



**Gary Community School Corporation**  
*Doing What is Best for Students - Today - Tomorrow - Everyday*



# **Student Athlete Eligibility Packet 2020-21**

## **West Side Leadership Academy**

### **Athletic Re-Entry**

### **Phase I (July 6<sup>th</sup>-July 19<sup>th</sup>)**

West Side Leadership Academy will start Phase I (July 6<sup>th</sup>-July 19) of re-opening athletics beginning, Monday, July 6, 2020. **Workout programs are voluntary.** The official start of fall sports is August 3<sup>rd</sup>. Students who do not attend the July workouts may try-out for fall teams on August 3<sup>rd</sup>.

#### **Phase I Workout Rules & Regulations**

Athletic Physicals forms must be on file prior to students participating. The IHSA has waived students from having to have a new physical for the 2020-21 school year. Students must have had a physical form on file from the 2019-20 school year. A 2020-21 Health History Update Questionnaire & Consent & Release Certificate form must be signed by a parent or guardian who are in compliant with not having to get a new physical for the 2020-2021 school year. If a parent wants their child to have a new physical, they may certainly do so. A link to the forms are located at the end of this document. NO student will be allowed to workout without a physical.

We will do Self-Screening. Prior to athletes entering facilities Student –Athletes must sign in. The sign in sheet will consist their name and 3 Questions. If the answer is yes to 2 of the 3 questions, send them home. A coach will call a parent/guardian to have the student picked up in a timely manner (separate the student from the others). If untested, the student must be symptom free 72 hours w/o medicine before returning. If the student test positive, 10 calendar days must pass since symptoms first appeared; or with two consecutive negative test in 24 hours. (1. Do you have a cough, 2. Do you have a temp. <100.4, 3. Have you been around anyone diagnose w/ Covid 19)

Activities will last a maximum of 3 hours per day (students are limited to 15 hours of activity per week)

Conditioning is limited to 2 hours per day

No school equipment will be issued to students

Locker rooms will NOT be available

Weight room will NOT be available

All students will be required to bring their own water bottle or jug. Students name must be clearly written on the bottle

Restrooms will be available

Balls and training equipment will be cleaned at the end of each session.

Coaches will work with students in groups of 10-12. Athletes will be given rules by every coach regarding distancing, contact, etc.

Restrooms will be sanitized after each days' session

The wearing of masks is optional for students. Coaches will be required to have a mask and wear it when in close proximity to students.

Coaches Phase I plan must be submitted to the AD's office prior to starting

### **Student Expectations during Phase I Workouts**

Wearing of masks are option

Do NOT attend workouts if you are not feeling well, have a fever or have recently been exposed to the Covid-19 virus.

Do NOT attend workouts if you have been exposed to Covid-19 until you have gone through the proper quarantine which is 14 days from the time of exposure.

Wash workout clothes after each day's session.

Keep a reasonable distance away from teammates when possible

Wash hands after using the restroom

Do not share workout items, i.e. gloves

Once workout session is over, vacate campus immediately. Students should not be congregating.

***Players, Coaches and necessary support staff are all that is allowed at the training sessions.***

Forms:

[PRE-PARTICIPATION PHYSICAL EVALUATION FORM \(PPE\)](#)

[2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE And CONSENT & RELEASE CERTIFICATE](#)

## **Phase II (July 20<sup>th</sup>-August 14<sup>th</sup>)**

West Side Leadership Academy will start Phase II (July 20<sup>th</sup>-August 14<sup>th</sup>) of re-opening athletics. The official start of fall sports is August 3<sup>rd</sup>. July 20<sup>th</sup> begins normal activity for fall sports. (July 31 Girls Golf) Students who do not attend the July workouts may try-out for fall teams on August 3<sup>rd</sup>.

### **Phase II Work out Rules & Regulations**

Athletic Physicals forms must be on file prior to students participating. The IHSAA has waived students from having to have a new physical for the 2020-21 school year. Students must have had a physical form on file from the 2019-20 school year. A 2020-21 Health History Update Questionnaire & Consent & Release Certificate form must be signed by a parent or guardian who are in compliant with not having to get a new physical for the 2020-2021 school year. If a parent wants their child to have a new physical, they may certainly do so. A link to the forms are located at the end of this document. NO student will be allowed to work out without a physical.

