



# 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 to be valid for the following school year - IHSAA By-Law C 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		Male	Female
Height	Weight		
BP	Pulse	Vision R 20/	L 20/
		Corrected	Y N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>†</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>‡</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</sup>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 to be valid for the following school year- IHSAA By-Law C 3-10)

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ 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 CSJET 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](http://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:**
  - The student has school student accident insurance.       The student has football insurance through school.
  - The student has adequate family insurance coverage.       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**

**PARTICIPATION AGREEMENT  
STUDENT RANDOM DRUG-TESTING PROGRAM  
SMITH-GREEN COMMUNITY SCHOOLS**

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

Participant Name (Print): \_\_\_\_\_

Current Grade: \_\_\_\_\_

I, the undersigned participant choose to participate in Smith-Green Community Schools (check those that apply):

Extracurricular Activities (e.g. athletics ,clubs, student council)

Co-curricular Activities (e.g. New Era, band)

Driving Permit Program

Voluntary Participant Program

I consent to take drug, alcohol and tobacco screening test in accordance with SGCS policies and procedures. I consent to provide an oral fluid specimen and to have a drug-testing laboratory designated by SGCS 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, alcohol and tobacco 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 the 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 the results will be communicated to the student and parents.

I understand that this participation agreement will remain in effect for one calendar year from the student's last involvement in the activities and programs listed above.

Signature of  
Student Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CHURUBSCO JR-SR HIGH SCHOOL**

**WAIVER AND RELEASE OF LIABILITY FOR ALL SPORTS**

STUDENT/ATHLETE \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

(PRINT)

We are aware that trying out, practicing, playing, or any other form of participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

We understand that the dangers and risks of playing or practicing any sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, general health and wellbeing.

We also understand that the dangers and risks of playing or practicing any sport may result not only in serious injury, but in serious impairment of my future abilities to earn a living, and to engage in business, social, and recreational activities and generally to enjoy life.

Because of the dangers of participating in any sport, we recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team and school rules. We also recognize the importance of reading and adhering to all written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team and school rules. We understand that all instructions and warnings, verbal and written, are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings.

In consideration of the Smith-Green Community School District permitting the above name student/athlete to try out, practice, play, or in any other way participate for Churubusco Jr-Sr High School athletic teams, and to engage in all activities related to the teams, including practicing, conditioning, playing, and traveling, I HEREBY VOLUNTARILY ASSUME ALL OF THE RISKS AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school district, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staffs, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts treating me, from any kind and nature whatsoever, which may result from or in connection with my participation in any type of activity related to the Churubusco Jr-Sr High School athletic program.

Insurance: Churubusco Jr-Sr High School administrators, coaches, nurse, and trainers are safety conscious and are trained to instruct athletes in the safe and proper techniques of their individual sport(s). Due to the nature of athletic activity, however, injury may occur. While the school provides the opportunity for such participation, the parent retains the right of denial of such participation and must carry the responsibility for providing medical care and insurance for their son or daughter. Parents are required to have an insurance policy to cover athletic injuries and cost of treatment. Contact the Main Office for information about insurance plans which can be purchased by parents through the school to cover their student-athlete. In recent years, the IHSAA has also carried catastrophic insurance to cover major injuries incurred during participation in approved IHSAA sports programs. More information about the IHSAA plan is available upon request in the Athletic Office. IT SHOULD BE NOTED THAT NEITHER THE IHSAA NOR CHURUBUSCO JR-SR HIGH SCHOOL CARRY ANY KIND OF FIRST DOLLAR MEDICAL INSURANCE FOR ATHLETIC INJURIES.

As the parent/legal guardian of the above name student/athlete, I HEARBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school district, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staffs, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any and all liability, which may result from or in connection with his or her participation in any type of activity related to the Churubusco Jr-Sr High School athletic program.

We hereby authorize the release of any and all information relating to the athletic participation of the above named student/athlete to the media and to college scouts and recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to athletic participation, including ability, attitude, and conduct.

As a prospective student/athlete of Churubusco Jr-Sr High School, I acknowledge that participation in athletics is a privilege, not a right, which carries with it varying degrees of honor, responsibilities, and sacrifices. I also acknowledge I have read the Churubusco Jr-Sr High School Athletic Code of Conduct (located in the Student Handbook), and understand the expectations of my conduct and the consequences of non-compliance.

