

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

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



SCHOOL: _____

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

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

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

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

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

Explain "Yes" answers:

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

• Signature of athlete: _____

Date: _____

• Signature of parent/guardian: _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician)

Date: _____

Name: _____ Age: _____ Date of Birth: _____

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

Clearance:

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

Due to: _____

Recommendation: _____

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

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball

Name of Physician: _____ Date: _____

Address: _____ Phone: (_____) _____

Signature of Physician: _____

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



Individual Eligibility Rules (Grades 9 through 12)

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

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

This is only a summary of the rules.

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

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

CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

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

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

Date: _____ Student Signature: _____

Printed: _____

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

- A. I/we hereby give consent for my son/daughter/me 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. I/we understand that participation may necessitate an early dismissal from classes.
- C. I/we consent to the disclosure, by my son's/my daughter's/my school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter/me.
- D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her/my safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my/our 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 the IHSAA or the schools involved because of any accident or mishap involving my son's/my daughter's/my athletic participation.
- E. 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 and/or my child, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. 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: _____

Printed: _____

Date: _____ Parent/Guardian/Emancipated Student Signature: _____

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 Form Zionsville Community Schools

Student Athlete Name: _____ M/F Graduation Year: _____ DOB: _____

Address: _____ Phone: _____

Father's Name: _____ Home Phone: _____ Work/Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Work/Cell Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____ Hospital Preference: _____

Insurance Provider: _____ Insured's Name: _____ ID Number: _____

Date of last tetanus: _____ Email (optional): _____

Allergies (food, drugs, environmental, etc.): _____

Long-term medications (including supplements): _____

Medical Conditions: _____

Relevant Family Medical History: _____

Does the athlete wear any of the following? Glasses Contacts Braces Retainer Bridge Hearing Aid

St. Vincent Sports Medicine

Consent for Athletic Training Services

I, _____, the parent or legal guardian for the Student listed above, do hereby consent to the Student receiving athletic training services from St. Vincent Sports Medicine. I understand that during the course of these services certain health information related to Student's athletic training services may be used and/or disclosed for treatment, payment or healthcare operations purposes, or as otherwise required by law.

I further consent to certain health information being disclosed to school personnel, including but not limited to, coaches, school administration, and/or staff, as necessary.

I understand this consent is subject to my revocation at any time, except to the extent that action has been taken in reliance on this consent. Otherwise, this consent shall expire at the end of the school year or the Student's current athletic season, whichever is later.

Parent /Legal Guardian Signature

Date

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Zionsville Community High School

2009-2010 STUDENT AND PARENT CONSENT & RELEASE CERTIFICATE

To be read and signed by the parent or guardian with legal custody, and student
(Please detach and submit this statement along with physical form to athletics)

- A. I/We hereby give consent for the undersigned student to participate in the following interschool (mark through those sports that do not apply to student):

Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming and Diving, Tennis, Track and Field, Wrestling, Bowling, Lacrosse, Volleyball, _____

Girls Sports: Basketball, Cheerleading, Cross Country, Golf, Soccer, Softball, Swimming and Diving, Tennis, Track and Field, Volleyball, Bowling, Lacrosse, _____

- B. I/We consent to the disclosure, by the school to the IHSAA of all requested detailed financial (athletic or otherwise), scholastic and attendance records of such school, concerning the undersigned student.
- C. I/ We know of and acknowledge that the undersigned student knows of the risks involved in the 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 risk(s) involved, I/We release and hold harmless the Zionsville Community School Corporation, the schools involved and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation of the undersigned student.
- D. I/We authorize responsible school personnel to oversee or provide emergency medical care to the undersigned student in the event of serious injury.
- E. I/We authorize the athletic department to publicize the achievements of the undersigned student, including the undersigned student's name and likeness to media sources and on the school/athletic department website.
- F. I/We authorize Zionsville Community High School to investigate and obtain information from law enforcement and/or juvenile court authorities or any other source regarding the events leading up to any arrest or filing of charges against the undersigned student for an act that would be in violation of any of the rules and regulations as stated in the Athletic Handbook. I/We further authorize and consent to the release by law enforcement and/or juvenile court authorities to school officials of records and other information, which pertain to the undersigned student, regarding an act that would be in violation of any of the rules and regulations as stated in the Athletic Handbook and recognize that such records

and information may be considered by school officials in determining a student's eligibility to participate in the athletic program. Furthermore, I/We authorize and consent to the release of records and other information, which pertain to the undersigned student, from school officials to law enforcement and/or juvenile court authorities, for use in any investigative proceeding.

- G. The undersigned certify they have read the Zionsville Community High School Athletic Compendium, including the Code of Conduct and the Honor Code, and understand the eligibility and conduct guidelines contained therein for student and parent. The student hereby makes application for the privilege to participate in the interscholastic athletic program sponsored by the Zionsville Community Schools and the Indiana High School Athletic Association. It is understood that in order to be eligible to participate the student must comply with all requirements of the handbook.

- H. I/We are fully aware and understand that the undersigned student will be held accountable to the rules and regulations of the Indiana High School Athletic Association and Zionsville Community High School and know of no reason why the undersigned student is not eligible to represent the school in athletic competition. If accepted as a representative, the undersigned student agrees to follow said rules and regulations of the school and the IHSAA and abide by their decisions. I/We further acknowledge that athletic participation is a privilege. A copy of the IHSAA rules and regulations are available in the ZCHS athletic office as well as on the IHSAA web site (www.ihsaa.org).

- I. I/We give permission for the undersigned student's varsity coach and or trainer to release information concerning injuries to media personnel.

Date _____ Parent/Guardian Signature _____
_____(printed name)

Date _____ Student Signature _____
_____(printed name)

If you wish to receive the ZCHS athletic department monthly newsletter and other information throughout the year please provide your email address or addresses below.

