

Warren Central

***STUDENT-ATHLETE
ATHLETIC HANDBOOK
2013-14***



WARRIORS

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Documents

Student/Parent: Athlete Information Form/Certification of Consent
 Student/Parent: IHSAA Pre-Participation Physical Evaluation Form
 Student/Parent: Methodist Sports Medicine Health Information Privacy Act Form
 Student/Parent: Eligibility Form

ATHLETIC HANDBOOK FOR STUDENT-ATHLETES - REVISED APRIL, 2013 - SCHOOL BOARD ADOPTED, 2012

WARREN CENTRAL HIGH SCHOOL ATHLETIC HANDBOOK FOR STUDENT-ATHLETES

ATHLETIC STATEMENT

This athletic handbook is designed to inform student-athletes and their parents or legal guardians of the rules, regulations and information that helped develop the rich tradition of competition at Warren Central High School.

Participation in high school athletics is a privilege which carries with it varying degrees of honor, responsibility and sacrifice. Since athletic competition on high school teams is a privilege and not a right; those who choose to participate will be expected to follow the Code of Conduct established by the administration, and other specific coaches' rules for their sport. Athletes represent their school and student body. Athletes are to conduct themselves in a manner that is becoming to their family, Warren Central High School and the community.

ATHLETIC PHILOSOPHY / MISSION

The goal of the Warren Central Athletic Department is to provide the best opportunities for student-athletes to excel in teamwork, sportsmanship, self-discipline and moral character. The department purpose is to provide each participant with experiences that will be positive and memorable. Warren seeks to help the athlete develop the capacity for commitment to a cause, accept responsibility, and develop loyalty towards any chosen endeavor.

STUDENT-ATHLETE DEFINED

The Warren Central student-athlete is defined as, and includes, all young men and women who represent a team that engages in interscholastic competition and further includes cheerleaders, student managers, trainers and statisticians and videographers.

ATHLETIC PROGRAM PROFILE

Warren Central High School supports twenty (20) sports that offer 52 different teams to nearly 1000 students in grades 9 - 12. Warren is a charter member of the Metropolitan Interscholastic Conference (the MIC). Members are Ben Davis, Carmel, Center Grove, Lawrence North, North Central, Terre Haute North and Terre Haute South.



STUDENT-ATHLETE COMMITMENT

CLASSROOM

I AM A STUDENT FIRST AND AN ATHLETE SECOND.

CHARACTER

I WILL EXEMPLIFY HIGH STANDARDS OF INTEGRITY, ON AND OFF THE FIELD.

COMMUNITY

I WILL SERVE MY COMMUNITY THROUGH SERVICE PROJECTS.

COMPETITION

I WILL GIVE 10 PERCENT EVERY TIME I WEAR THE BLACK AND GOLD.

ELIGIBILITY

RESIDENCY REQUIREMENTS

Student-athletes must be residents of the MSD Warren Township school district as defined in Indiana Code 20-8.1-6., be accepted through the non-legal settlement application process, or sanctioned through court mandate in order to participate in athletics at Warren Central. Student-athletes that are non-Warren residents must see an administrator for the application paperwork and meet all requirements set by the school board.

ACADEMIC/ATHLETIC ELIGIBILITY

Student-athletes must be enrolled at Warren Central and pass five (5) full credits (IHSAA standard) each nine-week grading period in order to continue to participate as a team member. **This does not include the school-to-work program.** Coaches and sponsors can check progress of students by talking with teachers, issuing periodic grade checks and checking grade cards at the end of grading periods. It is the policy of the athletic department to work closely with the academic progress of each participant. Student-Athletes with one or more failing grades or a semester GPA below a 2.0 will attend study tables during their season in order to be eligible.

ALTERNATE PHYSICAL EDUCATION CREDIT

The Physical Education (PE) Waiver option is now allowed by the Indiana Department of Education. These guidelines include a list of basic requirements/standards/responsibilities that have been determined by the Physical Education Department of WCHS. These are school and/or IHSAA sponsored athletic activities and competitions. Student-athletes must complete a full season to receive one semester of credit. Signing up for this program does not prevent a coach from cutting a student-athlete from the team as some teams can carry only a specific number of student-athletes. If you have further questions, please contact the Counseling Service Center.

PHYSICAL EXAMINATIONS

Every student-athlete is required by Warren Central and the IHSAA to have an **annual** physical examination completed and on file with the athletic office *before* practicing or participating in organized team activities. Physical exams are the responsibility of the student-athlete and his/her parents. ***Exams are in effect for the next school year ONLY if the exam is taken after April 1st.***

WHAT MUST BE DONE BEFORE YOUR FIRST PRACTICE

The following items are to be completed by the student-athlete and parent/legal guardian (and given to the Athletic Office) before the first day of conditioning or practice with any team:

- Take and pass physical examination and have supporting student-athlete, parent, and doctor signatures
- Bring a copy of the completed physical examination to the WCHS Athletic Office
- Meet academic eligibility requirements
- Attend team meeting or meet with coach before practice
- Have athletic transfer filed (transfer students new to Warren cannot compete in interscholastic contests until an athletic transfer is complete) with the Athletic Office and the IHSAA.
- Provide a signed copy of the IDOE concussion acknowledgment form to the WCHS Athletic office (will be available in **May 2012**)

CODE OF CONDUCT

STATEMENT

The following Warren Central athletic rules are in accordance with the Indiana High School Athletic Association Constitution. The conduct of participants in athletics at Warren Central, in or out of school, year-round, shall be such as: 1) not to reflect discredit upon our school, and: 2) not to create a disruptive influence on the discipline, good order, moral or educational environment in our school. Any such misconduct violating these principles shall be subject to disciplinary measures.

ENFORCEMENT OF THE CODE OF CONDUCT

The principal shall enforce all rules and regulations as described in the Code of Conduct (hereafter the Code) for student-athletes. All rules regarding behavior and/or training as outlined in IHSAA regulations apply. The Code will be reinforced by the coach of each sport during the year. Parents/guardians and student-athletes are required to sign the acknowledgment, consent, injury awareness, and disclosure document stating that they understand the Code. The student-athlete is subject to disciplinary measure should he/she violate the Code.

