

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

(Physical to be done by NON FAMILY MEMBER)

Every student attending Culver is required to have an annual physical exam done after **May 1 of the current calendar year**. A form is enclosed to be completed by your family physician. Failure to have a physical completed prior to registration may result in missed practices and/or games, and may also result in missed classes (i.e. Wellness Class), Intramurals and marching for new Cadets. If your child arrives without a physical exam on file one will be scheduled in the fall and you will be charged accordingly.



SCHOOL: _____

HISTORY (to be reviewed by the examining physician)

Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: _____

Previous school attended and dates: _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes ___ No ___
Have you ever had surgery? Yes ___ No ___
Are you presently under a doctor's care? Yes ___ No ___
2. Are you presently taking any medications or pills? Yes ___ No ___
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes ___ No ___
4. Have you ever passed out during or after exercise? Yes ___ No ___
Have you ever been dizzy during or after exercise? Yes ___ No ___
Have you ever had chest pain during or after exercise? Yes ___ No ___
Have you ever had high blood pressure? Yes ___ No ___
Have you ever been told that you have a heart murmur? Yes ___ No ___
Have you ever had racing of your heart or skipped heartbeats? Yes ___ No ___
Has anyone in your family died of heart problems or a sudden death before age 50? Yes ___ No ___
Has anyone in your family had Marfan's syndrome: Yes ___ No ___
5. Do you have any skin problems (itching, rashes, acne)? Yes ___ No ___
6. Have you ever had a head injury? Yes ___ No ___
Have you every been knocked out or unconscious? Yes ___ No ___
Have you ever had a seizure or epilepsy? Yes ___ No ___
Have you ever had a stinger, burner or pinched nerve? Yes ___ No ___
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes ___ No ___
8. Do you have trouble breathing or do you cough during or after activity? Yes ___ No ___
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? Yes ___ No ___
10. Have you had any problems with your eyes or vision? Yes ___ No ___
Do you wear glasses or contacts or protective eye wear? Yes ___ No ___
11. Are you missing an eye, kidney or testicle? Yes ___ No ___
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes ___ No ___

<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Thigh	<input type="checkbox"/> Neck	<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot
<input type="checkbox"/> Forearm	<input type="checkbox"/> Shin/calf	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle	<input type="checkbox"/> Hip	<input type="checkbox"/> Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc)? Yes ___ No ___
14. **Have you had a medical problem or injury since your last evaluation?** Yes ___ No ___
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. **(BOTH SIGNATURES ARE REQUIRED)**

Signature of Athlete: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

PHYSICAL EXAMINATION (Physical to be done by NON FAMILY MEMBER)

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: ____/____ Pulse: _____		
Vision: R 20/____ L 20/____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R		
	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal (✓)	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back (including scoliosis check)		
Knees		
Ankles		
Feet		
Other		
Date of last Tetanus		
Hearing Test (required for all 10 th graders)	Date given: / /	Pass Fail (if failed, please attach recommendations)
Date of last TB Skin test (Mantoux)	Date given: / /	Date read: / / Result: mm.
Date of chest x-ray (if applicable):	/ /	(Provide copy of report)
INH Therapy (if applicable):		

Clearance:
 A. Cleared
 B. Cleared after completing evaluation/rehabilitation for: _____
 C. Not cleared due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

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

Name of Physician: _____

Address: _____

Phone: (____) _____

Signature of Physician: _____ Date of Physical _____

(The physical examination must be performed on or after May 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)

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)

I: STUDENT ACKNOWLEDGEMENT AND RELEASE (to be signed by student)

- A. I have read the IHSAA Eligibility Rules and know of no reason why I am not eligible to represent Culver Academies in athletic competition.
- B. If accepted as a representative, I agree to follow the rules of Culver Academies and the IHSAA and to abide by their decisions.
- 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 as 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.

Date: _____ Student Signature: _____

Printed: _____

II: PARENT CONSENT, ACKNOWLEDGMENT AND RELEASE FORM

(to be completed by all parents/guardians where divorce or separation, parent with legal custody must sign)

- A. I/We hereby give consent for my son/daughter to participate in the following interschool sports. If not, list exceptions _____
Boys Sports: Baseball, Basketball, Cheerleading, Crew, Cross Country, Fencing, Football, Golf, Hockey, Jumping, Lacrosse, Polo, Rough Riding, Rugby, Sailing, Soccer, Swimming, Tennis, Track, Wrestling
Girls Sports: Basketball, Cheerleading, Crew, Cross Country, Fencing, Golf, Hockey, Jumping, Polo, Rough Riding, Sailing, Soccer, Softball, Swimming, Tennis, Track, Volleyball
- A1. I/We hereby consent for my son/daughter to participate in the following activities, to include any travel away from the Culver campus associated with the activity: Ski Club, Equitation, Bike Club, Rugby and SCUBA. If not, list exceptions _____
 WARNING: Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.
- A2. I/We hereby consent for my son/daughter to participate in all intramural sports, physical education instruction, marching, swimming, ropes course training and all other activities incident to or part of the programs offered by or through Culver.
- B. I/We understand that participation may necessitate an early dismissal from classes.
- C. I/We consent to the disclosure, by my son's/daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.
- D. I/We know of and acknowledge that my son/daughter 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 his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless Culver Academies, the schools involved and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Culver Academies or the IHSAA because of any accident or mishap involving the athletic participation of my son/daughter.
- E. 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 and/or my child, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Please provide insurance information:

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)

The undersigned represent and warrant that they have read this document, fully understand its contents, have the legal authority to execute the document, and intend to authorize the participation of the student in the activities noted above while enrolled at Culver, and to release Culver from any and all liability resulting therefrom.

Date: _____ Parent/Guardian/Emancipated Student Signature: _____

Printed: _____

Date: _____ Parent/Guardian/Emancipated Student Signature: _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**Filed In Office of the Principal
Separate Form Required for Each School Year**

IHSAA ELIGIBILITY RULES

Individual Eligibility Rules (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students...
...unless you are entering the ninth grade for the first time.
...unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
...unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 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 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 summary of the rules.
Contact your school officials for further information and before participating outside of your school.**