

Carroll Girls Golf 2023

- 1) **PHYSICAL INFORMATION...** Physical must be completed after April 1, 2023 to be considered valid. Valid physicals must be on file before participating in the open range times during the summer and July 28th try-out. SEE the attached information on how to submit the physical ONLINE using Final Forms. Physicals will not be accepted by paper any longer. This means you can't show up to a practice or try-outs and hand it to me.
- 2) Plan on a \$155 fee for the uniform and to cover our miscellaneous fees incurred throughout the season. This will be collected after try-outs. (12 girls will make the team)
- 3) **Carroll High School Golf Outing** – Friday, June 16th at Autumn Ridge with a shotgun start at 8am. Please plan to help with this morning of fun!!!
- 4) Summer expectations 1) Need to play, at least 2x per week. 2) Get involved in tournament play (see the fliers in this packet). 3) Go to the practice range. 4) Use the putting/chipping green **often**. 5) Go to the voluntary driving range lessons with Coach Koehlinger each Monday starting on Monday, June 19th from 9:00-10:00 AM, at Autumn Ridge Golf Course. This is voluntary... I do realize some of you will be in Summer School and will not be able to attend. **Bring \$12 for range balls!**
- 5) **Conditioning/lifting program**-All of you will have an opportunity to participate in a summer program to become more fit and stronger to gain performance in athletics/golf. More info. to follow!
- 6) Keep **all** scorecards and turn them in to Coach Koehlinger at the weekly lesson starting in June. Make it a goal to play, **at least**, 10x during the summer months. Any course is fine...
- 7) Autumn Ridge is our home course this year. IF YOU WERE ON THE TEAM LAST YEAR and interested in a membership for \$475 for ONLY Autumn Ridge please speak with Jeff Schumaker at Autumn Ridge to get the deal. It will include unlimited golf for Monday-Thursday, Friday- Sunday after 2 pm. YOU must make certain you are calling for a tee time. If you PAY, you can play whenever you wish. Range balls are \$5.00 for a small and \$12.00 for a large. Walking rates for juniors are \$20.00 for 9 and \$30.00 for 18. Remember this is a privilege to play here. Do not abuse your rights. Autumn Ridge does a lot for our golf team and it deserves respect. Be

sure to tell them you are a member of the golf team at Carroll. I will give them a list of players on the team from last year.

- 8) **Proper golf attire is a must on the course.** I understand it is the off season, but remember you are representing the school and our team. **No short** shorts and no tank-top shirts. Autumn Ridge is very strict about this. Golf skirts are the best attire with a golf polo!
- 9) **Parent Emails-** I will need all parent and golfers emails. I will be communicating with parents and lady golfers via email through the summer and during the season. Phone calls will be made only on special occasions.
- 10) **Follow on Twitter-** If you would like to follow tournament results on Twitter please follow @chargergolf

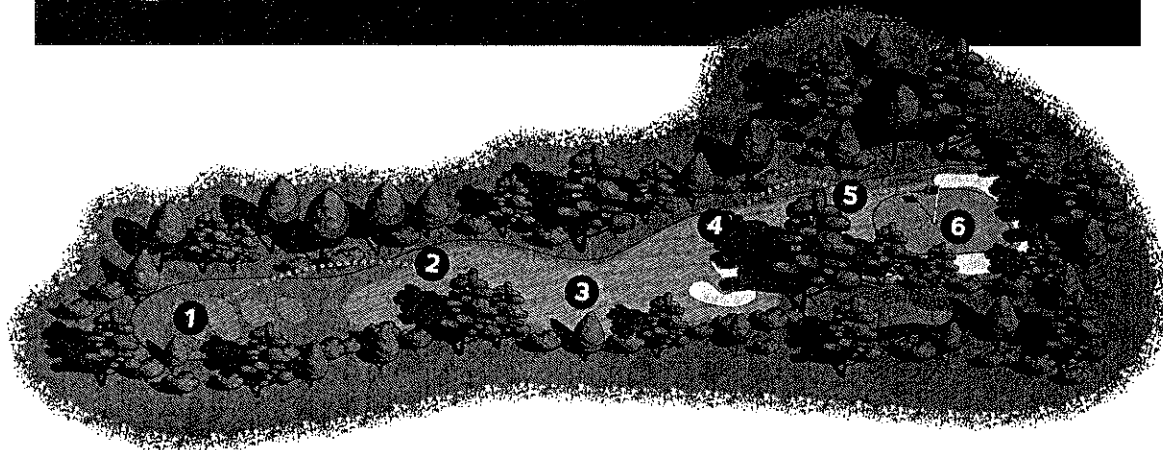
Important dates!!!