Any alleged violation of the Code shall be reported first to the principal or his/her designee and then is to be followed by an investigation by any or all of the following people...coach, sponsor, athletic director, principal or his/her designee.

THE CODE IS IN FORCE TWELVE (12) MONTHS A YEAR, GRADES NINE THROUGH TWELVE (9-12)

EXPECTED STANDARDS OF CONDUCT FOR STUDENT-ATHLETES

- All Warren student-athletes must comply with the standards of our student-athlete code of conduct and school rules or be subject to disciplinary action or dismissal from a team as determined by the rules, coaching staff, athletic director, and/or principal of Warren Central High School.
- The good of the team is first and foremost.
- No player(s) will ever employ illegal tactics to gain an undeserved advantage. All players will devote themselves to being true sportsmen.
- All student-athletes will care for all school issued equipment. If equipment is destroyed through repeated use, it will be replaced by the school. **If equipment is lost or stolen, the student-athlete(s) will fulfill their responsibility by paying for replacement of item(s).**
- All student-athletes will obey the specific training and practice rules of their team as given to them by the coaching staff.
- Student-athletes and support students (managers, trainers, statisticians and videographers) should not engage in the following: Drinking alcohol, taking controlled drug substances, using tobacco products, using profanity and being disobedient or harmful to student-athletes and their team.
- Student-athletes and support students of the team must pass five credits each grading period to be eligible to participate in athletics. **This does not include school to work program.**
- Student-athletes should be a positive influence in all they attempt to do. They are to work for the betterment of Warren Central and set a good example by doing what is right and good.
- Officials deserve courteous respect. Officials do not lose a game or contest. They are there for the purpose of insuring both teams have a fair contest.
- Student-athletes should appreciate that coaches, teachers and school officials have the best interests of all athletes in mind as they equip, schedule and conduct the athletic program.

ANTI-HAZING POLICY

Warren Central High School is committed to providing the best learning atmosphere for our students. Hazing activities are inconsistent with our educational mission and will not be tolerated in the athletic department. The Indiana Code defines hazing as "forcing or requiring another person (1) with or without the consent of the other person and (2) as a condition of association with a group or organization; to perform an act that creates a substantial risk of bodily injury." The *American Heritage Dictionary, Fourth Edition*, defines hazing as: "To persecute or harass with meaningless, difficult, or humiliating tasks. To initiate by exacting humiliating performances from or playing rough practical jokes upon." The Warren Central Athletic Department will not tolerate actions by student-athletes that recklessly or intentionally endanger the mental or physical health or safety of a student. This includes, but is not limited to, paddling, beating, branding, exposure to the elements, forced consumption of food or drink, "swirlies", forced conduct resulting in extreme embarrassment, or any other conduct which could adversely affect the mental health or dignity of another individual. Disciplinary action will be taken against student-athletes who plan, encourage, or engage in hazing activities. Athletic department employees who permit, encourage, condone or tolerate hazing will be subject to discipline.

BULLYING POLICY

1. Bullying is prohibited by the MSD of Warren Township. Students who commit any acts of bullying are subject to discipline including but not limited to suspension, expulsion, arrest and/or prosecution.
2. Definition: Bullying is defined as overt, repeated acts or gestures, including:
 - a. Verbal or written communication transmitted;
 - b. Physical acts committed; or
 - c. Any other behaviors committed; by a student or group of students against another student with the intent to harass, ridicule, humiliate, or harm the other student. Cyber-bullying is defined as repeated misuse of technology to harass, intimidate, bully, or terrorize another person.
3. Applicability: The rule applies when the bullying student is:
 - a. On school grounds immediately before or during school hours, immediately after school hours, or at any other time when the school is being use by a school group;
 - b. Off school grounds at a school activity, function, or event;
 - c. Traveling to or from school or a school activity, function, or event; or
 - d. Using property or equipment provided by the school.

ATHLETIC COUNCIL

The athletic council is composed of the principal, athletic director(s), or the principal's designee, and the head coach of the sport involved with the student-athlete in question. The athletic council is in existence to hear appeals of student-athletes from decisions of exclusions by the coach and athletic department. A student-athlete and his or her parent(s) or legal guardian has the right to a hearing on exclusion by so notifying the principal or athletic director in writing within five (5) school days after the exclusion decision. The right of appeal is forfeited if this is not requested within this five day limit. The purpose of the appeal hearing is to inquire into the student-athlete's alleged violation and to allow the athlete and parent(s) or guardian to present evidence on the student's behalf. The appeal is to determine whether or not the accused student-athlete has forfeited his/her privilege to be in athletics. This process has no legal implication or requirements. Recommendations, different from the already stated consequence, may or may not be made. Following the hearing, the parent(s) or guardian will be notified within five (5) school days by the principal or his/her designee of the decision of the council. The council's decision may accept, reduce or revoke the exclusion decision for violations, but may not invoke a more serious penalty.

RULES OF THE CODE OF CONDUCT

The following rules are specific examples of conduct that would violate the Code of Conduct set forth above. Conduct that is not covered by these specific examples but that violate the principles of the Code of Conduct is subject to disciplinary measures.

RULE 1 Student-athletes (hereafter student support staff, student athletic trainers, and cheerleaders are included in the term 'student-athletes') shall not knowingly possess, use, transmit or be under the influence of any narcotic drug, hallucinogenic drug, stimulant, depressant, anabolic steroids, marijuana, counterfeit caffeine pills or possess, use or transmit paraphernalia for use of such substances. (Use of an authorized drug as prescribed by a registered physician shall not constitute a violation of this rule.)

CONSEQUENCE: A student-athlete knowingly violating the substance abuse rules, that is, knowingly possessing, using, transmitting or being under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or drug intoxicant of any kind, on the first offense, will be automatically suspended from participation in athletic contests and from the team or squad in which the student is participating for 50% of the contests for such team or squad. Practice for a student-athlete who is under suspension is at the discretion of the coach. The second or succeeding offense will result in suspension from participation in athletics for a minimum of one (1) calendar year (12 months) from the day the infraction is confirmed with no practice allowed with any squad or team.

