERGENCY SHOULD OCCUR.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_