Application for Athletics Participation

Please read the contents of this packet thoroughly. Where applicable, pages must be signed and turned in to either the main office or the athletic trainer at Eastern Greene High School in order to meet eligibility requirements.
Dear Athlete and Parent/Guardian,

We are excited about the opportunity to have you participate in the athletic program here at Eastern Greene High School. Please read through all the items in this packet thoroughly and feel free to ask any questions. There are several documents that will need to be printed, completed, and/or signed and returned in order for student athletes to be eligible for participation. Once signed, please return those items to either the main office or the athletic trainer.

Please remember, it is an Indiana High School Athletic Association (IHSAA) guideline that all athletes receive a pre-participation examination. This examination must be successfully completed and the paperwork returned to Eastern Greene High School prior to beginning practice and/or competition. The goal of the pre-participation examination is to provide a screening test to ensure our student athletes are not at increased risk for injury or illness while participating in athletic practices or competitions. However, these examinations are not designed to replace the athlete’s annual full physical examination. We strongly encourage you to continue annual health maintenance examinations with your pediatrician or family physician, as well as follow-up for any problems that might have been found on the screening exam. We encourage all students to have a yearly comprehensive physical examination with their pediatrician or family physician. As a reminder, Indiana State Laws (IC 20-34-7 and IC 20-34-8) require athletes and parents acknowledge in writing that they have received information related to concussion and sudden cardiac arrest. This written, signed acknowledgment must be returned and on file with Eastern Greene High School before athletes are allowed to participate in any athletic activities including practices and games.

We appreciate your cooperation in helping to ensure the health and safety of our student-athletes. We look forward to another great year of athletics at Eastern Greene High School.

Sincerely,

Aaron Buskirk  
Athletic Director  
Eastern Greene High School

Kirsten Blake  
Athletic Trainer  
Eastern Greene High School
Eastern Greene High School (EGHS)
Consent to Receive and Release Protected Information 2019-2020 School Year

I understand that the athletic trainer(s) and/or team physician(s) providing healthcare coverage on behalf of EGHS may request protected information regarding the athlete’s health status from another healthcare provider, and I hereby give my permission for the receipt and release of this protected information as it pertains to my child’s ability to safely participate in school sponsored athletics and where their health and safety are a concern.

The protected information may pertain to past and present health. Permission for a healthcare provider to release medical information and/or records to another healthcare provider is given to allow for timely treatment of my child should it be necessary. I also give my permission to release this information to coaches and other school officials when it relates the athlete’s ability to participate. This request is to facilitate open communication between the athletic trainer, other healthcare providers, and school officials in order to protect the health and safety of the athlete and to optimize the delivery of care. This information cannot and will not be released to any other parties without first being approved by the parent or guardian of the athlete.

This consent for receipt and release of protected health information expires on July 31, 2017.

I understand that I have the right to revoke this consent at any time by informing the EGHS athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at EGHS. In the event I revoke consent, it will not have any effect on actions taken by EGHS or its agents prior to the revocation.

I have thoroughly read and understand the information above and consent to all provisions set forth. I have had the opportunity to ask questions.
Eastern Greene High School (EGHS)
Consent for Healthcare Procedures
2019-2020 School Year

I hereby give consent for my child to receive healthcare treatment including but not limited to first aid, diagnostic procedures, injury assessment, rehabilitation, and other medical treatment that is deemed appropriate and necessary to the health and wellbeing of my child and provided by the athletic trainer(s), team physician(s) and/or emergency medical technicians providing coverage for EGHS or the opposing team’s school. I understand this does not prevent me from receiving healthcare from another provider of my choice.

Additionally, I give permission for my child to be transported to the nearest and/or most appropriate emergency department based on local emergency medical services (EMS) protocols and to receive any and all treatments deemed necessary by the healthcare providers.