RULE 2 Student-athletes shall not partake in any degree or be in possession of alcoholic beverages or tobacco products.

CONSEQUENCE: The use of alcohol and tobacco products is not in accordance with this code of conduct and will result in an automatic suspension from participation in athletic events and from the athletic squad or team in which the student is participating for 25% of the contests for such team or squad on the first offense. Practice for a student-athlete who is under suspension is at the discretion of the coach. Second offense is a 50% suspension as described in Rule 1. Third offense will result in suspension from participation in athletics for a minimum of one (1) calendar year as stated in Rule 1.

RULE 3 Felonies, misdemeanors, acts of delinquency, or status offenses.

CONSEQUENCE: Any student-athlete arrested or detained as a juvenile on such a charge will be suspended from participation pending investigation of the incident. Conviction of a felony at any time shall exclude the student-athlete from athletic participation for one full year (12 months) from day the violation is confirmed. Conviction of a misdemeanor shall be subject to athletic suspension for 25% of the contests on the first offense with practice at the discretion of each coach. The second or succeeding offense, either misdemeanor or felony, will bring an athletic suspension for one (1) calendar year as stated in Rule 1.

RULE 4 Student-athletes shall not commit acts of disrespect such as; vandalism, and/or theft.

CONSEQUENCE: The first offense will result in automatic suspension from participation in athletics and from the athletic squad or team for 25% of the contests for such team or squad. Practice for the student-athlete is at the discretion of the coach. Second offense will result in athletic suspension for a minimum of one (1) calendar year (12 months) from the day the violation is confirmed.

RULE 5 Any student-athlete who is in violation of school rules such as truancy, suspension, classroom disruption, or other punishable acts will be disciplined by the already-established school rules. The student-athlete may further be dealt with within the structure of each coach's rules for their sport. If a student-athlete is suspended out-of-school for any reason they will be ineligible for all contests during the term of his/her suspension. Practice is at the discretion of the coach for any in-school suspended student-athlete. Out-of-school suspension student-athletes cannot practice during the suspension time.

RULE 6 Attendance at social events (parties, dances, etc.) is up to the student-athlete and parents. However, student-athletes are expected to leave social events immediately where there is illegal use of chemical substances, alcohol or tobacco. On the first offense, pending investigation, violators may be subject to an athletic suspension for 10% of the contests. The second or succeeding offense, pending investigation, may bring automatic suspension from his or her athletic team for 25% of the contests. Practice is at the discretion of each coach.

RULE 7 Specific team rules may be set forth by the coach of each sport. These rules and the penalties for breaking them will be given to the student-athletes by the coach at the first meeting or practice of that sport. These written regulations will be on file with the Athletic Director.

SELF-REPORT CLAUSE

It is the intent of Warren Central to assist students with developing responsibility for their actions and to encourage honesty. Therefore, any student-athlete who voluntarily reports on him or her self as to a violation of the Code of Conduct before being reported by some other means will be permitted leniency. This student-athlete will pay a lesser penalty for the infraction than stated; they will not be permitted to participate in a number of contests equal to 10% or at least one contest of the sport season they are in or will be in. In cases of substance abuse, the self-reporting student-athlete must participate in a substance abuse awareness session(s) with a qualified professional to receive the benefit of this clause. This Self-Report clause can be used only once during the student-athlete's four year career.

COMPASSION CLAUSE

Any student-athlete serving a consequence for substance abuse who seeks help due to substance abuse will be afforded compassion, up to one half (1/2) of the penalty for the first offense. This can occur only once during the student-athlete's four year career. The student-athlete seeking help under this compassion clause must obtain professional help at his/her expense and is placed on probation for one year.

ATHLETIC SEASON DEFINED

The athletic season is defined as commencing with the first practice and ending with the final event for that sport. Penalties for violations take effect immediately upon verification of any violation and will include games in succession, i.e. season schedule, tournaments and state series, in order of competition.

FORFEITURE OF AWARDS

If the violation of the Code occurs in the last one-third (1/3) of the sport season, the student-athlete will not be considered in good standing and therefore will forfeit all letters and awards for that sport season.

CARRY-OVER SUSPENSION

If the violation of the Code occurs in the last part of a sport and the violator cannot fulfill the terms of his/her violation in that sport the suspension does carry-over until the suspension is fulfilled. This includes their next sport or the same sport next year. i.e. If the suspension is for two football games with only one remaining, the student-athlete must also miss his first basketball game or wrestling match or baseball game until the suspension has been served. If a typically one-sport student-athlete elects to participate in a new sport in order to serve a suspension, he/she will be required to complete this season in good standing.

COMPLETING A SUSPENSION

When serving a suspension, the student-athlete is expected to be present at all athletic contests and practices involving his/her team or squad. The student-athlete is a member of the team and is expected to fulfill this responsibility. If the student-athlete does not attend the contest, credit will not be given toward fulfilling the requirements of the suspension. The coaches' discretion can excuse the student-athlete.

AWARDS



AWARDS INFORMATION FOR STUDENT-ATHLETES

Awards are an integral part of most activities. They exist to reward, indicate belonging and show commitment to a cause. Awards are important and Warren student-athletes are recognized with a wide variety of earned awards. It is always very important to keep awards in perspective. Too many inappropriate awards indicate a disregard for the true meaning of sport while too few can indicate a feeling of non-importance. In reality awards cannot truly show what has been gained from competing in athletics...the development of loyalties, commitment to a cause, learning about one's limits and representing one's school, community, family and self.

All sports are considered major sports at Warren Central High School. Student-athletes, student staff, student trainers and cheerleaders are eligible to earn awards. Each sport gives the same type awards and all awards are purchased by the school. Jackets are purchased by the student-athletes. No student-athlete may receive an award in a sport for which he/she is academically ineligible at the completion of the season, under suspension for an athletic violation, or otherwise not in good standing. Candidates must complete the season's play in order to receive any award; however, injuries may waive this stipulation. No awards may be issued until all school issued items are turned in to the coach.

