

1. If you were in 8th – 11th grade during 2019-20 and had a compliant physical on file, the following FOUR pages must be submitted which are contained in this packet:

- 2020-21 IHSAA HEALTH HISTORY UPDATE QUESTIONNAIRE (Sheets A & B)
- new Concussion Form
- new Random Drug Form

NOTE: If any question is answered “YES” on the Questionnaire, a NEW 2020-21 Physical must be performed (dated after 4/1/20) and the following SIX PAGES that are part of the Pre-Participation Forms must be submitted to the athlete's coach, the Athletic Office or emailed to stanzler@sacs.k12.in.us:

- Health History Form (2 pages)
- 2020-21 Physical Form (1 page completed by a medical professional)
- Consent & Release Certificate (1 page referred to as the "insurance info page")
- Concussion Form (1 page)
- Random Drug Consent Form (1 page)

2. If you are a new student at Homestead or did not have a physical on file for 2019-20, a new 2020-21 Pre-Participation Packet must be completed (pages 1, 2, 3 & 5 of the 2020-21 IHSAA Pre-Participation Forms, Concussion and Random Drug Consent Forms). See Highlighted “NOTE” section above. Forms can be printed from the athletic website, picked up outside the athletic office or obtained from coaches.

**** Forms must be filled out in their entirety and submitted to the coach or Athletic Department before any athletic participation can occur ****

- 1. Deliver all forms to the Athletic Office. Call 431-2283 or email stanzler@sacs.k12.in.us for office hours.**
- 2. Scan and email to stanzler@sacs.k12.in.us.**
- 3. Submit to coach directly.**

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 _____

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 (If Known): _____ Date: _____

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 or intramural 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 a high school athlete 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.

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 of 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)

**PARTICIPATION AGREEMENT
STUDENT RANDOM DRUG-TESTING PROGRAM
MSD SOUTHWEST ALLEN COUNTY**

This form must be signed by both student and parent (and returned to the school) prior to participating in any extra-curricular or co-curricular activity or being issued a Homestead parking permit.

Participant Name (Print): _____
School: _____
Current Grade: _____

I, the undersigned participant choose to participate in MSD Southwest Allen County (check those that apply):

- Extracurricular Activities (e.g. athletics, clubs, student government)
- Co-curricular Activities (e.g. band, choir, guard, dance, journalism)
- Please list activities: _____
- _____
- Driving Permit Program
- Voluntary Participant Program

I consent to take drug and alcohol screening tests in accordance with SACS policies and procedures. I consent to provide a urine specimen and to have a drug-testing laboratory designated by SACS perform a substance abuse analysis on the specimen.

I consent to the release of the results of the analysis by the drug-testing laboratory to the authorized district personnel via electronic or other means, e.g. telephone, facsimile, computer.

I understand that my failure to consent to drug and alcohol screening tests will cause me to be ineligible to participate in the activities and programs listed above.

I understand that the results of such tests will be considered toward determining my continued eligibility for participation in activities and programs listed above.

I understand that positive test results will be communicated to administrators, coaches, directors, and leaders of the activities and programs listed above.

I understand that a copy of all results will be communicated to the student and parents.

I understand that this participation agreement will remain in effect for one calendar year.

Signature of
Student Participant _____ Date _____

Signature of
Parent/Guardian _____ Date _____