



Lynhurst 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, 2026) 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 website: msdwaynetownship-in.finalforms.com

2026-27 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

Lynhurst 7th and 8th Grade Center:

Athletic Director: Katelin Casselman

Contact: katelin.casselman@wayne.k12.in.us

Athletic Trainer: Ashley Lewandowski

Contact: ashley.lewandowski@wayne.k12.in.us

LHC Athletics Website:

<https://lhc.wayne.k12.in.us/athletics>



Wayne Township Middle School

Athletic Information 2026-27



The following criteria must be met:

- We are STUDENT ATHLETES – Student first, athlete second. You must pass 6/7 of your classes.
- Prior to being allowed to participate, a completed IHSA/Wayne Township physical must be dated after April 1, 2026 and on file with your school's Athletic Department.
- Student athletes and parents must read, sign, and follow the LHC Athletic contract and hand-book (available online).

Fall Sports (2026)

Football Equipment Only: July 30th, 4:30-5:30PM

Football First Practice (7th & 8th): July 31st, 4:30-6:00PM

Final day to join Football – August 7th

Cross Country (Boys & Girls 5th/6th/7th/8th): August 5th, 4:30-5:45PM

Final day to join Cross Country – August 14th

Soccer Tryouts (Boys & Girls 7th/8th): August 3rd - August 4th, 4:30-6:00PM

Girls Volleyball Tryouts (7th & 8th): August 3rd - August 4th, 4:30-6:00PM

Boys Tennis (5th/6th/7th/8th): August 5th, 4:30-6:00PM

Final day to join Tennis – August 14th

Girls Golf Meeting: TBD @ Chapel Hill

Winter Sports (2026-2027)

Boys Basketball Tryouts (7th & 8th): October 5th & 6th, 4:30-6:00PM

Swim/Dive Practice (5th/6th/7th/8th): October 5th - 4:30-6:00PM

@ Ben Davis High School Final Day to join Swim — October 29th

Girls Basketball Tryouts (7th & 8th): November 30th & December 1st, 4:30-6:00PM

Wrestling Practice (5th/6th/7th/8th): November 30th, 4:30-6:00PM Final Day to join Wrestling — December 11th

Spring Sports (2027)

Track and Field (Boys & Girls 5th/6th/7th/8th): March 15th, 4:30-6:00PM

Softball Tryouts (7th & 8th combined): March 15th & 16th, 4:30-6:00PM

Baseball Tryouts (7th & 8th combined): March 15th & 16th, 4:30-6:00PM

Boys Volleyball (7th & 8th combined): March 17th & 18th, 4:30-6:00PM

Girls Tennis (5th/6th/7th/8th): March 17th, 4:30-6:00PM

Final Day to join Tennis – March 24th

Boys Golf Meeting: TBD @ Chapel Hill

WE ARE WAYNE

**2026-27 Cheerleading
(Football ONLY)
(7th & 8th only)**

Clinic Date: May 11th
4:45– 6:45PM
Lynhurst Small Gym

****All students interested in trying out
should attend the clinic date.**

Tryouts: May 13th, 5:00PM
Lynhurst Small Gym

Lynhurst 7th & 8th Grade Center

Financial Obligations

2026-2027

All students are to provide practice gear appropriate for their sport. Shorts/pants, t-shirt, shoes/cleats, knee pads, shin guards and other items are the responsibility of the student- athlete.

All sports include: Wayne Transportation Fee \$35



7th Graders or First Time Players– Total Cost \$100

Returning 8th Grader: No Equipment	\$100
Returning 8th Grader: Has Practice Jersey	\$80
Returning 8th Grader: Has Practice Pants	\$80
Returning 8th Grader: Has Practice Jersey and Pants	\$60

This fee includes the transportation, practice shirt, reconditioning of equipment, and mouthpiece.
**School provides shoulder pads, helmet, and game uniform.*



Cheerleading: Athletes purchase most items: Warm-up and accessories.
 School provides: Game uniform
 Cost: Info provided at parent meeting



School provides: Tennis balls and match uniform t-shirt (athletes get to keep uniform)
Total cost:
\$35 (Transportation) + \$20 + \$30 = \$85



School provides: Game uniform
Total cost:
\$35 (Transportation)+ \$20 =\$55*
**other fees will be added for shooter shirt*



School provides: Game uniform (jersey/shorts)
Total cost: \$35 (Transportation)+ \$20 = \$55*
**other fees will be added for team t-shirt*



School provides: Game uniform
Total cost: \$35 (Transportation) + \$20 = \$55*
**other fees will be added for shooter shirt*



School provides: Game uniform (jersey)
Total cost: \$35 (Transportation)+ \$20 = \$55*
**other fees will be added for game spandex, socks & team t-shirt*



School provides: Match uniform (singlet) & headgear
Total cost: \$35 (Transportation) + \$20 = \$55*
**other fees will be added for team sweats*



School provides: Meet uniform (jersey/shorts)
Total cost: \$35 (Transportation)+ \$20 = \$55*
**other fees will be added for team t-shirt*



School provides: Uniform (jersey/shorts)
Total cost: \$35 (Transportation)+ \$20 = \$55*
**other fees will be added for team sweats*



School provides: Match polo, t-shirt, and a sleeve of golf balls
Total cost: \$35 (Transportation) + \$30 = \$65*



School provides: Uniform (jersey top)
Total cost: \$35 (Transportation) + \$20 = \$55*
**other fees will be added for uniform pants/belt & socks*



Student provides practice swim suit, goggles & swim cap
Total Cost: \$35 (Transportation)+ \$20= \$55*
**other fees will be added for team t-shirt*



School provides: Uniform (jersey top), team hat
Total cost: \$35 (Transportation)+ \$20 = \$55*
**other fees will be added for uniform pants/belt, socks & hat*

**Sport fees may be subject to a small change.*

All sports fees go directly to the students & sports only. Gate money is collected to help with costs of officials & event staff.

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): _____ 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.)			HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No		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		
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 polymorphic 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		☐ Male ☐ Female					
BP	/	(	/	)	Pulse	Vision	R 20/	L 20/	Corrected? Y N
MEDICAL									
Appearance						NORMAL		ABNORMAL FINDINGS	
• 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									
• Murmurs (auscultation standing, supine, +/- Valsalva)									
• Location of point of maximal impulse (PMI)									
Pulses									
• Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only)									
Skin									
• HSV, lesions suggestive of MRSA, tinea corporis									
Neurologic									
MUSCULOSKELETAL									
	NORMAL	ABNORMAL FINDINGS			NORMAL	ABNORMAL FINDINGS			NORMAL
Neck				Knee					
Back				Leg/ankle					
Shoulder/arms				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)