The following information indicates the general guidelines and normal progression for awards. Student-athletes will receive the appropriate awards for each year as listed and explained below. Freshman and sophomores are eligible for varsity competition and can earn their varsity award at any time. Student-athletes new to Warren (move-ins) cannot exchange awards from their previous school. Student-athletes cannot buy, substitute or make up for awards not previously won.



DESCRIPTION OF AWARDS:

Initial Award: Numerals

Numerals are the first award for any student-athlete not earning a Varsity letter. If a student-athlete earns a varsity award as a freshman, he/she will also receive numerals. Only one set of numerals can be awarded to a student-athlete.

Certificates:

The second and third freshman and junior varsity awards are Certificates. Certificates are awarded to athletes who have not earned a Varsity award and already have their Numerals.

Varsity Awards:

1st Varsity Award:	6" Letter /Chevron/Sport Pin
2nd Varsity Award:	9" Letter/Chevron
3rd Varsity Award:	Warrior Patch/Chevron
4th through 7th Varsity Awards:	Sport Medal/Chevron
8th Varsity Award:	Letter Blanket
9th Varsity Award:	Special Plaque with sport accomplishments
10th Varsity Award:	Watch
11th Varsity Award:	Picture Plaque with sport accomplishments
12th Varsity Award:	Department/ Coach Award

Chevron

The Chevron is awarded only once per year and is given with the first Varsity award of the year. **FOUR (4)** CHEVRONS is the maximum awarded in a high school athletic career.

SPECIAL SPORTS MEDAL OR SPORTS RECOGNITION PLAQUE

These awards can be given by the coach for special categories.

CHAMPIONSHIP PATCHES

Individual champions or varsity team champions will receive recognition patches for winning the Marion County, Sectional, Regional, Semi-State, or State title(s). State Runner-Up and State Finalist patches can be purchased by the student-athlete.

MIC INDIVIDUAL OR TEAM CHAMPIONSHIP PATCH

Team members or individual champions winning a MIC event will receive this patch.

CAPTAINS AWARD

Captains pin are awarded to each team captain.

LETTER JACKET

The jacket can be purchased by any student-athlete who has earned his/her first Varsity award.

SCHOLAR-ATHLETE PATCHES &/OR MEDAL

A multi-colored patch and/or a medal will be awarded to student-athletes who earn a 3.3 GPA or better. This award can be earned each year, grades 10 - 12.



- * 6" LETTER ON LEFT BREAST
- * NUMERALS AND CHEVRONS (POINT DOWN) ON LEFT SLEEVE
- * WARRIOR PATCH & SCHOLAR-ATHLETE PATCHES ON RIGHT SLEEVE
- * AWARD PATCHES ON RIGHT BREAST OR ON BACK OF JACKET
- * NAME IS PERMISSIBLE ON JACKET BY PERSONAL PREFERENCE
- * 9" LETTER GOES ON BACK
- * ACADEMIC PATCH (IF ISSUED BY CSC) GOES UNDER 6" LETTER ON LEFT SIDE

TEAM REQUIREMENTS FOR A VARSITY AWARD

Varsity Awards are determined by each coach. If you did not receive the award you feel you should have received or did not attend your awards banquet, you will need to contact the head coach of your sport within 30 days of your awards banquet to receive your award. Varsity award guidelines should be given to the student-athletes by the coach at the first meeting or practice of that sport.

PROCEDURES FOR LOST AWARDS

Lost or misplaced awards will only be replaced by the Athletic Office for a \$5 fee.

**ACTIVITY BUS**

Activity buses for athletics will not be provided for student-athletes after school.

ACCIDENTS / INJURIES

All accidents or injuries, home or away, are to be reported to the trainer and/or coach immediately. The coach must make contact with the parent or legal guardian of the injured student-athlete.

ATTENDANCE: (ABSENCE) SCHOOL & GAME DAY

Daily attendance to school and practice is very important and expected. Student-athletes must have attended classes for four periods the day of contests to be able to participate in his/her athletic event and/or practice. Attendance for four periods is required on Friday in order to compete on Saturday. Approved field trips or school activities constitute attending school. Any exemptions (funeral, dental, doctor) must be approved through the principal's office and/or athletic office. "Sleeping in" or "senior skip day" with or without parent approval is not an allowable exemption!

AUTOMOBILES

Automobiles are to be parked between the lines and in accordance with all regulations of traffic control. Student-athletes will not be treated in a special way. Do not talk to coaches about special favors, traffic tickets, or driving to contests.

CHANGING A SPORT

If a student-athlete is cut from a team, he/she may join another team or program in that sport season. A student-athlete cannot quit one sport to join another sport until that sport season is concluded. Ex: The student-athlete cannot quit football to go out for basketball until football season is completed. However, student-athletes will be allowed to transfer from one sport to another during a given season only upon mutual agreement of both coaches and the athletic director.

CLASS RELEASE

There are few times or reasons why a student-athlete should ever miss class. State series practices, all-county/state dinners and rain-outs are examples of excusable releases by the school. Excused release from a class is handled through the attendance office and requires a field trip form to be filed.

COLLEGE-BOUND STUDENT-ATHLETES & RECRUITING

College recruiters visit Warren regularly to talk about and with our student-athletes. NCAA Initial Eligibility rules determine who is eligible for scholarships. Basically, a student-athlete must carry at least a 2.0 Core grade point average in college prep classes as determined by the NCAA, score well on the Scholastic Aptitude Test or the American College Test, and have the recommendation of his/her coaches. These rules are available from the athletic office and the athletic academic advisors. There is time set aside for recruiter-athlete visitation. Your coach, athletic academic advisors or guidance counselor will set this up. Transcripts will be provided to the university through the guidance office or the academic advisors.

COMMUNICATION & CHAIN OF COMMAND (INCLUDE: HEAD COACH – A.D. OR ASST. A.D. – PRINCIPAL)

As you become involved in your choice of sports at WCHS you will experience rewarding moments and times when things do not go the way you wish. At these times your best choice is to express your concerns directly to the coach. It is always appropriate for the student-athlete to discuss position, consideration for future play, treatment, behavior and ways to improve. Also, it is important for each student-athlete to inform their parent(s) that they are encouraged to discuss treatment, improvement, and behavior with the coach. However, it is not appropriate for parents to discuss playing time, team strategy, play calling, or other student-athletes with the coach.