I understand that with participation in athletics there comes an inherent risk of injury and that injury may range from minor sprains and strains to total paralysis and even death. Additionally, I understand that it is the responsibility of the athlete to report any and all health related conditions and any and all injuries and illnesses to the athletic trainer and the coach. I also understand that it is the responsibility of the athlete to report any problems or potential problems with protective equipment to the coach and athletic trainer(s) providing coverage for their sport at EGHS. Fulfilling these responsibilities will help ensure the health and safety of the athlete as well as the health and safety of those they compete with and against. I further understand that it is important for the athlete to be an active participant in his/her own healthcare and to seek out information and ask questions about health issues they may experience or have questions/concerns about.

I understand that I have the right to revoke the consent regarding the provision of healthcare procedures at any time by informing the EGHS athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at EGHS. In the event I revoke consent, it will not have any effect on actions taken by EGHS or its agents prior to the revocation.

I have thoroughly read and understand the information above and consent to all provisions set forth. I have had the opportunity to ask questions.
What is a concussion?
A concussion is a brain injury that:
• Is caused by a bump, blow, or jolt to the head.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Can occur during practices or games in any sport.
• 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.”

How can I prevent a concussion?
It’s different for every sport. But there are steps you can take to protect yourself from concussion.
• Follow your coach’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Use the proper sports equipment, including personal protective equipment (such as helmets).
  In order for equipment to protect you, it must be:
    - Appropriate for the game, position, and activity
    - Well maintained
    - Properly fitted
    - Used every time you play

How do I know if I’ve had a concussion?
You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It’s best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

What are the symptoms of a concussion?
• Nausea (feeling that you might vomit)
• Balance problems or dizziness
• Double or fuzzy vision
• Sensitivity to light or noise
• Headache
• Feeling sluggish
• Feeling foggy or groggy
• Concentration or memory problems (forgetting game plays)
• Confusion

What should I do if I think I have a concussion?
• Tell your coaches and your parents. Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
• Get a medical check up. A health care professional can tell you if you have had a concussion and when you are OK to return to play.
• Give yourself time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

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

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>• Headache or “pressure” in head</td>
</tr>
<tr>
<td>Is confused about assignment or position</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>Forgets an instruction</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
<td>• Double or blurry vision</td>
</tr>
<tr>
<td>Moves clumsily</td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>• Concentration or memory problems</td>
</tr>
<tr>
<td>Shows mood, behavior, or personality changes</td>
<td>• Confusion</td>
</tr>
<tr>
<td>Can’t recall events prior to hit or fall</td>
<td>• Just not “feeling right” or is “feeling down”</td>
</tr>
<tr>
<td>Can’t recall events after hit or fall</td>
<td></td>
</tr>
</tbody>
</table>

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.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

June 2010
The following information pertains to concussion:

- A concussion can cause difficulty with everyday activities including memory, balance, sleep, sports, and classroom performance.

- You cannot see a concussion but some of the symptoms might be noticeable immediately. Other symptoms can show up hours or days after the injury.

- Following a concussion, the brain needs time to heal. The athlete is much more likely to have a repeat concussion if he/she returns to play before symptoms have resolved.

- In rare cases, repeat concussions can cause permanent brain damage and even death.

- Proper use of protective equipment (such as, but not limited to, a helmet) cannot absolutely protect an athlete from sustaining a serious brain and/or neck injury.

- It is the responsibility of the athlete to report any and all injuries and illnesses (including a brain injury such as a concussion and/or concussion like symptoms) to the athletic trainer(s) and/or team physician(s) providing coverage for EGHS.

- If an athlete suspects a teammate has a concussion or exhibits concussion like symptoms, he/she should report it to a coach, the athletic trainer(s) and/or team physician(s) providing coverage for EGHS immediately.

- An athlete who exhibits concussion related symptoms during a practice or game will be removed immediately and will not return to a practice or game on the same day as the injury.

