

Warren Central

**STUDENT-ATHLETE
ATHLETIC HANDBOOK
2018-19**



WARRIORS

ATHLETIC DEPARTMENT STAFF

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Required Documents

- Student/Parent: Warren Central Athletic Department Athlete Information Form
- Student/Parent: Emergency Medical And Contact Information Form/Consent
- Student/Parent: Athletic Consents And Authorization Forms
- Student/Parent: IHSAA Pre-Participation Physical Evaluation And History Forms
- Student/Parent: Consent And Release Certificate

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.

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 administrative and coaching support, equity, academic excellence, character and leadership development, and community service. The Department seeks to help the student athlete develop the capacity for Civility, Order, Respect, and Excellence (CORE).

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 one (21) sports that offer 52 different teams to nearly 750 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 Central, Lawrence North, North Central, Pike.



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 100 PERCENT EVERY TIME I WEAR THE BLACK AND GOLD.

ELIGIBILITY

RESIDENCY REQUIREMENTS

Student-athletes must be enrolled at Warren Central or sanctioned through court mandate in order to participate in athletics at Warren Central.

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. Waiver-qualifying activities 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. ***In order for an exam to apply to the next school year, the exam must be 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**

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.

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

EXPECTED STANDARDS OF CONDUCT FOR STUDENT-ATHLETES (INCLUDING student support staff [managers, trainers, statisticians and videographers], student athletic trainers, and cheerleaders, where applicable)

- 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 shall not partake in any degree or be in possession of alcoholic beverages, tobacco products, or other inhaled vapor products.
- Student-athletes shall not knowingly possess, use, transmit or be under the influence of any narcotic drug, hallucinogenic drug, stimulant, depressant, marijuana, counterfeit caffeine pills, anabolic steroids (or other performance-enhancing drug) 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.)
- Student-athletes must not engage in illegal conduct of any kind, particularly conduct classified as a felony, misdemeanor, or act of delinquency.
- Student-athletes are expected to leave social events (parties, dances, etc.) immediately where there is illegal use of chemical substances, alcohol, or tobacco, or other inhaled vapor products.
- Student-athletes are required to avoid use of profanity and to avoid engaging in acts of disobedience or harm toward others and towards property.
- 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.
- Student-Athletes will be respectful of officials. Officials do not lose a 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 and anti-bullying policies are incorporated into the Code of Conduct.

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.

ANTI-BULLYING POLICY

1. Bullying is prohibited by the MSD of Warren Township, as defined in Indiana Code 20-33-8-0.2. 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, unwanted repeated acts or gestures, including:
 - a. Verbal or written communication or images transmitted in any manner (including digitally or electronically);
 - b. Physical acts committed;
 - c. Aggression;
 - d. Any other behaviors committed; by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student;

that create an objectively hostile school environment that places the targeted student in reasonable fear of harm to person or property; has a substantially detrimental effect on the targeted student's physical or mental health; has the effect of substantially interfering with the targeted student's academic performance; or has the effect of substantially interfering with the targeted student's ability to participate in or benefit from the services, activities, and privileges provided by the school.

3. Applicability: The rule applies when the bullying student is in effect 12 months per year/ 7 days per week/ 24 hours per day, on or off school property.

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.

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 does *not* provide any legal rights in addition to rights already in existence under applicable law. Recommendations in place of 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 original exclusion decision on violations, but may not invoke a more serious penalty.

EXAMPLES OF APPLICATION OF THE CODE OF CONDUCT

The following are specific examples of conduct that would violate the Code of Conduct set forth above. The examples do not cover every possible violation of the Code of Conduct. Any violation of the Code of Conduct is subject to disciplinary action, whether or not such violation is discussed in the examples below.

RULE VIOLATION 1: Knowingly possessing, using, transmitting or being 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: For a first offense, a student-athlete knowingly violating the drug use rule will be 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, 2nd offense is a 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 VIOLATION 2 Partaking in any degree or being in possession of alcoholic beverages, tobacco products, or other inhaled vapor products.

CONSEQUENCE: The use of alcohol and tobacco products is not in accordance with this code of conduct and will result in a 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 Violation 1 above. Third offense will result in suspension from participation in athletics for a minimum of one (1) calendar year as stated in Rule Violation 1 above.

RULE VIOLATION 3 Arrest and conviction for felonies, misdemeanors, acts of delinquency, or other legal 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. A second offense, either misdemeanor or felony, will bring an athletic suspension for one (1) calendar year as stated in Rule Violation 1.