\_\_\_\_\_  
Signature of Student/Athlete

\_\_\_\_\_  
& Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
& Date

**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.

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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)

# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Student Athletes*

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### **FACTS**

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?**

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*



# HEADS\*UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one or more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (<i>even briefly</i>)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events <i>prior</i> to hit or fall</li> <li>• Can't recall events <i>after</i> hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

### If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## CHURUBUSCO EXTRA-CURRICULAR/CO-CURRICULAR CODE OF CONDUCT AND ATHLETIC CODE OF CONDUCT

The school reserves the right to modify these procedures or guidelines as situations vary. This handbook is meant to be a guideline; not a complete policy statement of the Churubusco High School Rules. These policies apply to all extra-curricular and co-curricular participants.

### Section I. Policy Statement:

It should be recognized by both athlete and Smith-Green Community School Corporation that the enjoyment and participation in sporting events is a privilege open to students who maintain the requirements of the SGCS Extra-curricular/Co-Curricular Code, the Indiana High School Athletic Association (IHSAA), and specific policies of their sport. Extra-curricular participants in violation of any of these requirements are no longer considered in "good standing" and are not eligible for athletic participation according to the specified sanctions. Any extra-curricular participant who becomes a member of a SGCS team must hold himself/herself up to standards and live up to expectations that would make the Churubusco community proud.

This code is designed to apply an even-handed brand of justice with some degree of flexibility. Clearly, the major implementation of moral and physical standards must be relegated to the parents of the respective athlete; however, in an athletic and school atmosphere, Smith-Green Community School Corporation feels justified in stating certain minimum requirements to govern the behavior of the Churubusco High School Extra-Curricular Participant.

A SGCS student-athlete must not reflect discredit upon the school nor create a disruptive influence on the discipline, good order, moral, or educational environment in the school in order to remain eligible. Any student-athlete who has removed themselves from a team either explicitly (i.e. informing a coach or school representative) or implicitly (i.e. ceasing to attend practices or a contest without the coach's permission) is no longer considered a team member in "good standing" and will therefore be subject to sanctions specified under the Extra-Curricular Code Penalties.

If a code violation occurs outside an athlete's sport season or spans into the next season, the code will be applied in the next season the athlete participates in, **providing the athlete finishes in good standing in both effected seasons.**

Any member of a SGCS athletic team during his/her sport's season, out of season while school is in session, or during vacation periods which includes the summer months will be subject to the Extra-Curricular Code. If a student-athlete uses or has in his/her possession tobacco, alcohol, drugs, or controlled substances unless prescribed by a doctor, he/she will be subject to the Extra-Curricular Code Penalties.

The SGCS extra-curricular council take the position that at no time should students choose to use tobacco, alcohol, or drugs unless prescribed by a doctor. Choices that one makes have a direct impact on the directions one takes as an individual grows into adulthood. Choices of whether to drink or not to drink alcohol and choices of lifestyles in one's environment have great impact on young individuals. It is also understood that the first line of responsibility should rest with the parents in the home to supervise the growth and development of their student-athlete. It is also recognized that young people will make choices while growing up and should be made responsible for those choices. Respect, responsibility, understanding, and enforcement of the Extra-Curricular Code are important for the athletes, coaches, and parents.

An extra-curricular participant is subject to this code from their first enrollment at Churubusco Jr./Sr. High School to completion of his/her last sport season at Churubusco Jr./Sr. High School. If he/she does not participate during a school year(s) or is under athletic suspension, he/she is considered to be an athlete and

any violations during non-participation or athletic suspension may be brought before the Extra-Curricular Council.

## **Section II: Extra-Curricular/Co-Curricular Code Penalties**

The following are punitive results of code violations administered from the extra-curricular council, which are minimal when the school becomes aware of the violation. When the student-athlete brings it to the attention of the extra-curricular council, there may be a reduction of penalty for first offenses (except penalty D: Felony) through the Churubusco Jr-Sr High School "Treatment Clause".

