

Indiana High School Athletic Association, Inc.

**2020-21 HEALTH HISTORY UPDATE
QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE**



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: _____

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student's sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student's parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative ('Yes'), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student _____ Age _____ Grade _____

Date of Last IHSAA Pre-Participation Physical Examination _____

Since the last pre-participation physical examination, has your son/daughter:

- | | |
|--|----------------|
| 1. Been medically advised not to participate in a sport? | Yes ___ No ___ |
| 2. Been diagnosed with COVID-19? | Yes ___ No ___ |
| 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? | Yes ___ No ___ |
| 4. Fainted or "blacked out?" | Yes ___ No ___ |
| 5. Experienced chest pains, shortness of breath, "racing heart" or had any heart issues? | Yes ___ No ___ |
| 6. Had a history of unusual fatigue or unusual tiredness? | Yes ___ No ___ |
| 7. Been hospitalized or had surgery? | Yes ___ No ___ |

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student's participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

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

Printed _____

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules 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, illness and even death, is a possible result of 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, illness 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.
Unified Sports: Unified Flag Football, Unified Track & Field
- 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, illness and even death, is a possible result of 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, illness 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 adequate family insurance coverage. The student does not have insurance.
 - The student has football insurance through school.

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 custody must sign)

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

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

Tipton Middle School

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

In an emergency, contact _____ Phone _____
_____ Phone _____

I, _____, the parent/guardian
of _____ recognize that as a result of athletic
participation, medical treatment on an emergency basis may be necessary and
further recognize that school personnel may be unable to contact me for my
consent for emergency medical care. I do hereby consent in advance to such
emergency care, including hospital care, as may be deemed necessary under the
then existing circumstance.

Please make the following notations on my son/daughter's records:

Allergies to medication:

Medications for long-term illness (indicate illness and medication)

Relevant medical information (i.e. contact lens wearer, history of family diabetes,
epilepsy, heart murmur, etc.)

DATE: _____

GRADE: _____

PARENT/GUARDIAN SIGNATURE: _____

TMS ATHLETIC HANDBOOK WARNING AND RELEASE FORM

STUDENT FORM

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, all bones, joints, ligaments, muscles or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in sports may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and agree to obey such instructions.

In consideration of TMS permitting me to try out for sports and to engage in all activities related to the teams including, but not limited to, trying out practicing or playing/participating in sports. I hereby assume all the risks associated with participation and agree to **NOT** hold TMS of Tipton Community School Corporation in Tipton, IN collectively and individually, its employees, agents, representatives, medical personnel, coaches and volunteers, including managers and trainers, liable for any and all actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the TMS athletic teams on which I try out, practice, play/participate. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have read, understand and agree to abide by the contents of the Tipton Middle School Athletic and Student Handbook.

I specifically acknowledge the FOOTBALL, WRESTLING, and BASKETBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE _____

STUDENT SIGNATURE _____

PARENT/GUARDIAN CONSENT FORM

I, _____, am the legal parent/legal guardian of _____ have read the STUDENT CONSENT WARNING AND RELEASE FORM and I understand its terms. I understand that all sports can involve MANY RISKS OF INJURY, including, but not limited to, those risks outlined on said form.

In consideration of TMS permitting my child/ward to try out for sports and to engage in all activities related to the teams, including but not limited to, trying out, practicing, or playing/participating in sports, I hereby agree to **NOT** hold TMS of Tipton Community School Corporation in Tipton, IN collectively and individually, its employees, agents, representatives, medical personnel, coaches and volunteers, including managers and trainers, liable for any and all actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the TMS athletic teams on which my child/ward tries out, practices, or plays/participates. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. Because of the dangers of participating in sports, I recognize the importance of my child/ward following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.

I have read, understand, and agree to have my child/ward abide by the contents of the TMS Athletic and Student Handbook.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASKETBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE _____ PARENT/LEGAL GUARDIAN _____

Tipton Community School Corporation
Student Drug Testing Policy 400.24

We have received a copy of the Tipton Community School Corporation's Drug Test Policy and have read and understand the policy.

We desire that _____ (student) be permitted to participate in extra-curricular activities and hereby volunteer agree to be subject to the terms of this program during the entire course of extra-curricular participation at Tipton Middle School.

We accept the method of obtaining urine samples, testing of such specimen and all other aspects of the program as explained in the policy. We agree that the above named student will cooperate in furnishing urine specimens whenever requested within the specifications of the policy.

We further consent to the disclosure of sampling testing and results as explained in the policy.

The consent given pursuant to State and Federal Statutes and is a waiver of rights to non-disclosure of such (records and results) only to the extent of the disclosures in the program.

