



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) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). 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 way.
(available for download at www.ihsaa.org<<http://www.ihsaa.org/>>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) 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 two (2).
 - The parent signatures must be affixed to the form on pages one (1) and four (4).
 - The student-athlete signature must be affixed to pages one (1) and four (4).

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

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
HEART HEALTH QUESTIONS ABOUT YOU				HEART HEALTH QUESTIONS ABOUT YOU			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				30. Do you have groin pain or a painful bulge or hernia in the groin area?			
6. Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?				31. Have you had infectious mononucleosis (mono) within the last month?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				32. Do you have any rashes, pressure sores, or other skin problems?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____				33. Have you ever had a herpes or MRSA skin infection?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				34. Have you ever had a head injury or concussion?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
11. Have you ever had an unexplained seizure?				36. Do you have a history of seizure disorder?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				37. Do you have headaches with exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?				39. Have you ever been unable to move your arms or legs after being hit or falling?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				40. Have you ever become ill while exercising in the heat?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				41. Do you get frequent muscle cramps when exercising?			
BONE AND JOINT QUESTIONS				BONE AND JOINT QUESTIONS			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?				42. Do you or someone in your family have sickle cell trait or disease?			
18. Have you ever had any broken or fractured bones or dislocated joints?				43. Have you had any problems with your eyes or vision?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				44. Have you had any eye injuries?			
20. Have you ever had a stress fracture?				45. Do you wear glasses or contact lenses?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)				46. Do you wear protective eyewear, such as goggles or a face shield?			
22. Do you regularly use a brace, orthotics, or other assistive device?				47. Do you worry about your weight?			
23. Do you have a bone, muscle, or joint injury that bothers you?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				49. Are you on a special diet or do you avoid certain types of foods?			
25. Do you have any history of juvenile arthritis or connective tissue disease?				50. Have you ever had an eating disorder?			
				51. Do you have any concerns that you would like to discuss with a doctor?			
				FEMALES ONLY			
				52. Have you ever had a menstrual period?			
				53. How old were you when you had your first menstrual period?			
				54. How many periods have you had in the last 12 months?			

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement. This form has been modified by the Indiana High School Athletic Association, Inc. (IHSAA).

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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 past 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 used any other 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?
- 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 <input type="checkbox"/> Y <input type="checkbox"/> 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			
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			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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
- For certain 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). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____
 Address _____ Phone _____
 Signature of physician (MD, DO, NP, or PA) _____ License # _____

■ 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)

■ PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on 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, and even death, is possible in 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 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.
- 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, and even death, is possible in 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:

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

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)

Acknowledgement Of Understanding IHSAA Athletic Eligibility

Student-athletes must meet certain standards in order to maintain the privileges of competition. Please read the following summary of Indiana High School Athletic Association rules which govern student-athlete participation. Please ask your coaches and/or athletic director if you have questions.

You—The Student-Athlete—Are Eligible If:

You passed 70% of the full credit subjects (e.g. 5 classes excluding Audit classes) or the equivalent that a student can take in your previous grading period. Semester grades take precedence.

You're currently enrolled in 70% of the full credit subjects (e.g. 5 classes excluding Audit classes) or the equivalent that a student can take.

You do not turn 20 years old prior to or on the scheduled date of the IHSAA State Finals tournament in a sport.

You've not been enrolled more than (4) consecutive years (e.g. 8 semesters) beginning with grade 9.

You've not represented a high school in a sport for more than (4) years.

You've not accepted money or merchandise directly or indirectly from athletic participation.

You've not received any award that is not approved by your high school or the IHSAA in recognition of your athletic ability.

You've not conducted yourself in or out of school in a way which reflects discredit on your school or the IHSAA.

During the contest season, you do not participate in try-outs or demonstrations in that sport as a prospective post-secondary school student-athlete.

During the contest season, you do not participate in a practice with or against players not belonging to your school.

During the contest season, you do not participate in a non-school-sponsored contest without an approved waiver.

During the contest season, you do not attend a non-school camp.

During the contest season, you do not attend and participate in a student-clinic.

During the school year out-of-season, you do not participate in a team sport contest as a member of a non-school team where there are more than the following number of students listed below in each sport, including incoming freshmen, who have participated the previous year in a contest as a member of their school team in that sport:

Basketball-3	Baseball-5	Football-6	Volleyball-3	Softball-5
--------------	------------	------------	--------------	------------

During the school year out-of-season, you do not receive instruction in a team sport from individuals who are members of your high school coaching staff (Exception: Open Facility).