We will do Self-Screening. Prior to athletes entering facilities Student --Athletes must sign in. The sign in sheet will consist their name and 3 Questions. If the answer is yes to 2 of the 3 questions, send them home. A coach will call a parent/guardian to have the student picked up in a timely manner (separate the student from the others). If untested, the student must be symptom free 72 hours w/o medicine before returning. If the student test positive, 10 calendar days must pass since symptoms first appeared; or with two consecutive negative test in 24 hours. (1. Do you have a cough, 2. Do you have a temp. <100.4, 3. Have you been around anyone diagnose w/ Covid 19

School equipment will be issued to students

Locker rooms will be available at 50% capacity

Weight room will be available at 50% capacity. Limit the need for a spotter.

Contact is allowed

Encourage students to shower as soon as possible after activity.

All students will be required to bring their own water bottle or jug. Students name must be clearly written on the bottle

Restrooms will be available

Balls and training equipment will be cleaned at the end of each session.

There are no limits on participation. Gathering sizes should be decreased as much as possible to reduce risk. Athletes will be given rules by every coach regarding distancing, contact, etc.

Restrooms will be sanitized after each days' session

No outside competition i. e. Scrimmages.

The wearing of masks is optional for students. Coaches will be required to have a mask and wear it when in close proximity to students.

Coaches Phase II plan must be submitted to the AD's office prior to starting

### **Student Expectations during Phase II Workouts**

Do NOT attend workouts if you are not feeling well, have a fever or have recently been exposed to the Covid-19 virus.

Do NOT attend workouts if you have been exposed to Covid-19 until you have gone through the proper quarantine which is 14 days from the time of exposure.

Wash workout clothes after each day's session.

Keep a reasonable distance away from teammates when possible

Wash hands after using the restroom

Do not share workout items, i.e. gloves

Once workout session is over, vacate campus immediately. Students should not be congregating.

**Players, Coaches and necessary support staff are all that is allowed at the training sessions.**

Forms:

[PRE-PARTICIPATION PHYSICAL EVALUATION FORM \(PPE\)](#)

[2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE And CONSENT & RELEASE CERTIFICATE](#)



## Phase III (August 15<sup>th</sup>)

West Side Leadership Academy will start Phase III (August 15<sup>th</sup>) of re-opening athletics.

Athletic Physicals forms must be on file prior to students participating. The IHSAA has waived students from having to have a new physical for the 2020-21 school year. Students must have had a physical form on file from the 2019-20 school year. A 2020-21 Health History Update Questionnaire & Consent & Release Certificate form must be signed by a parent or guardian who are in compliance with not having to get a new physical for the 2020-2021 school year. If a parent wants their child to have a new physical, they may certainly do so. A link to the forms are located at the end of this document. NO student will be allowed to participate without a physical.

We will do Self-Screening. Prior to athletes entering facilities Student –Athletes must sign in. The sign in sheet will consist their name and 3 Questions. If the answer is yes to 2 of the 3 questions, send them home. A coach will call a parent/guardian to have the student picked up in a timely manner (separate the student from the others). If untested, the student must be symptom free 72 hours w/o medicine before returning. If the student test positive, 10 calendar days must pass since symptoms first appeared; or with two consecutive negative test in 24 hours. (1. Do you have a cough, 2. Do you have a temp. <100.4, 3. Have you been around anyone diagnose w/ Covid 19)

Locker rooms will be available at 50% capacity

Weight room will be available at 50% capacity. Limit the need for a spotter.

There are no limits on participation. Gathering sizes should be decreased as much as possible to reduce risk. Athletes will be given rules by every coach regarding distancing, contact, etc.

Contact should be limited to only contact necessary to compete

Shared hydration stations (water trough, water fountains, water hose, etc.) should not be utilized except for filling individual, labeled water bottles.

**Spectators, media, and vendors can be present but should implement social Distancing and follow established mass gathering guidelines.**

[PRE-PARTICIPATION PHYSICAL EVALUATION FORM \(PPE\)](#)

[2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE And CONSENT & RELEASE CERTIFICATE](#)

\*The re-entry plan could change at any time. Remember these are guidelines. Always use your best judgement in keeping everyone safe!