RULE VIOLATION 4 Committing an act of harm toward others or property such as; vandalism, and/or theft.

CONSEQUENCE: The first offense will result in 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 VIOLATION 5 Any violation of school rules such as truancy, suspension, classroom disruption, or other punishable acts

CONSEQUENCE: Student athlete will be disciplined by the already-established school rules. The conduct may further be addressed 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 VIOLATION 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, or other inhaled vapor products.

CONSEQUENCE: 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 VIOLATION 7 Any violation of specific team rules.

CONSEQUENCE: 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.

REDUCTION OF CONSEQUENCES

SELF-REPORTING

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.

SUBSTANCE ABUSE TREATMENT

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 FOR PURPOSES OF DISCIPLINE

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

Whether violations of the rules of the Code of Conduct will result in forfeiture of awards eligibility will be within the discretion of the Athletic Director.

CARRY-OVER SUSPENSION

If the violation of the Code occurs in the last part of a sport season and the violator cannot fulfill the terms of his/her violation in that sport season 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.

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 earned awards. It is 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 will be issued until outstanding balances have been paid in full, and 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 and Chevron

2nd - 12th Varsity Award:

Chevron

PLACEMENT OF AWARDS ON THE LETTER JACKET

- * 6" LETTER ON LEFT BREAST
- * NUMERALS AND CHEVRONS (POINT DOWN) ON LEFT SLEEVE
- * SCHOLAR-ATHLETE PATCHES ON RIGHT SLEEVE
- * 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 as outlined in the team rules set forth by the head coach of each sport. 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.

PROCEDURES FOR LOST AWARDS

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



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+) cumulative 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

GRADE 9 – 12 WINNERS WILL EARN A CERTIFICATE.

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 completed their full sport season as an awards winner. Applies equally to all student-athletes, trainers, cheerleaders and student support staff.
Spring Athletes: Will receive a certificate at the beginning of the following school year.

ATHLETIC DEPARTMENT HONOR ROLL

GRADE 9 – 12 WINNERS WILL EARN A CERTIFICATE.

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 completed their full sport season as an awards winner. Applies equally to all student-athletes, trainers, cheerleaders, and student support staff.
Spring Athletes: Will receive a certificate at the beginning of the following school year.

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 cumulative 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. 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. Any student-athlete failing one or more classes the preceding grading period and/or falling below a 2.0 GPA will be required to attend two (2) study table sessions 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.

- 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 2.3 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 2.3.
- 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 each week 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.
- Student-Athletes may NOT attend more than 1 study table per day.
- Student-Athletes may NOT complete a study table with any member of their sport's coaching staff.

INFORMATION FOR ATHLETES

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 or the principal's designee 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 2.3 Core grade point average in college prep classes as determined by the NCAA, score well on the Scholastic Aptitude Test (SAT) or the American College Test (ACT), 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.

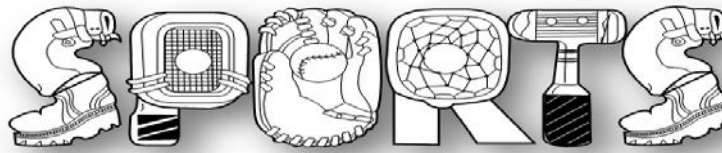
EQUIPMENT

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.

FEES

All Student-Athletes will pay a participation fee per 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; however, due to the nature of athletic activity, injury may still 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:

| | |
|----------------------------|----------------------|
| FOOTBALL | JULY 30, 2018 |
| BOYS CROSS COUNTRY | JULY 30, 2018 |
| GIRLS CROSS COUNTRY | JULY 30, 2018 |
| BOYS TENNIS | JULY 30, 2018 |
| BOYS SOCCER | JULY 30, 2018 |
| GIRLS SOCCER | JULY 30, 2018 |
| GIRLS GOLF | JULY 27, 2018 |
| VOLLEYBALL | JULY 30, 2018 |
| CHEER | SUMMER, 2018 |

WINTER:

| | |
|-------------------------|----------------------------|
| BOYS BASKETBALL | NOVEMBER 5, 2018 |
| GIRLS BASKETBALL | OCTOBER 15, 2018 |
| WRESTLING | OCTOBER 29, 2018 |
| BOYS SWIM | NOVEMBER 5, 2018 |
| GIRLS SWIM | OCTOBER 22, 2018 |
| CHEER | CONTINUED FROM FALL |

SPRING:

| | |
|---------------------|--------------------------|
| BOYS TRACK | FEBRUARY 11, 2019 |
| GIRLS TRACK | FEBRUARY 11, 2019 |
| BASEBALL | MARCH 11, 2019 |
| SOFTBALL | MARCH 4, 2019 |
| BOYS GOLF | MARCH 11, 2019 |
| GIRLS TENNIS | MARCH 11, 2019 |
| LACROSSE | FEBRUARY 11, 2019 |

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.

