



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician's assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician's assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page three (3).
 - The parent signatures must be affixed to the form on pages two (2) and five (5).
 - The student-athlete signature must be affixed to pages two (2) and five (5).

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

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)

Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?					9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
2. Has a provider ever denied or restricted your participation in sports for any reason?					10. Have you ever had a seizure?				
3. Do you have any ongoing medical issues or recent illness?					HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
4. Have you ever passed out or nearly passed out during or after exercise?					12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?					13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?									
7. Has a doctor ever told you that you have any heart problems?									
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.									

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ IHSAA Member School _____

PHYSICIAN REMINDERS

1. 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 last 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 use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



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

EXAMINATION									
Height		Weight		<input type="checkbox"/> Male <input type="checkbox"/> Female					
BP	/	(/)	Pulse	Vision	R 20/	L 20/	Corrected? Y 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									
Lymphnodes									
Heart									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only)									
Skin									
• MSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									
MUSCULOSKELETAL									
	NORMAL	ABNORMAL FINDINGS					NORMAL	ABNORMAL FINDINGS	
Neck						Knee			
Back						Leg/ankle			
Shoulder/arm						Foot/toes			
Elbow/forearm						Functional			
Wrist/hand/fingers						• Duck-walk, single leg hop			
Hip/thigh									

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

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).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)



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 CSJET 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 the 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, 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 participation 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 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 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

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

Tipton Middle School

USE OF HELMET WARNING

No helmet can prevent all head or neck injuries a player might receive while participating in Football.

DO NOT USE THIS HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER.

This is in violation of the Football rules and such can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

“I CERTIFY THAT I HAVE READ AND UNDERSTAND THE WARNING STATED ABOVE”

Athlete's Signature

Date

Parent/Guardian's Signature

Date