## **Gary Community Schools Athletics**

### **Student Athlete Eligibility Packet**

#### **Instructions**

- Read & Review IHSAA Pre-Participation Physical Evaluation Form (PPE)
- Read & Review IHSAA Guidance Regarding Pre-Participation Physical Examinations and Consent Forms for 2020-21 School Year
- Read & Review IHSAA Eligibility Rules
- Read & Review Great Lakes Conference Athletic Code
- Read & Review Heads Up Concussion & Sudden Cardiac Arrest for Athletes
- Read & Review Heads Up Concussion & Sudden Cardiac Arrest for Parents

#### **THE FOLLOWING MUST BE TURNED INTO THE ATHLETIC OFFICE**

- Fill out the Athletic Emergency Medical Form. You and your parent/guardian must sign.
- Fill out the Consent & Release Certificate. You and your parent/guardian must sign.
- Fill out IHSAA Preparticipation Physical History Form. You and your parent/guardian must sign.
- Physical Examination Form must be completed by a Health Care Professional. \*If you have one on file from last year, this step can be waived. Be sure to check with your Coach or the Athletic Office.
- Great Lakes Athletic Conference Athletic Code Form must be signed by you and your parent/guardian.
- Read & Review the Disclaimer for Risk of Injury Form. It must be signed by you and your parent/guardian.
- Concussion & Sudden Cardiac Arrest Acknowledgement Form must be signed by you and your parent/guardian.
- Read & Review the Permission to Photograph/Videotape, Release to Utilize and Release for Newspaper Publication. It must be signed by you and your parent/guardian.
- Read & Review the Social Media Policy & Guidelines. It must be signed by you and your parent/guardian.



## 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's 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's 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).

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



# IHSAA News Release



Indiana High School Athletic Association, Inc.  
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May 4, 2020

## IHSAA Guidance Regarding Pre-Participation Physical Examinations and Consent Forms for the 2020-21 School Year

Due to the COVID-19 pandemic during the 2019-20 school year and the continued stress on the medical community, the Indiana High School Athletic Association, Inc. will waive the provisions of Rule 3-10 for the 2020-21 school year. Effective immediately, valid physical and consent forms presented to member schools on behalf of eligible students during the 2019-20 school year shall be valid during the upcoming 2020-21 school year.

Transfer students moving from one member school to another member school must provide a copy of their valid 2019-2020 Pre-Participation Physical and Consent Form to the Receiving School in order to be eligible under Rule 3-8. Incoming ninth grade students with a valid IHSAA Pre-Participation Physical and Consent Form completed and signed after April 1, 2019 will also be eligible to compete during the 2020-2021 athletic season.

**Any athlete not having a valid IHSAA pre-participation examination physical form on file from the 2019-2020 scholastic year is required to have a valid Pre-Participation Physical and Consent Form completed prior to eligibility and competition.** This includes any student-athlete coming from an out-ofState school to an IHSAA member school or any student who did not participate in sports during the 2019-2020 school year. The student must have a valid PreParticipation Physical and Consent Form completed on the official IHSAA form prior to eligibility.

Finally, if available and desired by the student, parent or member school, a new Pre-Participation Physical and Consent Form on the most current IHSAA document dated after April 1, 2020 is most acceptable and welcomed.

If you have questions concerning this guidance, please contact our office at your convenience.

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### **About the Indiana High School Athletic Association, Inc. (IHSAA)**

*The IHSAA is a voluntary, not-for-profit organization that is self-supporting without the use of tax monies. Since its founding in 1903, the Association's mission has been to provide wholesome, educational athletics for the secondary schools of Indiana. Its 412 member high schools - public, institutional, parochial and private - pay no annual membership fee or incur entry fees to play in the Association's tournaments. A state tournament series is conducted annually in 22 sports, 10 for girls, 10 for boys and two co-ed (unified flag football and unified track and field). A 19-person board of directors, elected by member school principals, governs the organization.*

## 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.
  - ... 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](http://www.ihsaa.org)***

***Please contact your school officials for further information and before participating outside your school.***





## Great Lakes Athletic Conference Athletic Code

The following is a statement of policy governing athletic participation in the athletic programs of the Great Lakes Athletic Conference. The athletic code set forth follows the guidelines stated in the Constitution of the Indiana High School Athletic Association.

Participation in high school athletics is a privilege that carries with it varying degrees of honor and responsibilities. The student athlete must recognize that he/she represents not only him/herself but also the school and the student body. Therefore, it should be the goal of the student athlete to perform exceptionally in the classroom and field of play. As a result, it is the student athlete's responsibility to conduct him or herself, on and off the field of play, in and out of season, according to the policies established. With the student athlete's selection to his or her particular athletic team, the following guidelines must be observed:

1. Before a student athlete may participate or practice with an athletic team, he/she must have on file in the principal's or athletic director's office the **IHSAA Physical Examination Form**. The Physical Examination Form must be properly signed by his/her parent or legal guardian, giving permission to participate, and a properly completed physical report signed by a licensed physician indicating that the student athlete is physically able to participate. This form must be renewed each year.
2. To be eligible scholastically, a student athlete must have earned passing grades and earned credit in at least 70% of the maximum number of full credit subjects that all students can take.
3. Any student athlete using drugs (for example: marijuana, alcoholic beverage, cigarettes, cigar, pipe tobacco, smokeless tobacco) bullying, cyberbullying (via any social media platform), possessing a weapon or affiliating with a gang will be immediately suspended from athletic program.
  - a. **First offense:** The student athlete will immediately be suspended from athletic participation. The suspension will be in force for the remainder of the season.  
**Second offense:** Any student athlete found in violation to the above policy for a second time, shall be suspended from athletic participation for 365 calendar days. The student athlete may be reinstated upon completion of a rehabilitation program at the family's expense, an athletic physical, and 10 days of practice.
  - b. **Third Offense:** The student athlete will be excluded from athletic participation for the remainder of the high school experience.

**Please note:** “Any student-athlete, who becomes a victim of substance abuse (drugs, any form), alcohol, etc. who voluntarily comes forward to seek assistance for the purpose of rehabilitation shall be allowed to continue athletic participation per the review of the Athletic Review Board. The individual will remain in a professional treatment program until he/she completes requirement of the rehabilitation program.”

4. **Neither the Great Lakes Athletic Conference nor any of its member schools approve of or condone hazing, sexual misconduct or sexual harassment in any manner.**

### **HAZING**

Hazing activities of any type are inconsistent with the educational process and shall be prohibited at all times. No administrator, faculty member, or other employee of the school district shall encourage, permit, condone, or tolerate any hazing activities. No student, including leaders of student organizations, shall plan, encourage, or engage in any hazing.

Hazing is defined as doing any act or coercing another, including the victim, to do any act of initiation unto any student or other organization that causes or creates a risk of causing mental or physical harm to any person. Permission, consent, or assumption of risk by an individual subjected to hazing does not lessen the prohibition contained in this policy.

Administrators, faculty members, and all other employees of the school district shall be particularly alert to possible situations, circumstances or events which might include hazing. If hazing or planned hazing is discovered, involved students shall be informed by the discovering school employee of the prohibition contained in this policy and shall be required to end all hazing activities immediately. All hazing incidents shall be reported immediately to the superintendent.

Administrators, faculty members, students, and all other employees who fail to abide by this policy may be subject to disciplinary action, and may be liable for civil and criminal penalties in accordance with Indiana law.

**Any person found in violation of this policy will be subject to termination from the all school city athletic department teams and exclusion from all athletic department events for a maximum of 365 days from the date of the infraction.**

### **SEXUAL HARASSMENT POLICY AND REPORTING**

The Board of Education will not tolerate sexual harassment of pupils by school employees, other pupils, or third parties. Sexual harassment of pupils is a form of prohibited sex discrimination. School district staff will investigate and resolve allegations of sexual harassment of pupils engaged in by school employees, other pupils (peers), or third parties.

Quid pro quo harassment occurs when a school employee explicitly or implicitly conditions a pupil's participation in an educational program or activity or bases an educational decision on the pupil's submission to unwelcomed sexual advances, requests for sexual favors, or other favors, or other verbal, nonverbal, or physical conduct of a sexual nature. Quid pro quo harassment is equally unlawful whether the pupil resists and suffers the threatened harm or submits and thus avoids the threatened harm.

Hostile environment sexual harassment is sexually harassing conduct (which can include unwelcomed sexual advances, requests for sexual favors, or other favors, or other verbal, nonverbal, or physical conduct of a sexual nature) by an employee, by another pupil, or by a third party that is sufficiently severe, persistent, or pervasive to limit a pupil's ability to participate in or benefit from an educational program or activity, or to create a hostile or abusive educational environment.

This policy protects any "person" from sex discriminations; accordingly both male and female pupils are protected from sexual harassment engaged in by school district employees, other pupils, or third parties. Sexual harassment, regardless of the gender of the harasser, even if the harasser and the pupil being harassed are members of the same gender, is prohibited. Harassing conduct of a sexual nature directed toward any pupil, regardless of the pupil's sexual orientation, may create a sexually hostile environment and therefore constitute sexual harassment. Nonsexual touching or other nonsexual conduct does not constitute sexual harassment.

The school district staff can learn of sexual harassment through notice and any other means such as from a witness to an incident, an anonymous letter or telephone call.