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.



Physical & Consent Forms 2018-2019

Attention!!

**Parents and Athletes
Complete ALL forms
following this page!**

HEADS+ CONCUSSION HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

| SYMPTOMS REPORTED BY ATHLETE | SIGNS OBSERVED BY PARENTS/GUARDIANS |
|---|---|
| <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 • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” | <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 (even briefly) • Shows mood, behavior, or personality changes |

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

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

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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, visit www.cdc.gov/Concussion.



HEADS+ CONCUSSION HIGH SCHOOL SPORTS

A FACT SHEET FOR ATHLETES

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

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

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

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

- 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, visit www.cdc.gov/Concussion.



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 life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

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

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

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

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 life-long 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*



COMMUNITY HEALTH NETWORK, INC. NOTICE OF PRIVACY PRACTICES

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave your written authorization. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made for national security purposes; for treatment, payment or health care operations purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.

To receive a paper copy of this Notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. To obtain a copy of this Notice, contact one of the individuals identified in Section V, below.

IV. How to Complain About Our Privacy Practices:

If you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V, below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized if you file a complaint.**

V. Contact Persons for Information or to Submit a Complaint:

If you have questions about this Notice or complaints about our privacy practices, please contact: Marti A. Baker, Network Privacy & Compliance Consultant, 317-621-7321, mabaker@eCommunity.com; Debbie Klingerman, Privacy Official, The Indiana Heart Hospital, 317-621-8536, dklingerman@eCommunity.com; Gail Mahoney, Privacy Official, Community Home Health Services, 800-404-4852, gmaahoney@eCommunity.com; Donna Price, CPI Privacy & Compliance Officer, Community Physicians of Indiana, Inc., 317-621-7186; or Jackie Smith, Network Privacy & Compliance Officer, 317-621-7324, Jackie.Smith@eCommunity.com.

VI. Instructions for Revoking an Authorization:

You may revoke an authorization to use or disclose your PHI, in writing, **except:** 1) to the extent that action has been taken in reliance on the authorization, or 2) if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation, addressed to the contact person listed on your original authorization.

VII. Effective Date:

This Notice was effective on 4/14/03; updated on 10/15/04; updated on 1/1/05; updated on 1/21/05; updated on 3/30/2007; updated on 1/1/10.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes privacy practices of Community Hospitals of Indiana, Inc.; The Indiana Heart Hospital; Community Hospital South, Inc.; Indiana Surgery Centers; Indianapolis Endoscopy Center, LLC; Community Endoscopy Center, LLP; Community Physicians of Indiana, Inc.; Community Home Health Services; and their affiliates, including: any employees; volunteers; health care professionals authorized to enter information into your health/medical records; and medical staff members (hereinafter referred to as Community Health Network or Network).

I. Our Duty to Safeguard Your Protected Health Information:

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered "Protected Health Information" ("PHI"). We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices, that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If we discover a breach (as defined in 42 U.S.C. 201 et seq.) of the privacy or security of your PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though we reserve the right to change the terms of this Notice at any time. We reserve the right to make new Notice provisions effective for all PHI we currently maintain or that we receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or patient waiting areas. You may request a copy of the new notice from the Patient Access Department and it will also be posted on our website at www.eCommunity.com. We will also make available a copy of the Notice in effect each time you are admitted to the hospital as an inpatient or outpatient, or receive health care services from other health care providers within the Community Health Network, listed above.

II. How We May Use and Disclose Your Protected Health Information:

We use and disclose PHI for a variety of reasons. For certain uses/disclosures, we must get your written authorization. However, the law provides that we may make some uses/disclosures without your authorization. The following section offers more description and examples of our potential uses/disclosures of your PHI.