- If a concussion is sustained, the athlete must meet the following criteria prior to return to unrestricted activity and sports participation: resting and exertional symptoms at baseline levels, neurocognitive testing at baseline or normative levels, satisfactorily complete a fundamental physical examination, successfully complete a graduated re-integration of physical exertion program, AND receive written clearance from a licensed healthcare provider trained in the evaluation and management of concussions and head injuries. ALL of these criteria must be completed prior to return to unrestricted activity.
SUDDEN CARDIAC ARREST
A FACT SHEET FOR STUDENT ATHLETES

FACTS
Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing). Warning signs can include a complaint of:
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, you can assist by:
- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?
1. Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse
2. Get checked out by your health care provider
3. Take care of your heart
4. Remember that the most dangerous thing you can do is to do nothing

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
SUDDEN CARDIAC ARREST
A FACT SHEET FOR PARENTS

FACTS
Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

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

Warning signs can include a complaint of:
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help my child prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:
- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?
1. Tell your child’s coach about any previous events or family history
2. Keep your child out of play
3. Seek medical attention right away

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
Eastern Greene High School (EGHS)
Sudden Cardiac Arrest Information Acknowledgement Summary Form
2019-2020 School Year

The following information pertains to Sudden Cardiac Arrest (SCA):

- SCA is rare but claims the life of athletes each year and may affect all levels of athletes, in all sports, and in all age categories.

- In most cases SCA occurs due to an inherited heart defect but can also occur after a direct blow to the chest, or after an illness causing inflammation of the heart.

- There may not be any noticeable symptoms before a person suffers SCA. However, warning signs may include: chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or fainting/passing out.

- Proper use of protective equipment cannot absolutely protect an athlete from suffering from SCA.

- It is the responsibility of the athlete to report any and all injuries and illnesses (including symptoms that indicate SCA) to the athletic trainer(s) and/or team physician(s) providing coverage for EGHS.

- If an athlete suspects a teammate may exhibit symptoms of SCA, he/she should report it to a coach, the athletic trainer(s) and/or team physician(s) providing coverage for EGHS immediately.

- An athlete who exhibits SCA related symptoms during a practice or game will be removed immediately and will not return to a practice or game on the same day. The parent/guardian of the athlete will be notified of the athlete’s symptoms.

- In order to return to practice and/or games after having been removed from play due to SCA related symptoms the following criteria must be met: the athlete’s parent/guardian must give verbal permission for the athlete to return to practice and/or games. This verbal permission must be followed up by signed, written permission within 24 hours of the verbal permission being received. In addition to these verbal and written permissions, the athlete will need to satisfactorily meet/complete any and all other tests, stipulations, and guidelines as set forth by the athletic trainer in order to help insure the health and safety of the athlete.
The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana’s high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association’s Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way. 
   (available for download at www.ihsaa.org<http://www.ihsaa.org/>)

2. The PPE Form must be signed by a physician (MD or DO) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. SIGNATURES
   ‰ The physician signature must be hand-written. No signature stamps will be accepted. ‰ The Physician signature and license number must be affixed on page two (2). ‰ The Parent signatures must be affixed to the form on pages one (1) and four (4). ‰ The Student-Athlete signature must be affixed to pages one (1) and four (4).

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

Physical

Form
PREPAR TICIPATION 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 Sports(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

[ ] Yes [ ] No If yes, please identify specific allergy below.

[ ] Medicines [ ] Pollens [ ] Food [ ] Stinging insects

Do you have any allergies?

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

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?

[ ] Yes [ ] No

2. Do you have any ongoing medical conditions? If so, please identify below:
   [ ] Asthma [ ] Anemia [ ] Diabetes [ ] Infections
   Other: ___________________________

3. Have you ever spent the night in the hospital?

[ ] Yes [ ] No

4. Have you ever had surgery?

[ ] Yes [ ] No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?

[ ] Yes [ ] No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

[ ] Yes [ ] No

7. Does your heart ever race or skip beats (irregular beats) during exercise?

[ ] Yes [ ] No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   [ ] High blood pressure [ ] A heart murmur
   [ ] High cholesterol [ ] A heart infection
   [ ] Kawasaki disease
   Other: ___________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

[ ] Yes [ ] No

10. Do you feel faint or feel more short of breath than expected during exercise?

[ ] Yes [ ] No

11. Have you ever had an unexplained seizure?

[ ] Yes [ ] No

12. Do you get more tired or short of breath more quickly than your friends during exercise?

[ ] Yes [ ] No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

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)?