Student Signature

Grade

Parent/Guardian Signature

Date

Signature of School Witness

Title

**TIPTON MIDDLE SCHOOL
STATEMENT OF INSURANCE**

Athlete's Name _____ Grade _____

Please check one of the blanks below:

_____ I have insurance that will cover my child's expenses should he/she be injured while participating in sports at Tipton Middle School and will assume any remaining financial obligations resulting from injuries.

Company _____ Policy Number _____

_____ I **DO NOT** have insurance that will cover my child's expenses should he/she be injured while participating in sports at Tipton Middle School. However, I will purchase the student insurance that is available at the school and will assume any remaining financial obligations resulting from injuries.

_____ I **DO NOT** have insurance that will cover my child's expenses should he/she be injured while participating in sports at Tipton Middle School, nor am I going to purchase the student insurance. I will assume any and all financial obligations resulting from injuries my child receives while participating in athletics at Tipton Middle School.

I accept full responsibility for my child and will NOT hold Tipton Community School Corporation nor its employees or volunteers responsible in case of an accident or injury as a result of participation.

Signature or Parent/Guardian

Date

PARENT CODE OF CONDUCT

It is a privilege to welcome you in the Tipton Middle School athletic family. The TMS Athletic Department had high expectations for athletes and parents. Parents are an imperative part of our program. It is very important that parents act as role models for their student athletes. The athletic department at TMS is trying to stress the importance of sport as well as good sportsmanship. Because of the important part parents play in the role of teaching sportsmanship, parents are asked to sign an agreement that states they will follow certain guidelines.

1. Every effort will be made to teach my student athlete about sportsmanship and fair play. Also, I understand that my athlete is a student first and an athlete second.
2. When attending a home or an away sporting event, I will not use profanity at players, coaches or officials. If this occurs, I may be asked to leave the sports venue. If it happens more than once, I may be asked not to attend any sporting events.
3. Each coach will have their own team policies. I will do whatever it is possible to know and follow the coach's rules.
4. I will resolve conflicts with coaches in a civilized and peaceful manner. I will set up a private time to talk with the Coach after a contest. I will calmly discuss my issue. If I cannot resolve my issue with the Coach, I will first try to work out the problem by talking to the AD and the Coach. If the problem is still not resolved, the Principal, the AD and the Coach will become involved in the process. If further resolution is sought, then the Assistant Superintendent or Superintendent may be involved. The Superintendent or Assistant Superintendent should not be contacted before the previous steps have been followed.
5. I understand that the school has rules regarding a student's grade point average. The GPA's are re-evaluated **EVERY NINE WEEKS**. Those rules are as follows:
 - 1.6 GPA for 6th grade to be eligible**
 - 1.7 GPA for 7th grade to be eligible**
 - 1.8 GPA for 8th grade to be eligible**
6. An athlete may only participate in **one** sport activity per sport season.

I have read and understand the Parent Code of Conduct. I will try to the best of my ability to follow these guidelines. I understand that if I do not sign this document, my child cannot play until it is signed. My child/ward will also have to sign the Student Athlete Code of Conduct to participate in sports.

Parent Signature

Date

STUDENT ATHLETE CODE OF CONDUCT

It is a privilege to welcome you into the Tipton Middle School athletic family. The TMS Athletic Department has high expectations for athletes and parents. As an athlete, you are in the public eye. Your conduct on and off the playing venue reflects on the whole school.

By signing this document, you agree to the conditions stated below:

1. I will make every effort to represent TMS in a positive manner.
2. I will conduct myself on and off of the playing venue in an appropriate manner. I understand that I am a student first and an athlete second. I must maintain a certain grade point average **EVERY NINE WEEKS** to participate in athletics. Those requirements are as follows:
 - 1.6 GPA for 6th grade to be eligible**
 - 1.7 GPA for 7th grade to be eligible**
 - 1.8 GPA for 8th grade to be eligible**
3. Each coach will have team policies. I will do whatever it is possible to follow those policies.
4. If my conduct off of the playing surface is not appropriate, I could lose athletic awards and ultimately athletic participation could be in jeopardy.
5. I am a student first and an athlete second.
6. Repeated discipline problems may result in removal from athletic participation.
7. All required forms and athletic physicals forms must be turned in before a student may participate in athletics.
8. An athlete may only participate in **one** sport activity per sport season.

I have read and understand the Student Athlete Code of Conduct. I will try to the best of my ability to follow these guidelines. I understand that if I do not sign this Student Athletic Code of Conduct, I cannot participate in athletics until it is signed.

Student Signature

Date