If you feel you have been a victim of sexual harassment, please do not hesitate to contact your coach, athletic directors, principal, teachers or any other school staff or law enforcement.

United States Department of Education - *Office of Civil Rights Sexual Harassment Guidance: Harassment of Students by School Employees, Other Students, or Third Parties (1997)*

5. All consequences (lunch/after school detention, the BIZ, in- school suspension) assigned to a student athlete by the building Administrators must be fulfilled before the student athlete is able to resume participation. **A student athlete assigned to a consequence will not be eligible for practice or interscholastic competition on that day.**
6. An Athletic Review Board (consisting of the Principal, Asst. Principal, Dean, and Athletic Director, and Asst. Athletic Director) for each school will convene to determine the reinstatement of any student athlete expelled from school seeking reinstatement. The review board will convene, when deemed necessary to determine the status of any student athlete in violation of the athletic code. This will be done at the discretion of the Administration and/or the Athletic Department.
7. Student athletes are responsible for all athletic equipment issued. The equipment must be returned at the end of the sport season. The equipment must be returned in good condition. Equipment not returned in suitable condition, or any lost equipment must be paid for by the student athlete. Failure to do so will exclude the student athlete from further participation in any sport.



# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

### What should I do if I think I have a concussion?

**DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

**GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

**TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:**  
Don't hide it. Report it. Take time to recover.

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

For more information, visit [www.cdc.gov/concussion](http://www.cdc.gov/concussion)



# ***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 type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

#### What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<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</li> <li>• Sensitivity to 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 “feeling down”</li> </ul>	<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 (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> </ul>

#### How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

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

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

#### 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, visit [www.cdc.gov/concussion](http://www.cdc.gov/concussion)





# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Parents*

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### **FACTS**

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 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.

### **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 my child prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any 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)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?**

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

## 2020-2021 Gary Community Schools Athletics

### Athletic Emergency Medical Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Fall Sport Winter Sport Spring Sport

\_\_\_\_\_/\_\_\_\_\_  
Grade School ID#

#### PLEASE COMPLETE ALL INFORMATION IN FULL

Name of Athlete: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Two addition persons you recommend we call in case of emergency:

1. \_\_\_\_\_ Phone#: \_\_\_\_\_

2. \_\_\_\_\_ Phone#: \_\_\_\_\_

Did you attend a Gary Community School the whole year in 2019-2020? \_\_\_\_\_

#### HEALTH CONCERNS

Current medical concerns/conditions: \_\_\_\_\_

List concussions, surgeries in the last year: \_\_\_\_\_

List current prescription, over the counter medications and supplements: \_\_\_\_\_

List any allergies: \_\_\_\_\_

#### PARENTAL CONSENT

I, the parent of \_\_\_\_\_, hereby authorize to the athletic staff of Gary Community 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 in route to a medical facility should the injury be serious in nature. I also provide consent to the medical facility to perform any necessary procedures if I can not be reached and I understand that I am responsible for any payments to said medical facility if insurance does not pay. I also acknowledge that all school forms are valid for the 2020-2021 school year.

Parent/Guardian Signature: \_\_\_\_\_



■ 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

**File In Office of the Principal**



# PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	
4. Have you ever passed out or nearly passed out during or after exercise?			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)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7. Has a doctor ever told you that you have any heart problems?					
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.					



BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## PHYSICIAN REMINDERS

### 1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



### 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION											
Height		Weight		<input type="checkbox"/> Male <input type="checkbox"/> Female							
BP	/	(	/	)	Pulse	Vision	R 20/	L 20/	Corrected? Y N		
<b>MEDICAL</b>						<b>NORMAL</b>		<b>ABNORMAL FINDINGS</b>			
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											
<b>MUSCULOSKELETAL</b>											
		<b>NORMAL</b>		<b>ABNORMAL FINDINGS</b>				<b>NORMAL</b>		<b>ABNORMAL FINDINGS</b>	
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 \_\_\_\_\_

1/  
**The Great Lakes Athletic Conference Athletic Code Form must be signed and returned to your coach and be on file with the Athletic Director.**

**I have read and understand the conditions set forth for athletic participation. Also, I agree to adhere to the policies required for athletic participation.**

**Student Athlete's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Parent's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Return to AD or Coach**



## **2020-2021 Gary Community Schools Athletics**

### **Disclaimer for Risk of Injury**

Participating in athletics carries with it the very real potential for injury. It is reasonable to believe that at least one time during the four-year career of a student athlete that he/she will face an injury that will result in missing one or more days of practice or contests.