◆ **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:** Since we are an integrated system, we may share your PHI with designated staff within the Community Health Network, for treatment, payment or operations purposes. Generally, we may use/disclose your PHI:

- **For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, our central pharmacy staff, or with a specialist to whom you have been referred. If you are an inpatient, your name may be posted outside the door of your room.

- **To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. Release of your PHI to the state Medicaid agency might also be necessary to determine your eligibility for publicly funded services.

- **For health care operations:** We may use/disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our staff, or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health.

- **Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also call your home and leave a message on your answering machine or voice mail. (See Section III about confidential communication.)

- **Treatment alternatives:** We may contact you about possible treatment options or alternatives, or other health-related benefits or services that may interest you.

- **Fundraising:** We or our Foundation may contact you to raise money for the Network and its operations, unless you tell us in writing not to contact you for this purpose.

◆ **Uses and Disclosures Requiring Authorization:** For uses and disclosures other than treatment, payment and health care operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization, in writing, any time to stop future uses/disclosures. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission. (See Section VI for instructions for revoking an authorization.) We cannot refuse to treat you if you refuse to sign an authorization to release PHI, unless services provided are solely to create health records for a third party, such as physical and drug testing for an employer or insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not use or disclose your PHI for marketing purposes without your authorization.

◆ **Uses and Disclosures Not Requiring Authorization:** The law provides that we may use/disclose your PHI without your authorization in the following circumstances:

- **When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

- **For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.

- **For health oversight activities:** We may disclose PHI to the Indiana State Department of Health or other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

- **For research purposes:** In certain circumstances, and under supervision of our Institutional Review Board, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another. Generally, we will ask you for your specific permission if the researcher will have access to your name, address and other PHI, or will be involved in your care.

- **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

- **Law enforcement:** We may disclose PHI to a law enforcement official in circumstances such as: in response to a court order; to identify a suspect, witness or missing person; about crime victims; about a death that we may suspect is the result of criminal conduct; or criminal conduct at the hospital or health care facility.

- **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the President.

- **Workers' Compensation:** We may disclose your PHI to your employer for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.

- **Inmates:** An inmate of a correctional institution does not have the rights listed in this Notice of Privacy Practices.

◆ **Uses and Disclosures Requiring You to Have an Opportunity to Object:** In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure. However, if there is an emergency situation and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

- **Patient Directories:** If you are hospitalized, your name, location, general condition, and religious affiliation may be put into our patient directory for use by callers or visitors who ask for you by name and by clergy. If you ask to be a "No Information" patient, volunteers, employees and telephone operators will not tell anyone that you are in the facility and flowers, mail, phone calls and visitors will be turned away and not accepted if your room number is not provided.

- **To families, friends or others involved in your care:** We may share with these people information directly related to your family's, friends' or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.

- **Disaster relief:** We may release your PHI to a public or private relief agency for purposes of coordinating notifying your family and friends of your location, condition or death in the event of a disaster.

III. Your Rights Regarding Your Protected Health Information:

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If agreed upon, these restrictions will only apply to the Community Health Network affiliates listed in the beginning of this Notice. You understand that we are not able to take back disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

To request confidential communication: You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

HEAT-RELATED ILLNESSES

WHAT TO LOOK FOR

WHAT TO DO

HEAT STROKE

- High body temperature (103°F or higher)
 - Hot, red, dry, or damp skin
 - Fast, strong pulse
 - Headache
 - Dizziness
 - Nausea
 - Confusion
 - Losing consciousness (passing out)
- Call 911 right away—heat stroke is a medical emergency
 - Move the person to a cooler place
 - Help lower the person's temperature with cool cloths or a cool bath
 - Do not give the person anything to drink

HEAT EXHAUSTION

- Heavy sweating
 - Cold, pale, and clammy skin
 - Fast, weak pulse
 - Nausea or vomiting
 - Muscle cramps
 - Tiredness or weakness
 - Dizziness
 - Headache
 - Fainting (passing out)
- Move to a cool place
 - Loosen your clothes
 - Put cool, wet cloths on your body or take a cool bath
 - Sip water
- Get medical help right away if:**
- You are throwing up
 - Your symptoms get worse
 - Your symptoms last longer than 1 hour

HEAT CRAMPS

- Heavy sweating during intense exercise
 - Muscle pain or spasms
- Stop physical activity and move to a cool place
 - Drink water or a sports drink
 - Wait for cramps to go away before you do any more physical activity
- Get medical help right away if:**
- Cramps last longer than 1 hour
 - You're on a low-sodium diet
 - You have heart problems