### **A. Drugs or Controlled Substances**

The extra-curricular/co-curricular participant who uses or has in his/her possession drugs or controlled substances, unless prescribed by a doctor, will be suspended from participation for one calendar year. Possessing, using, transmitting, or being under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or intoxicant of any kind is considered a code violation. (School related and off SGCS property)

### **B. Over-the-Counter Prescription/Medications**

The extra-curricular/co-curricular participant who either abuses or deals (sells or distributes) over-the-counter prescription/medications will be suspended from participation for one calendar year. Abuse is defined as intentionally exceeding the recommended dosage to achieve an altered physical or mental state. (School related and off SGCS property)

### **C. Use or possession of tobacco or alcohol while traveling to/ from an event or during participation**

The extra-curricular/co-curricular participant who uses or has in his/her possession tobacco or alcohol will be suspended from participation for one calendar year. Freshmen may be exempt from the previous year requirement. (School Related and off SGCS property)

### **D. Felony**

Any extra-curricular/co-curricular participant who commits a felony at any time shall be excluded from athletic participation for (up to) one calendar year from the date (of the commission of such act.) No "treatment clause" is provided for this offense. Continuation in a sport or on a squad until a determination of whether the commission of the offense occurred is contingent upon the decision of the Principal and Athletic Director. For the purposes of this section, "felony" includes any act which if committed by an adult would be a felony under Indiana law.

### **E. Misdemeanor**

Any extra-curricular/co-curricular participant who commits a misdemeanor shall be excluded from extra-curricular participation for (up to) one calendar from the date (of the commission of such act.) Continuation in a sport or on a squad until a determination of whether the commission of the offense occurred is contingent upon the decision of the coach. For the purposes of this section, "misdemeanor" includes any act which if committed by an adult would be a misdemeanor under Indiana law.

### **F. School Disruptions**

Any extra-curricular/co-curricular participant that is in violation of school rules such as truancy, suspension, classroom disruption, or other punishable acts is not in accordance with the Extra-Curricular Code and will be disciplined by the already established school rules. The extra-curricular participant may further be dealt with within the structure of each coach's rules for his/her sport. If an athlete is suspended out of school for any reason, they will be ineligible for all contests during the

served simultaneously. An extra-curricular participant cannot serve a suspension of an activity they are not eligible to participate.

**Section IV. Evidence:**

The Extra-Curricular Council and reviewing bodies shall consider only competent and trustworthy evidence in the fair determination of the extra-curricular participant's rights. The Extra-Curricular Council and reviewing bodies will not be bound by any formal rules of evidence in their finding of fact. The Extra-Curricular Council will find that a violation has occurred only when the weight of the evidence indicates that a violation has occurred by a particular extra-curricular participant.

**Section V. Appeal:**

A finding of a violation and the imposing of a penalty by the Extra-Curricular Council may be appealed to the Superintendent or his/her designee in writing. The Superintendent may designate a hearing examiner and a meeting will be set up for the formal appeal. The hearing examiner will preside over the meeting. The hearing examiner will listen to the student and his/her parents, will listen to a representative of the review committee, and will make a decision based upon the information presented. The hearing examiner shall make his/her findings known to the superintendent. The superintendent will then notify the parents of the hearing examiner's findings and the superintendent's final decision.

**Publications on the Internet, in print, or through electronic devices:**

The widespread use of the internet and other electronic media has made it increasingly clear that this category needs to be addressed. Students who participate in extra-curricular activities serve as ambassadors of the SGCS Corporation. As a result, students (who participate in extra-curricular activities) who engage in behavior that is made public through written or photographic means, blogs, emails, web pages, etc. and is contrary to the accepted rules and values of the SGCS Corporation may be subject to discipline. Behaviors that are contrary to the acceptable rules and values of SGCS include, but are not limited to the following: defamatory or threatening language; nudity or partial nudity; material of a sexual nature or sexual innuendo; promotion of alcohol, drugs, tobacco or other such substances; promotion of gangs, weapons, or violence; and other lewd or socially unacceptable behavior.

**Coach/Sponsor rules and regulations:**

Each coach/sponsor of a particular sport/activity may have additional rules and regulations and expects students to meet these standards. These rules and regulations will be properly distributed and reviewed by all participants in the particular sport season or any extra-curricular/co-curricular season before the activity begins. The sponsor or coach must give the athletic director and/or the principal a current list of additional rules and regulations, which are approved in advance by the athletic director and then distributed, to parents and students by the coach or sponsors.

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Student Signature

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Date

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Parent Signature

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Date