CONFERENCE AFFILIATION

Warren belongs to a very competitive and high profile conference. The Metropolitan Interscholastic Conference (the MIC) was formed to promote athletics, academics, activities and information exchange between our eight schools: Ben Davis, Carmel, Center Grove, Lawrence Central, Lawrence North, North Central, and Pike. We compete in twenty sports, 10 boys, 9 for girls and cheerleading.

CONFLICTS BETWEEN ACTIVITIES

Activities at Warren share many students. From time to time there may be conflicts between times of activities. The student-athlete can help make a decision as to which activity to attend. The general rule is that the student – athlete can choose, without penalty, to attend the activity he/she wants and on the second conflict the student-athlete should attend the activity he/she did not choose the first time. Athletics, speech, debate, music, plays, DECA and many other activities have been successful using this approach. Communication between coaches and sponsors of conflicting activities is a must. Importance of contests and state competitions may affect decisions.

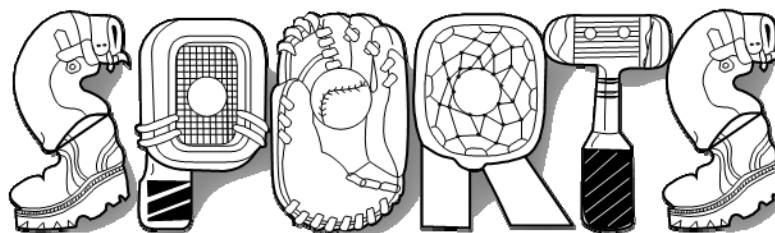
DRESS

When going to away activities or contests as representatives of Warren athletics the minimum dress requirements are slacks (no jeans) and a collared shirt, blouse or dress sweater. Coaches may ask their players to dress according to team rules.

EQUIPMENT

All student-athletes will care for all school issued equipment and successfully return at the conclusion of the season. If equipment is destroyed through practice, it will be replaced by the school. If equipment is lost or stolen, the student-athlete(s) will fulfill their responsibility by paying for replacement of item(s). Remember that stealing or wearing stolen equipment is a violation of the Code of Conduct and punishable by suspension from athletics. Equipment may not be worn during the school day, at home, or on the streets without approval of the coach of that sport.

All issued equipment and uniforms remain the property of Warren Central and must be returned at the conclusion of the season. Any missing items will be charged to the student-athlete. Graduation or next year's registration may be affected until all fees are paid.



IHSAA INDIVIDUAL ELIGIBILITY RULES (GRADES 9 THROUGH 12)

Attention Student-Athlete: To be eligible to represent, IHSAA member school, Warren Central in interschool athletics, you:

1. Must be a bona fide student in good standing; must be enrolled not later than the 15th day of the current semester.
2. Must have completed 10 separate days of organized practice in one sport under the direct supervision of the high school coaching staff.
3. Must have received passing grades in at least five full credit subjects during your last grading period; semester grades take precedence; and must be currently enrolled in at least five full credit subjects. This does not include school to work.
4. Must not have reached your 20th 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 one of our middle schools.
6. Must not have been enrolled in more than eight consecutive semesters beginning in 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 physical exam between May 1st of the current year and your first practice.
9. Must not have transferred from one school to another for athletic reasons as a result of undue influence by any person or group.
10. Must not have received any award from your athletic ability not approved by your principal or 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.
13. Must not reflect discredit upon your school.
14. Students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport.
15. Must not participate with a student enrolled below grade 9.
16. Must, if absent 5 or more days due to illness or injury, present written verification from a physician stating you may participate again.
17. Must not participate in camps, clinics, or schools during the IHSAA authorized contest season.
18. 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.

INSURANCE

Warren Central's Athletic Department **DOES NOT PROVIDE** insurance coverage for student-athletes. All student-athletes are given the opportunity to purchase supplemental Insurance at their own cost. Parents/legal guardians can obtain contact and various plan information for this insurance from the Athletic Office or online at www.studentinsurance-kk.com. Warren Central High School's administrators, coaches and trainers are safety conscious and are trained to instruct athletes in the safe and proper techniques of their individual sport(s). Due to the nature of athletic activity, however, injury may occur. While the school provides the opportunity for such participation, the parent/legal guardian retains the right of denial of such participation and must carry the responsibility for providing medical care and insurance coverage for their son or daughter. Parents/legal guardians are encouraged to have a family insurance policy to cover athletic injuries and the cost of treatment. **IT SHOULD BE NOTED THAT NEITHER THE IHSAA NOR WARREN CENTRAL HIGH SCHOOL CARRY ANY KIND OF FIRST DOLLAR MEDICAL INSURANCE FOR ATHLETIC INJURIES.**

PARTICIPATION IN TWO SPORTS IN ONE SEASON

Student-athletes may participate in more than one sport during one season. Coaches involved with student-athletes wanting to do this will meet and discuss the possibilities. Practice schedules will be worked out between the coaches involved. If contests conflict, coaches will decide in which contest the student-athlete is to compete. The student-athlete must realize that extra time for practice is necessary to compete in two sports in one season. The student-athlete must meet the requirements of both sports. If the requirements of one or both sports are not met, the student-athlete will be asked to choose which sport he/she will continue in.

PRACTICES: REGULAR, VACATION, SCHOOL CLOSING

All team members are expected to attend all practices. Practice schedules during Fall, Winter, Spring and Summer breaks are set by the coach and only the coach can excuse a student-athlete from practice. Practice during a school closing time (snow, etc.) are often held and attendance at these practices are considered voluntary.

QUITTING A TEAM

If a student-athlete participates in ten practices (pre-season) for a sport he/she cannot quit that sport and join another sport until the sport season he/she quit is completed. Example: A student-athlete cannot quit cross country to join the football team or basketball team until the cross country season is completed. Mutual consent by both coaches can waive this rule if the student-athlete and team are better off for the change.