It must be clearly understood by our student athletes and their families that even with proper coaching and support from our coaching staff, the use of proper equipment and facilities, injuries will take place. These injuries can range from, but are not limited to, soreness, bruises, strains, dislocations, broken bones, and concussions. It should also be clearly understood that some of these athletic injuries might result in catastrophic injuries, including partial to full paralysis and in some instances death.

We need your help as a student athlete and as a family. Proper rest, nutrition, and the adherence to the rules and guidelines established by Interscholastic Athletics and the coaches of your sports will go a long way to assure that injuries do not happen.

I, the parent/guardian, give permission for my student's athletic participation in Athletics. I will not hold Gary Community Schools, the coaches, employees, or its students responsible for any injuries that might result from his or her participation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

## 2020-2021 Gary Community Schools Athletics

### Concussion & Sudden Cardiac Arrest Acknowledgement & Signatures

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport(s) Participating In : \_\_\_\_\_

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 or 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 the athletic office.

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. I understand the symptoms of sudden cardiac arrest.

Students Signature \_\_\_\_\_ 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. I understand the symptoms of sudden cardiac arrest.

Parents Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **2020-2021 Gary Community Schools Athletics**

Permission to Photograph/Videotape, Release to Utilize and Release for Newspaper Publication

We recognize the value of audio-visual and other types of electronic communication in providing your child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by the corporation or coalition of corporations.

We further grant permission for the photographs or videotapes to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We understand that your child's image, name, work product, school and grade may be revealed in the presentation(s) but that no other information about your child or his/her schoolwork will be revealed without prior consent.

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is the policy of this corporation that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed, or ancestry, age, gender, disability, height, weight or other protected characteristics.

## 2020-2021 Gary Community Schools Athletics

### Social Media Policy & Guidelines

Playing and competing for Gary Community Schools is a privilege. Student-athletes are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to portray your team, your school and yourselves in a positive manner always. Sometimes this means doing things that are an inconvenience to you but benefit the whole team. Texting, Facebook, Twitter, Snapchat, Instagram, and other social media sites have increased in popularity globally and are used by the majority of student-athletes in one form or another. Student-athletes should be aware that third parties - including the media, faculty, future employers and IHSAA officials - could easily access your profiles and view all personal information. This includes all pictures, videos, comments and posts. Inappropriate material found by third parties affects the perception of the student-athlete, the team and the school. This can also be detrimental to a student-athlete's future options, whether in sports or in other industries.

Examples of inappropriate and offensive behaviors concerning participation in online communities may include, but are not limited to, depictions or presentations of the following:

- Photos, videos, comments or posts showing the personal use of alcohol, drugs and tobacco e.g., holding cups, bottles, cans, shot glasses etc.
- Photos, videos, and comments that are of a sexual nature. This includes links to websites of a pornographic nature and other inappropriate material.
- Pictures, videos, comments or posts that condone drug-related activity. This includes but is not limited to images that portray the personal use of marijuana and drug paraphernalia.
- Content online that is unsportsmanlike, derogatory, demeaning or threatening toward any other individual or entity (examples: derogatory comments regarding another school; taunting comments aimed at a student-athlete, coach or team at another institution and derogatory comments against race and/or gender). No posts should depict or encourage unacceptable, violent or illegal activities (examples: hazing, sexual harassment/assault, gambling, discrimination, fighting, vandalism, academic dishonesty, underage drinking, illegal drug use).
- Content online that would constitute a violation of team, school, and league rules (examples: commenting publicly about a coach, teammate, opponent, official, staff member, and school employees.)
- Information that is sensitive or personal in nature or is proprietary to the team or the school, which is not public information (examples: tentative or future team schedules, student-athlete injuries and eligibility status, travel plans/itineraries or information).

Please remember the Head Coach and the Athletic Director have the ability to suspend, or remove a student from the team on the first inappropriate action. For your own safety, please keep the following recommendations in mind as you participate in social media websites:

- Set your security settings so that only your friends can view your profile.
- You should not post your email, home address, local address, telephone number(s), or other personal information as it could lead to unwanted attention, stalking, identity theft, etc.
- Be aware of who you add as a friend to your site – many people may be looking to take advantage of student-athletes or to seek connection with student-athletes.
- Consider how the above behaviors can be reflected in all Social Media applications.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as that of the school and your team. Remember, always present a positive image and don't do anything to embarrass yourself, the team, your family or the school.

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_