

Sport Parents/Student Athletes,

For the 2021-22 school year, your student athlete CANNOT participate if not registered with Final Forms online.

Please register at <https://northeasthymera-in.finalforms.com/> now and electronically complete ALL forms! Make sure you have signed and parents have signed every part!

Thanks and I am looking forward to seeing all of the athletes and fans at the games this year! Go Thunderbirds!

**Trent Olson
Athletic Director
North Central Jr-Sr HS**

Instructions for completing a physical for Northeast Schools for the 2021-2022 school year:

-All student-athletes must complete this process before they will be allowed to participate in school affiliated extra-curricular activities.

1. Parents/Students will log in to their FINALFORMS account or create a FINALFORMS account. This is what we use to send rosters to IHSAA and keep track of all physicals at school. Link to the site is below.
<https://northeasthymera-in.finalforms.com>
 2. Be sure you are registering for the 2021-2022 school year. Look for the blue button at the top of the login page.
 3. Enter or update all contact information and enter or update all medical information.
 4. The Physical Form: Can be printed off our school website under athletics tab if you don't have a paper copy already.
 - a. Athlete and a parent must hand sign and date page 3 and page 5. Fill out Insurance info!
 - b. The doctor will complete page 4 while examining the patient. Doctor must actually hand sign page 4 of the document (stamped signatures are not accepted), date the document and put their license number on the document.
- *FINAL FORMS:** There are several sections/documents that will require the parent/guardian and student to type their name/electronic signature at the end of the section/document. Make sure to complete them all.
5. Concussion/Cardiac Arrest Info: This contains info for the parents and students to read through and sign and return the acknowledgement form. All can be found online on FINALFORMS or School website under athletics tab.
 6. NESC and Union Health Info.-There are several signatures required as well as insurance and emergency contact info in this section.
 7. If the physical is done at school after April 1, your physical will be good for the entire school year of 2021-22.



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 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 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).
4. **Distribution**
 - History Form retained by Physician/Healthcare Provider
 - Examination Form and Consent and Release Form signed and returned to member school.

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. 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.)	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?		

BOUNE 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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PREPARTICIPATION PHYSICAL EVALUATION 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 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)

PHYSICAL EXAMINATION - NEED BACK @ SCHOOL.

(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 _____ NHSAA 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)

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

- Need Back.

**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)

Northeast School Corporation Athletic Department Student Participation Packet

IHSAA NOTICE OF DISCLOSURE:

In compliance with membership requirements of the IHSAA, Inc., and as a condition to your child's athletic participation in an IHSAA recognized sport, this school shall make available to the IHSAA, in the event of an investigation, complete detailed financial (athletic or otherwise), scholastic and attendance records of this school. Records which are available to the IHSAA include those which related to or concern your child/ward, and include information which has been provided in the course of your application for student aid. Reasonable steps will be taken by the IHSAA to maintain the confidentiality of the records provided. I HEREBY CONSENT TO TRE DISCLOSURE OF FINANCIAL (ATHLETIC AND OTHERWISE), SCHOLASTIC, AND ATTENDANCE RECORDS OF THE SCHOOL, INCLUDING THOSE RECORDS WHICH MAY RELATE TO OR CONCERN MY CHILD.

Guardian Signature: _____ Date: _____

NESC/IHSAA Parental Consent and acknowledgment of Athletic Handbook:

- A. I understand that participation may necessitate travel and dismissal from classes.
- B. I acknowledge that the participant is assuming a certain risk of being injured; that even with the best coaching, use of the most advanced protective equipment and strict observance of rules injuries are still a possibility in organized athletics. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.
- C. I agree to encourage and assist my/our son/daughter to abide by those training and conduct rules established by the IHSAA, by Northeast School Corporation, and by the coach.
- D. Please check appropriate space(s)

*** MUST CHECK ATLEAST ONE:**

He/She has school student accident insurance

He/She has family insurance.

Name of insurance company: _____

- E. Parent(s)/Guardian(s) and athletes are encouraged and expected to read and become familiar with those items of information included in the Athletic Handbook. A signature at the bottom of this form indicates the following:
 - a. Permission for your son/daughter to participate in athletics at NESC.
 - b. An awareness of the school's policies relative to: injuries, expenses, insurance, academics, training and conduct rules, disciplinary codes, awards, drug testing, and other info contained in the student and athletic handbooks.

Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Emergency Information

Student Name: _____ Birthdate: ___/___/___

Address: _____ City: _____ State: _____

Parent/Guardian Names: _____

PHONE NUMBERS: _____

Additional Names/Numbers in case of emergency:

_____/_____/_____

Any preferred physicians or hospitals: _____

Any Significant Medical Conditions: (Diabetes, Asthma, etc.) : _____

Insurance Company: _____ Policy Number: _____

Union Health Athletic Training Acknowledgement/Consent:

1. I have read and understand the Athletic Training Policies and Procedures manual that can be found online on the NESC website under athletics. I agree to abide by the policies found therein during my tenure at NESC. If I fail to uphold the agreement, I am aware that actions will be taken according to the written policies.
2. I give my consent for the athletic trainers/coaches and staff to provide emergency care, follow-up care, including therapeutic modalities, and rehabilitation of injuries sustained during North Central High School athletics. Modalities may include but not limited to electrical stimulation, ultrasound, light therapy, Graston technique performed by athletic trainers.
3. Medical Information Release In compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), I as the legal guardian/parent of do hereby give my consent to the North Central High School Athletic Training staff to exchange pertinent medical information with the appropriate personnel (i.e. physicians, coaches, athletic trainers, and school administrators). This information is only exchanged on a need to know basis and may include injury condition, illness, and/or return to play status.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____