[ ] Yes [ ] No

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?

[ ] Yes [ ] No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

[ ] Yes [ ] No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

[ ] Yes [ ] No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

[ ] Yes [ ] No

18. Have you ever had any broken or fractured bones or dislocated joints?

[ ] Yes [ ] No

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

[ ] Yes [ ] No

20. Have you ever had a stress fracture?

[ ] Yes [ ] No

21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

[ ] Yes [ ] No

22. Do you regularly use a brace, orthotics, or other assistive device?

[ ] Yes [ ] No

23. Do you have a bone, muscle, or joint injury that bothers you?

[ ] Yes [ ] No

24. Do any of your joints become painful, swollen, feel warm, or look red?

[ ] Yes [ ] No

25. Do you have any history of juvenile arthritis or connective tissue disease?

[ ] Yes [ ] No

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

[ ] Yes [ ] No

27. Have you ever used an inhaler or taken asthma medicine?

[ ] Yes [ ] No

28. Is there anyone in your family who has asthma?

[ ] Yes [ ] No

29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?

[ ] Yes [ ] No

30. Do you have groin pain or a painful boil or hernia in the groin area?

[ ] Yes [ ] No

31. Have you had infectious mononucleosis (mono) within the last month?

[ ] Yes [ ] No

32. Do you have any rashes, pressure sores, or other skin problems?

[ ] Yes [ ] No

33. Have you had a herpes or MRSA skin infection?

[ ] Yes [ ] No

34. Have you ever had a head injury or concussion?

[ ] Yes [ ] No

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

[ ] Yes [ ] No

36. Do you have a history of seizure disorder?

[ ] Yes [ ] No

37. Do you have headaches with exercise?

[ ] Yes [ ] No

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

[ ] Yes [ ] No

39. Have you ever been unable to move your arms or legs after being hit or falling?

[ ] Yes [ ] No

40. Have you ever become ill while exercising in the heat?

[ ] Yes [ ] No

41. Do you get frequent muscle cramps when exercising?

[ ] Yes [ ] No

42. Do you or someone in your family have sickle cell trait or disease?

[ ] Yes [ ] No

43. Have you had any problems with your eyes or vision?

[ ] Yes [ ] No

44. Have you had any eye injuries?

[ ] Yes [ ] No

45. Do you wear glasses or contact lenses?

[ ] Yes [ ] No

46. Do you wear protective eye wear, such as goggles or a face shield?

[ ] Yes [ ] No

47. Do you worry about your weight?

[ ] Yes [ ] No

48. Are you trying to or has anyone recommended that you gain or lose weight?

[ ] Yes [ ] No

49. Are you on a special diet or do you avoid certain types of foods?

[ ] Yes [ ] No

50. Have you ever had an eating disorder?

[ ] Yes [ ] No

51. Do you have any concerns that you would like to discuss with a doctor?

[ ] Yes [ ] No

FEMALES ONLY

52. Have you ever had a menstrual period?

[ ] Yes [ ] No

53. How old were you when you had your first menstrual period?

[ ] Yes [ ] No

54. How many periods have you had in the last 12 months?

[ ] Yes [ ] No

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 ________________

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(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)

**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.

**PHYSICIAN REMINDERS**

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

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

**EXAMINATION**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**MEDICAL**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigmata, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hypertrophy, myopia, MIV, aortic insufficiency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart*</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)*</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV, lesions suggestive of MRSA, lines corporis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic*</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**MUSCULOSKELETAL**

<table>
<thead>
<tr>
<th>Neck</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Back</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoulder/arm</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elbow/Forearm</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wrist/hand/fingers</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hip/thigh</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leg/ankle</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot/toes</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck-walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider OI exam if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

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

☐ Not cleared
☐ Pending further evaluation
☐ For any sports
☐ For certain sports

Reason

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

Name of physician (print/type)  Date

Address

Signature of physician (MD or DO)  License #

Phone

(2 of 4)
ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletic events, 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, gift, 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 & Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.
You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org
Please contact your school officials for further information on and before participating outside your school.