SCHOLAR-ATHLETES

Student-athletes have the opportunity to be recognized through awards, newspapers, team dinners, and school publications concerning the grades they earn. Those student-athletes who earn a 3.3 cumulative GPA or better may qualify for an award. These student-athletes are recognized in the spring of each year.

ATHLETIC SCHOLARSHIPS

Student-athletes and parents interested in pursuing athletic scholarships should start their searches by asking their individual coaches for information and advice concerning this matter. The guidance office and athletic academic advisors will have additional information about the school or area of interest. Student-athletes interested in Division I and II colleges and universities must also comply with NCAA initial eligibility guidelines.

SEASON & START DATES FOR SPORTS AT WARREN CENTRAL

FALL:	FRESHMEN	JUNIOR VARSITY	Varsity	FOOTBALL	AUGUST 5, 2013
	FRESHMEN	JUNIOR VARSITY	Varsity	BOYS CROSS COUNTRY	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	GIRLS CROSS COUNTRY	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	BOYS TENNIS	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	BOYS SOCCER	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	GIRLS SOCCER	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	GIRLS GOLF	AUGUST 2, 2013
	FRESHMEN	JUNIOR VARSITY	Varsity	VOLLEYBALL	AUGUST 5, 2013
		JUNIOR VARSITY	Varsity	CHEER	SUMMER, 2013
WINTER:	FRESHMEN	JUNIOR VARSITY	Varsity	BOYS BASKETBALL	NOVEMBER 11, 2013
	FRESHMEN	JUNIOR VARSITY	Varsity	GIRLS BASKETBALL	OCTOBER 28, 2013
	FRESHMEN	JUNIOR VARSITY	Varsity	WRESTLING	NOVEMBER 4, 2013
		JUNIOR VARSITY	Varsity	BOYS SWIM	NOVEMBER 11, 2013
		JUNIOR VARSITY	Varsity	GIRLS SWIM	OCTOBER 28, 2013
		JUNIOR VARSITY	Varsity	CHEER	CONTINUED FROM FALL
SPRING:	FRESHMEN	JUNIOR VARSITY	Varsity	BOYS TRACK	FEBRUARY 17, 2014
		JUNIOR VARSITY	Varsity	GIRLS TRACK	FEBRUARY 17, 2014
	FRESHMEN	JUNIOR VARSITY	Varsity	BASEBALL	MARCH 17, 2014
	FRESHMEN	JUNIOR VARSITY	Varsity	SOFTBALL	MARCH 10, 2014
	FRESHMEN	JUNIOR VARSITY	Varsity	BOYS GOLF	MARCH 17, 2014
		JUNIOR VARSITY	Varsity	GIRLS TENNIS	MARCH 17, 2014

SUPPORT GROUPS

Warren Athletics have various student support groups who assist with the administration of our athletic programs. Videographers, managers, trainers and statisticians are part of this effort and are all subject to the same as a student-athlete.

SUSPENSIONS VIA DUE PROCESS

A school due process suspension (in school or out of school) makes a student-athlete ineligible for competition and practice in any activities program for the duration of the due process.

TEAM CUTTING POLICIES

Coaches of athletic training, cheerleaders, and the nineteen varsity sports at Warren have their own policy on how they will choose their teams. In some sports "cutting" a team down to manageable size is a necessity. Coaches will explain their policy to candidates for their team at a pre-season meeting. A student-athlete may be cut from a team anytime during a season.

TRAINING ROOM

Training rooms are located off the south gym and in the football stadium. Student-athletes are not permitted in these rooms without adult supervision. Training rooms are for treatment and rehabilitation. Space is limited, therefore only student-athletes needing treatment are allowed in these rooms.

WEIGHT ROOM

The weight room is available for use by teams before and after school. There is a full program of weight training offered during the school year and summer under the guidance of a weight coach. No student-athlete shall use the weight room without adult supervision and without having a completed physical exam on file in the athletic office.





SCHOLAR-ATHLETE PROGRAM



The Scholar-Athlete program was initiated in the fall of the 1994-95 school year. These awards are earned by and presented to those student-athletes who have been able to successfully complete the requirements of a rigorous academic and athletic load and to manage their time in such a way as to pursue excellence in both fields.

All student-athletes at Warren Central High School who earned a 3.3 (B+) GPA or better, completed their season, and have the recommendation of his or her coach are eligible to receive one or more of the Scholar-Athlete awards.

Grade levels 9-12 are eligible for the Warrior Scholar and Scholar-Athlete Awards. Following are the levels of recognition for our program.

WARRIOR SCHOLAR AWARD

WINNERS WILL EARN A CERTIFICATE AND A MULTICOLORED PATCH THAT WILL BE AWARDED AT A RECOGNITION NIGHT IN THE SPRING.

Academic Criteria: Must have earned a 4.0 (A) cumulative GPA or better based on grades from the first semester of the present school year.

Athletic Criteria: *Fall and Winter Athletes:* Successfully competed their full sport season as an awards winner. Applies equally to all student-athletes, trainers, cheerleaders and student support staff.

Spring Athletes: Must be a member of a spring sport athletic team on the date of the recognition and be projected to be an awards winner by the head coach. Applies equally to all student-athletes, trainers, cheerleaders, and student support staff.

SCHOLAR-ATHLETE AWARD

WINNERS WILL EARN A CERTIFICATE AND A MULTICOLORED PATCH THAT WILL BE AWARDED IN THE SPRING.

Academic Criteria: Must have earned a 3.3 (B+) cumulative GPA or better based on grades from the first semester of the present school year.

Athletic Criteria: *Fall and Winter Athletes:* Successfully competed their full sport season as an awards winner. Applies equally to all student-athletes, trainers, cheerleaders, and student support staff.

Spring Athletes: Must be a member of a spring sport athletic team on the date of the recognition and be projected to be an awards winner by the head coach. Applies equally to all student-athletes, trainers, cheerleaders, and student support staff.

GRADE POINT AVERAGE AWARD: HIGHEST INDIVIDUAL GPA ON TEAM (DURING SEASON)

WINNERS WILL EARN A COACH'S AWARD PLAQUE GIVEN AT THE AWARDS PRESENTATION FOR EACH SPORT AFTER THE CONCLUSION OF THEIR SEASON.

