IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

SCHOOL: _____

HISTORY **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

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

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized?	❑	❑
Have you ever had surgery?	❑	❑
Are you presently under a doctor's care?	❑	❑
2. Are you presently taking any medications or pills?	❑	❑
3. Do you have any allergies (medicine, bees or other stinging insects)?	❑	❑
4. Have you ever passed out during or after exercise?	❑	❑
Have you ever been dizzy during or after exercise?	❑	❑
Have you ever had chest pain during or after exercise?	❑	❑
Have you ever had high blood pressure?	❑	❑
Have you ever been told that you have a heart murmur?	❑	❑
Have you ever had racing of your heart or skipped heartbeats?	❑	❑
Has anyone in your family died of heart problems or a sudden death before age 50?	❑	❑
Has anyone in your family had Marfan's syndrome?	❑	❑
5. Do you have any skin problems (itching, rashes, acne)?	❑	❑
6. Have you ever had a head injury?	❑	❑
Have you ever been knocked out or unconscious?	❑	❑
Have you ever had a seizure or epilepsy?	❑	❑
Have you ever had a stinger, burner or pinched nerve?	❑	❑
7. Have you ever had heat cramps, heat illness or muscle cramps?	❑	❑
8. Do you have trouble breathing or do you cough during or after activity?	❑	❑
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)?	❑	❑
10. Have you had any problems with your eyes or vision?	❑	❑
Do you wear glasses or contacts or protective eye wear?	❑	❑
11. Are you missing an eye, kidney or testicle?	❑	❑
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?	❑	❑

❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Foot
❑ Forearm ❑ Shin/Calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hip ❑ Hand

13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?	❑	❑
14. **Have you had a medical problem or injury since your last evaluation**?	❑	❑

15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

_____

_____

_____

_____

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

Date: _____ Signature of athlete: _____

Date: _____ Signature of parent/guardian: _____

PHYSICAL EXAMINATION

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____

Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal ❑	**Specific Findings**
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

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

Due to: _____

Recommendation: _____

_____

_____

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

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

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

Name of Physician: _____ Date: _____

Address: _____

Phone: (_____)_____

Signature of Physician: _____

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

IHSAA ELIGIBILITY RULES

Individual Eligibility Rules (Grades 9 through 12)

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

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .

   . . . unless you are entering the ninth grade for the first time.

   . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.

   . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a summary of the rules.

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

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

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE (to be signed by student)

A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

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

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

Date: _____ Student Signature: _____

Printed: _____

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

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

A. I/we hereby give consent for my son/daughter/me to participate in the following interschool sports ***not marked out:***
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we consent to the disclosure, by my son's/my daughter's/my school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter/me.

D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her/my safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my/our school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving my son's/my daughter's/my athletic participation.

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

F. Please check the **appropriate space:**

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

Company: _____ Policy Number: _____

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

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

Printed: _____

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

Printed: _____

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

This form should be filed in the appropriate office designated by each particular school.
Separate Form Required for Each School Year