(Consent & Release Certificate - on back or next page)
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 well-being 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: ___________________ 

Printed: ___________________

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

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:

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

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

B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student’s school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student’s safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student’s school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student’s athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

%-The student has school student accident insurance. %-The student has football insurance through school.

%-The student has adequate family insurance coverage. %-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: ___________________
I have received and thoroughly read all the information included in the following informational and consent forms and documents:

- Consent to Receive and Release Protected Information
- Consent for Healthcare Procedures
- Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes
- Heads Up – Concussion in High School Sports – A Fact Sheet for Parents
- Concussion Information Acknowledgement Summary Form
- Sudden Cardiac Arrest – A Fact Sheet for Parents
- Sudden Cardiac Arrest – A Fact Sheet for Parents
- Sudden Cardiac Arrest Acknowledgement Summary Form

I fully understand and agree with all of the information contained in each of the forms and handouts. I give my consent for and agree to abide by all the processes, stipulations and guidelines set forth in the EGHS Student Handbook including all policies, procedures, information forms, consent forms and other documents. I further understand that I have the opportunity to ask questions regarding the content of these forms and the provided handouts. I also understand that this form must be signed and turned in to the designated official at Eastern Greene High School prior to the athlete being allowed to participate in any practices or games.

**WE THE UNDERSIGNED, ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND ALL ASPECTS OF THE EGHS STUDENT HANDBOOK AND ITS ASSOCIATED DOCUMENTS AND GRANT PERMISSION AND CONSENT AS REQUIRED.**

This form must be completed by the student-athlete and the parent/guardian and returned to the athletic department as a requirement for eligibility to participate in athletics at Eastern Greene High School.

________________________________  ____________________________________________
Signature of Student-athlete  Printed name of Student-athlete  Date

________________________________  ____________________________________________
Signature of Parent/guardian  Printed name of Parent/guardian  Date
Eastern Greene High School Athletics

Student/Athlete: ____________________________________________

LAST     FIRST     MIDDLE

Address: ______________________________________________________________________

City: ______________________________________ State: _____ Zip Code: ________________

Cell phone: ( ) - Home phone: ( ) - E-mail: ________________________________

Social Security Number: _______ - _______ - _______ Anticipated High School Graduation Year: _____

Date of Birth: __________ / ________ / ________

Month     Day     Year

Health insurance carrier: ________________________________________________________

Primary Care Doctor or Pediatrician: _______________________________________

Emergency Contacts

1) Legal Guardian 1 (full name): __________________________ [Mother [Father [Other]

   Legal Guardian (phone number): Cell: ( ) - Home: ( ) -

   Legal Guardian e-mail: ________________________________

   Address (if different from above): ____________________________________________

2) Legal Guardian 2 (full name): __________________________ [Mother [Father [Other]

   Legal Guardian (phone number): Cell: ( ) - Home: ( ) -

   Legal Guardian e-mail: ________________________________

   Address (if different from above): ____________________________________________

Is any of the above a change from last year? [Yes [No [Not sure

Anticipated Athletic Participation

Please check the sports in which you plan to participate this school year.

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys’ Cross Country</td>
<td>Boys’ Basketball</td>
<td>Baseball</td>
</tr>
<tr>
<td>Girls’ Cross Country</td>
<td>Girls’ Basketball</td>
<td>Boys’ Golf</td>
</tr>
<tr>
<td>Football</td>
<td>Cheerleading</td>
<td>Softball</td>
</tr>
<tr>
<td>Girls’ Golf</td>
<td></td>
<td>Girls’ Track &amp; Field</td>
</tr>
<tr>
<td>Volleyball</td>
<td></td>
<td>Boys’ Track &amp; Field</td>
</tr>
<tr>
<td>Cheerleading</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This form must be signed and returned to the main office or the athletic trainer at Eastern Greene High School as part of the eligibility requirements for participation in athletics.