Academic Criteria: Awarded to a junior (grade 11) or senior (grade 12) team member who has earned the highest GPA on their squad. This award is based on the athlete's GPA during the grading period(s) in which they are competing.

Athletic Criteria: Successfully completed their full sport season. Applies equally to all student-athletes, trainers, cheerleaders, and student support staff.

RECOGNITION EVENT

An awards presentation event may be held in the spring of each school year.

MSD WARREN TOWNSHIP ACADEMIC PLAN FOR CO-CURRICULAR ACTIVITIES

The Athletic Academic Plan has been prepared to assist student-athletes who are in academic trouble. We will ask our student-athletes to spend extra time improving their academics during their season two times per week. The following examples are the only times allowed for academic tutoring. These are:

- Attend a supervised study table with the Athletic Academic Staff from 6:40 am to 7:10 AM, Monday-Thursday.
- Attend a supervised study table with the Athletic Academic Staff from 3:00 PM-3:30 PM, Monday-Thursday.
- Attend a supervised study table with another teacher, either before or after school, Monday-Thursday that is approved by the Athletic Academic Staff. There are no study sessions on Fridays.

Each coach of a failing student-athlete will be responsible for informing the student-athlete that he/she must attend study sessions. In all instances the student-athlete must sign-in. Completed sign-in sheets are to be monitored by athletic academic advisor.

In order to be eligible for athletic participation, Warren Central High School and Warren Athletics will require student-athletes to pass 5 credit classes the preceding grading period and have at least a 2.0 (C average). Any student failing one or more classes the preceding grading period and/or falling below a 2.0 GPA, but maintaining the IHSAA standards (passing five classes) may continue his/her eligibility if the following criteria is met:

- 1) The student-athlete is required to attend an AM or PM study session at least two different days per week for nine (9) weeks. This time period represents the remaining time in the grading period. If he/she is passing all classes at the end of the grading period, the student-athlete is no longer required to attend study sessions but may continue on a voluntary basis. If not passing all classes he/she will remain at study sessions for the remainder of the season. The student-athlete can participate in athletic contests as long as he/she maintains weekly study session's attendance and meets IHSAA minimum standards.
- 2) A student-athlete failing one or more classes or falling below a 2.0 GPA and failing to or refusing to participate in the study table program will remain ineligible to participate in any contest. The student - athlete may practice but not play during this period.
- 3) If a student-athlete fails to pass five classes, he/she is ineligible to participate in a contest for 9 weeks (IHSAA standard). The failing student-athlete may not participate in a contest until eligibility has been established by passing at least five credit classes.

ATHLETIC ELIGIBILITY OR INELIGIBILITY AS DETERMINED BY COURSE GRADES AND GPA IS IN EFFECT FOR EIGHT CONTINUOUS SEMESTERS AND CARRIES OVER FROM ONE SEMESTER TO THE NEXT.

Notes:

- Academically Ineligible student-athletes may continue to practice with the team if determined by the head coach and Athletic Director.
- The student-athlete must be on time and must bring school-related work to study table sessions. If a student-athlete is late, he/she is not admitted, and obviously this will not count as one of the two required each week.
- Required academic session's carry-over from one sport to another until the student-athlete's report card carries no 'F's' or is above a 2.0.
- Student-athletes remain ineligible until he/she attends two sessions per week.
- Contest eligibility or ineligibility from tutoring session attendance is determined by 7:30 am on Friday mornings. Student-athletes are declared eligible or ineligible by this deadline.
- Academic sessions begin the Monday after grades are issued to students. The athletic department will provide study sessions sign-in forms.
- There are no study tables on Fridays.
- Study tables cannot occur during school hours. This includes resource periods, study halls and lunch periods.
- There are eight opportunities for student-athletes to attend study tables. If a student-athlete has an excused absence from school, it does not exempt him/her from study tables. He/She is still expected to meet the minimum requirement of two study tables per week. The athletic director will carefully review each situation and make the final eligibility determination.

MARCH, 2012/ DEPARTMENT OF ATHLETICS

Instructions**Athlete Information Form****IHSAA Pre-Participation Physical Evaluation Form****WCHS/Community Health Network High School Athlete Authorization Form****General Information:**

- 1) There are a total of seven (7) pages that ***must*** be submitted to the WCHS Athletic Office. The 1st page is the ***Athlete Information Form***; 2nd-5th pages is the ***IHSAA Pre-Participation Physical Evaluation Form***; and the 6th & 7th pages is the ***WCHS/Community Health Network High School Athlete Authorization Form***. The seven pages follow this page.
- 2) After completing the forms, they may be submitted in the following ways:
 - a. Directly to the WCHS Athletic Office
 - b. Mail to: Warren Central High School
Athletic Office
9500 E. 16th Street
Indianapolis, IN 46229
 - c. Emailed to: mclayton@warren.k12.in.us or ttalley@warren.k12.in.us

DO NOT GIVE TO YOUR STUDENT'S COACH

- 3) We strongly recommend that you make and keep a copy of the forms for your records.

Specific Information:**Athlete Information Form (1 page)**

To be completed and signed by ***BOTH*** parent/guardian ***AND*** student.

IHSAA Pre-Participation Physical Evaluation Form (4 pages)

Medical History (Page 1): To be completed and signed by ***BOTH*** parent/guardian ***AND*** student.

Physical Examination (Page 2): Must be completed ***after April 1, 2013***, and certification must be by a physician holding an unlimited license to practice medicine (IHSAA By-Law C 3-10).

Consent & Release Certificate (Page 4): Requires signatures of ***BOTH*** parent/guardian ***AND*** student.

WCHS/Community Health Network High School Athlete Authorization Form (HIPPA; 2 pages)

Both pages to be completed and signed by ***BOTH*** parent/guardian ***AND*** student.