During the school year out-of-season, you do not participate in a non-school contest that required participation during school time, without gaining approval by the athletic director.

During summer, you do not attend any school-sponsored fall sports camp/clinic after Monday of Week 4 (see the athletic director for specific dates).

During summer, you do not attend any non-school camp/clinic after Monday of Week 7 (see the athletic director for specific dates).

You do not transfer from one school to another primarily for athletic reasons.

You're a qualified foreign exchange student attending under an approved CSJET program, who has attended a member school for less than one year.

You, your parents or guardians have not been influenced by any person to secure you as a student at a member school.

The IHSAA rules listed above are only a summary of some of the regulations affecting student-athlete eligibility. All rules are found in the IHSAA By-Laws & Articles of Incorporation, which are available at www.ihsaa.org.

By signing below, I acknowledge that it is the responsibility of student-athletes & their parents/guardians to understand & abide by all IHSAA rules regarding athletic eligibility.

Parent/Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

**North Judson-San Pierre Schools
Athletic Emergency Treatment Waiver
2018-2019**

This form is a protection that is vital to the insurance of your student-athlete's health. Please provide all the information that is requested.

Name of Student- Athlete: _____ Grade _____

Parents' Name: Mother _____ Father _____

Home Address: _____

Email Address: _____

Phone Number: Home _____ Work _____

Cell _____ Other _____

Has the Student-Athlete attended a different high school in the past 365 days? Y ___ N ___

Insurance and Hospital Information

Date of Birth: ____ / ____ / ____ Last Tetanus Shot: ____ / ____ / ____

Family Physician: _____ Office Phone: _____

Conditions, Allergies, Etc. _____

Insurance Company: _____ Policy #: _____

Parental Consent

We, the parents of _____ hereby authorize to the athletic staff of **NJSP Schools** any emergency medical treatment of my son/daughter should they become injured while participating. Included in this consent is permission to transport and treatment en-route to a medical facility should the injury be serious in nature. We also provide consent to the medical facility to perform any necessary procedures if we cannot be reached and we understand that **we are responsible** for any payment to said medical facility if insurance does not pay.

PARENTS SIGNATURES	_____

This form should be included as part of the athletic physical & is required for participation in
NJSP Athletics

NORTH JUDSON-SAN PIERRE ATHLETIC INSURANCE POLICY 2018-2019

All students participating in interscholastic sports in the North Judson-San Pierre School Corporation must be covered by an accident insurance policy or such coverage must be expressly waived. **EVERY PARTICIPANT MUST COMPLETE THIS FORM.** The following information is a synopsis of the plans offered:

Plan A: I have my own insurance policy which will defray athletic expenses resulting from participation in the sports program at NJSP School Corporation. In the event that injury expenses exceed the limitations of my policy, the signatures below acknowledge that I will bear any and all additional costs.

Plan B: FOOTBALL ONLY Grade 9-12	<u>Economy Plan</u> \$294.00	<u>Basic Plan</u> \$435.00
Plan C: 24 HOUR (EXCLUDING GRADE 9-12 FOOTBALL) All Grades	<u>Economy Plan</u> \$144.00	<u>Basic Plan</u> \$266.00
Plan D: SCHOOL TIME (EXCLUDING GRADE 9-12 FOOTBALL) All Grades	<u>Economy Plan</u> \$36.00	<u>Basic Plan</u> \$66.00

Please check the appropriate box below & return to the Athletic Director. If checking Plans B-D, you must visit the **MARKEL INSURANCE COMPANY "STUDENT ACCIDENT INSURANCE"** LINK located on the NJSP Athletics webpage at www.njsp.k12.in.us. You will complete an online application & submit an online payment. If the Undersigned participates in Plans B-D, they are responsible for any or all expenses not covered under the designated plan. By signing below, the Undersigned acknowledge they have read the above, accept the terms in full and sign as their free and voluntary act.

PLAN A
 PLAN B
 PLAN C
 PLAN D
 STUDENT DOES NOT HAVE INSURANCE**

**If the student does not have insurance, Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in 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, and the schools involved 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 schools involved because of any accident or mishap involving the student's athletic participation.

SIGNATURE OF STUDENT: _____

PRINTED NAME OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

This form should be included as part of the athletic physical & is required for participation in NJSP Athletics