Chapel Hill 7th & 8th Grade Center
Athletic Physical Packet

All students who plan to participate in extracurricular sports must have a new Physical Exam (dated AFTER April 1st, 2025) from a licensed physician. ALL FORMS below MUST BE COMPLETED in order to be eligible for Wayne Township Athletic Participation.

Check-list of Items Needed:

Final Forms Online Account Setup

- ❑ Use this QR code to create an account -OR- go to this link: msdwaynetownship-in.finalforms.com

2023-24 IHSAA Physical Paperwork

- ❑ History Form (2 pages)
- ❑ Physical Exam (Completed by physician)

For any questions on these documents or if you would like to check on an athletes status please email your school's athletic trainer.

Additional Athletic Information

Athletic Director Contact: Kris Gouty
Contact: kristina.gouty@wayne.k12.in.us

Athletic Trainer Contact: Logan Armstrong
Contact: logan.armstrong@wayne.k12.in.us

Athletics Website: chc.wayne.k12.in.us/athletics

Wayne Township Middle School Athletic Information 2025-2026

The following criteria must be met:

- We are always STUDENT ATHLETES – You must pass 6/7 of your classes.
- Prior to being allowed to participate, a completed IHSAA/Wayne Township physical must be **dated after April 1, 2025** and on file with your school's Athletic Department.
- Student athletes and parents must read, sign, and follow the CHC Athletic contract and handbook (available online).

Fall Sports (2025)

WE ARE WAYNE

Football Registration: July 21st, 4:30p-6:30p

Football First Practice (7th & 8th): July 22nd, 4:30p-6:15p

Final day to join Football - Julv 30th

Cross Country (Boys & Girls 5th/6th/7th/8th): August 6th, 4:15p-5:45p

Final day to join Cross Country – August 13th

Soccer Tryouts (Boys & Girls 7th & 8th): August 4th - 5th, 4:30p-6:00p

Final day to join Soccer tryouts is – August 5th

Volleyball Tryouts (7th & 8th): August 4th - 5th, 4:30p-6:30p

Final day to join Volleyball tryouts is – August 5th

Boys Tennis (5th/6th/7th/8th): August 4th-, 4:15p-5:45p

Final day to join Tennis — August 13th

Girls Golf Meeting: TBD @ Chapel Hill—Athletic Lobby

2025-26 Cheerleading (7th & 8th only)

Parent Information Meeting - May 23rd, 5p-6p
Conditioning - May 27th, 4:30p-6:30p
Clinic - May 28th - 29th, 4:30p-6:30p
Tryouts - May 30th, 4:30 - 7:30p

Winter Sports (2025-2026)

Boys Basketball Tryouts (7th & 8th): October 6th - 7th, 4:30p-6:30p

Final Day to join Boys Basketball — October 7th

Girls Basketball Tryouts (7th & 8th): December 1st - 2nd, 4:30p-6p

Final Day to join Girls Basketball — December 6th

Wrestling Practice (5th/6th/7th/8th): December 1st, 4:30p-6p

Final Day to join Wrestling — December 12th

Swim/Dive Practice (5th/6th/7th/8th): December 15th, 4:30p-6p @ Ben Davis High School

Final Day to join Swim & Dive — December 19th

Spring Sports (2026)

Track and Field (Boys & Girls (5th/6th/7th/8th): March 9th, 4:30p-6p

Final Day to join Track – March 13th

Softball Tryouts (7th & 8th combined): March 9th - 10th, 4:30p-6:30p

Final Day to join Softball — March 10th

Baseball Tryouts (7th & 8th combined): March 9th - 10th, 4:30p-6:30p

Final Day to join Baseball— March 10th

Girls Tennis (5th/6th/7th/8th): March 11th, 4:30p-6:00p

Final Day to join Girls Tennis — March 18th

Boys Volleyball Tryouts (7th & 8th combined): March 9th - 10th, 4:30p-6:30p

Final Day to join Boys Volleyball — March 10th

Boys Golf Meeting: TBD @ CHC — Enter Door 12

PREPARTICIPATION PHYSICAL
HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. ***History Form is retained by physician/healthcare provider.***

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex assigned at birth (F, M, or intersex): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? It 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
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
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.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**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)?		
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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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 ☐ Male ☐ 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 insuffiency		
Eyes/ears/nose/throat		
• Pupils equal		
• Hearing		
Lymphnodes		
Heart		
• Murmurs (auscultation standing, supine, +/- Valsalva)		
Pulses		
• Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin		
• HSV, 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			• Double-leg squat test, box drop or step drop test		
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)