The seven (7) required pages follow this page

Warren Central High School / Department of Athletics

2013-2014 Athlete Information Form

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

Circle ONLY 1 Sport Per Season in which you wish to compete:

FALL

Cheer-FB
Cross-Country
Football
Golf-Girls
Soccer
Tennis-Boys
Volleyball

WINTER

Cheer-BKB
Basketball
Swim
Wrestling

SPRING

Baseball
Golf-Boys
Softball
Tennis-Girls
Track

Name: _____

Phone: _____

Address: _____

City: _____

Zip Code: _____

Gender: _____

Age: _____

Year of Graduation: _____

Date of Birth: _____

Personal Physician: _____

Physician's Phone: _____

Did you attend any other high school since July 1, 2012? _____

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 IHSA. 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 IHSA 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 IHSA 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 IHSA 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 IHSA 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.

☐ 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: _____

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician 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



(The physical examination must be performed on or after April 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)

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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?
- 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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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 to be valid for the following school year– IHSAA By-Law C 3-10)

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



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 CSIET 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.ih saa.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 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 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**

EMERGENCY MEDICAL AND CONTACT INFORMATION

Student Athlete Information:

Last Name: _____ First Name: _____ MI: ____ Male/Female Date of Birth: _____
Grade: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____
Physician Name: _____ Physician Phone #: _____
Preferred Hospital (if any): _____ Allergies: _____
Current Medications: Name of Medication Dose Frequency Taken

Does the Student Athlete have any of the following conditions (indicate yes or no): asthma ____; low blood sugar ____;
diabetes ____; fainting spells ____; seizures ____; sickle cell anemia ____; others _____

Parent/Guardian Information:

Parent/Guardian #1: Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____
Parent/Guardian #2: Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____

Emergency Contacts if Parent/Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
1. _____		
2. _____		

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in athletics until this form is on file in the Athletic Office

1. In accordance with the rules of the IHSAA, I hereby give consent for the named student to participate in the athletic programs at MSD Warren Township:
 2. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of protective equipment and strict observation of rules, injuries are still a possibility in organized athletics. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.
 3. I consent to the disclosure by the school to the IHSAA of all required detailed financial (athletic or otherwise), scholastic and attendance records of the school, including records which may concern or be related to the student, unless the student is emancipated, in which case the student gives such consent.
 4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
 5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the athletic rules published as part of the student handbook.
 6. **I have been provided with a copy of the rules and regulations regarding athletic participation or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all athletes as long as they are a student at [MSD Warren Township] and that the rules and regulations may be updated from time to time.**
 7. I understand that [MSD Warren Township] Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
 8. I authorize [MSD Warren Township] to post results/highlights containing my son's/daughter's name on the [MSD Warren Township] website.
- Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Indiana High School Athletic Association (IHSAA) and [MSD Warren Township] and believe that I am eligible to represent my school in athletics. If accepted as a representative, I agree to abide by the rules and regulations of the IHSAA and my school. 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). Student Signature: _____ Date: _____

ATHLETIC CONSENTS AND AUTHORIZATION FORMS**DATE:** _____

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (3) a HIPAA Authorization Form; (4) an acknowledgement of receipt of Community's Notice of Privacy Practices; (5) an Emergency Medical and Contact Information form; and (6) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student athlete is 18 years old or older, he or she must sign for him/herself, except for parent/guardian acknowledgement of receipt of concussion information. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs.**

CONSENT FOR TREATMENT

I consent to Community initiating any medical or first aid treatment for _____ (name of student athlete) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

ACKNOWLEDGMENT OF CONCUSSION INFORMATION

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of concussions and head injuries to student athletes, including the risks of continuing to play after concussion or head injury.

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Parents"

Signature of Parent/Guardian (regardless of student age): _____

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Athletes".

Signature of Student Athlete (regardless of age): _____

HIPPA AUTHORIZATION

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of _____ (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The Student's PHI may be disclosed to (1) the [MSD Warren Township] School principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by Community in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. **Expiration of Authorization:** 1 year from date signed.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHORIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT IS REVOKED.

NOTICE OF PRIVACY PRACTICES

Community has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to the student's personal health information. You have the right to receive the NPP prior to signing this consent. The current NPP will be posted in the school's health clinic and in the Athletic Director's office, on Community's website, and copies are available upon request by asking the staff of the school health clinic or the athletic trainer.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school 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. The law further states that a high school athlete 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.

Parent - please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Parents" and ensure that your child has also received and read "Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. 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 Parent Information Fact Sheet. 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)

CONCUSSION EVALUATION AND RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS

(SECTION ONE: Completed by School Personnel)

Student Name: _____ Date: _____

Sport's Team: _____ Grade: _____ Number of Past Concussions: _____

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected:

(SECTION TWO: Completed by Licensed Health Care Provider)

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a concussion may not return to play until the student athlete has been evaluated by a **licensed health care provider trained in the evaluation and management of concussions and head injuries** and receives a written clearance to return to play from the health care provider who evaluated the student athlete.

Health Care Provider Name: _____

License Number: _____ Licensing Board: _____

I have evaluated the above mentioned student athlete and the student athlete is:

_____ **NOT** cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam

_____ Cleared, as of today, to return to all activities, including sports, without restrictions

_____ Cleared to return to all activities, including sports, without restrictions,
on the following date* - _____

_____ Cleared to return to sports following the schedule below:

Step 1: May participate in light activity on the following date* - _____
(10 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date* - _____
(Moderate intensity activity on an exercise bike, jogging or weight lifting {reduced time and/or weight than normal})

Step 3: May participate in heavy; non-contact physical activity on the following date* - _____
(Sprinting, running, high-intensity exercise bike, and weight lifting; but no contact sports)

Step 4: May return to practice and full contact in a controlled practice setting on the following date* - _____

Step 5: May return to full game play on the following date* - _____

_____ Other – please list:

* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

(Signature of Health Care Provider)

(Date)

HEADS x UP

CONCUSSION IN HIGH SCHOOL SPORTS

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 “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can’t recall events <i>prior</i> to hit or fall • Can’t recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it’s not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “just fine.”
- 4. Tell all of your teen’s coaches and the student’s school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

If you think your teen has a concussion:

Don’t assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

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 you've just been "dinged" or "had your bell rung."

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
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **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. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.