SUNBURN

- Painful, red, and warm skin
 - Blisters on the skin
- Stay out of the sun until your sunburn heals
 - Put cool cloths on sunburned areas or take a cool bath
 - Put moisturizing lotion on sunburned areas
 - Do not break blisters

HEAT RASH

- Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)
- Stay in a cool, dry place
 - Keep the rash dry
 - Use powder (like baby powder) to soothe the rash



Warren Central High School / Department of Athletics

2018-2019 Athlete Information Form

In addition to the IHSAA Pre-Participation Physical Evaluation Form, all other forms must be completed in full, BEFORE the student-athlete is permitted to condition, practice, or compete.

| <u>Fall</u> | <u>Winter</u> | <u>Spring</u> |
|---------------|---------------|---------------|
| Cheer-FB | Cheer-BKB | Baseball |
| Cross Country | Basketball | Golf-Boys |
| Football | Swim | Lacrosse |
| Golf-Girls | Wrestling | Softball |
| Soccer | | Tennis-Girls |
| Tennis-Boys | | Track |
| Volleyball | | |

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

Gender: _____ Date of Birth: _____ Age: _____

Personal Physician: _____ Phone: _____

Year of Graduation: _____

Did you attend any other high school since July 1, 2018? _____

If yes, name of previous school: _____

STUDENT AND PARENT/GUARDIAN CERTIFICATION OF KNOWLEDGE & RELEASE

I/we acknowledge that I/we have received a copy of the 2018-2019 Student-Athlete Athletic Handbook which includes the Code of Conduct for Warren Central Athletes. I understand the code applies to the said student-athlete year-round and realize that said student-athlete is subject to disciplinary measures should he/she violate the code. Said student-athlete agrees to participate and conduct himself/herself in accordance with the rules of our athletic code and with any other specific rules of his/her coaches. I/we know that athletic participation is a privilege. The student-athlete voluntarily accepts any and all responsibility for his/her own safety and welfare while participation in athletics, with full understanding of the risks involved. I/we understand that participation may necessitate an early dismissal from classes and I/we also understand that travel is necessary and accident causing injury is a possibility. With full understanding of the risks involved, I/we release and hold harmless Warren Central High School, the schools involved, and the IHSAA 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 IHSAA or Warren Central High School because of any accident or mishap involving the athletic participation of the student-athlete.

I understand that the Athletic Department **DOES NOT** offer student-athlete insurance.

I HAVE READ THE ABOVE CAREFULLY AND UNDERSTAND CLEARLY

Student-Athlete Signature **X** _____

Printed: _____ Date: _____

Parent-Guardian Signature **X** _____

Printed: _____ Date: _____

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: | <u>Name of Medication</u> | <u>Dose</u> | <u>Frequency Taken</u> |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

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 Warren Central High School School:
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 receipt of Community's Notice of Privacy Practices; (3) a HIPAA Authorization Form; (4) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (5) an acknowledgement of your and the student's receipt of written information about sudden cardiac arrest in student athletes; (6) an Emergency Medical and Contact Information form and (7) 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: _____

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: _____

HIPAA 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.

| |
|---|
| <i>Signature of Parent/Guardian:</i> _____ <i>Printed:</i> _____ <i>Relationship to student:</i> _____ |
|---|

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.

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"

| |
|--|
| <i>Signature of Parent/Guardian (regardless of student age):</i> _____ |
|--|

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

| |
|--|
| <i>Signature of Student Athlete (regardless of age:)</i> _____ |
|--|

ACKNOWLEDGMENT OF CARDIAC 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 sudden cardiac arrest to student athletes.

I acknowledge that I have received and read the information sheet on risks associated with sudden cardiac arrest in athletics.

| |
|--|
| <i>Signature of Parent/Guardian (regardless of student age):</i> _____ |
|--|

I acknowledge that I have received and read the information sheet on risks associated with sudden cardiac arrest in athletics.

| |
|--|
| <i>Signature of Student Athlete (regardless of age:)</i> _____ |
|--|

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



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

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

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

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

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

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

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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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, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

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

Address _____ Phone _____

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



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

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

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
 - ... 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.ihsaa.org

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

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

■ PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

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

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

Date: _____ Student Signature: (X) _____

Printed: _____

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

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance.
 - The student has adequate family insurance coverage.
 - The student has football insurance through school.
 - The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

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