- **First day of our optional summer sessions is June 19th** (every Monday) @ 9:00-10:00 am at Autumn Ridge. **Bring \$12 for golf balls!**
- **Moratorium week is from July 2nd through July 9th.** Enjoy time with family!
- **Our golf season begins on July 28th with try-outs July 28th and July 31st teeing off around 7:30 am each day at Autumn Ridge. Our first VARSITY golf match is on July 31st.**
- **Varsity will need to plan on practicing for an hour on Saturday, July 29th in order to play in the match on Monday. Two practices are required before we can play a match...**
- **2023 Golf Season Schedule is on the CHS Athletics Golf Website under girls golf. Make sure you click on 2023/2024. It's also attached in this packet. Updates will continue as we get a few details ironed out during the summer. (Remember the schedule can and often does change due to the golf courses schedules.)**

Carroll High School

Golf - Girls 2023 - 2024 Athletic Events List

Date	Start Time	Event	Location	
Mon 7/31/23	9:00 AM	Homestead Invitational (Homestead)	Homestead (Chestnut Hills)	Away
Tue 8/1/23	8:00 AM	Huntington North Invite (Huntington North, Wabash High School)	Huntington North	Away
Wed 8/2/23	10:00 AM	Carroll/Northrop/Leo (Leo Jr./Sr. High School, Northrop High School)	(Colonial Oaks)	Away
Sat 8/5/23	1:00 PM	State Fall Preview (Carmel High School)	Prairie View GC	Away
Mon 8/7/23	8:00 AM	Warsaw JV-V (Warsaw)	Warsaw (Stonehenge)	Away
Thu 8/10/23	4:00 PM	Fort Wayne Bishop Dwenger/Carroll (Bishop Dwenger High School, Concordia Lutheran High School)	Dwenger and Dwenger	Away
Sat 8/12/23	8:30 AM	Concordia Invitational (Concordia Lutheran High School)	Concordia Lutheran High School	Away
Thu 8/17/23	4:30 PM	Homestead High School (Homestead)	Carroll High School (Autumn Ridge Golf Course)	Home
Sat 8/19/23	8:00 AM	Bulldog Invitational (New Haven High School)	New Haven High School (Whispering Creek)	Away
Mon 8/21/23	4:30 PM	Churubusco JV-V (Churubusco High School)	Carroll High School	Home
Sat 8/26/23	12:30 PM	Hall of Fame Tournament	Legends in Franklin	Away
Thu 8/31/23	4:30 PM	Carroll High School (Varsity and JV) (Homestead)	Chestnut Hills Golf Course	Away
Sat 9/2/23	8:00 AM	Carroll Girls Invite (Bellmont High School, Bishop Dwenger High School, CENTERVILLE SR HIGH SCHOOL, Churubusco High School, CONCORD COMMUNITY HIGH SCHOOL, DeKalb High School, Fort Wayne Bishop Dwenger High School, Fort Wayne Snider High School, HAMILTON SOUTHEASTERN HS, Homestead High School, Leo Jr./Sr. High School, McCutcheon High School, Noblesville High School, Northridge High School, Westview Jr-Sr High School, Yorktown High School)		Away
Thu 9/7/23	4:30 PM	Dekalb	Autumn Ridge Golf Course (Autumn Ridge Golf Course)	Home
Tue 9/12/23	5:00 PM	Columbia City High School	Columbia City High School (Eagle Glenn)	Away
Wed 9/13/23	5:00 PM	East Noble High School	East Noble High School (Noble Hawk)	Away
Thu 9/14/23	5:15 PM	Snider	Noble Hawk Golf Course (Noble Hawk)	Away
Fri 9/15/23	8:45 AM	Golf Sectional	Meadow Valley Middlebury	Away
Fri 9/22/23	TBD	Golf Regional	(Noble Hawk)	Away
Fri 9/29/23	TBD	IHSAA State Finals	(Prairieview Golf Club)	Away
Sat 9/30/23	TBD	IHSAA State Finals	(Prairieview Golf Club)	Away



1 FIRST TEE-INDIANA

First Tee-Indiana is a youth development program that teaches golf, along with the Nine Core Values of Honesty, Integrity, Sportsmanship, Respect, Confidence, Responsibility, Perseverance, Courtesy and Judgment. The mission of this program is to impact the lives of young people by providing educational programs that build character and instill life enhancing values through the game of golf.

firstteeindiana.org

2 DRIVE, CHIP & PUTT CHAMPIONSHIP

The Drive, Chip and Putt Championship is a free, nationwide junior golf development competition for boys and girls ages 7-15, aimed at growing the game. Focusing on the three fundamental skills employed in golf, each player gets three attempts in each skill and earns points based on distance and/or accuracy for a total score.

drivechipandputt.com

3 PGA JUNIOR LEAGUE GOLF

PGA Junior League Golf is a fun, social and inclusive opportunity for boys and girls ages 13 and under to learn and enjoy the game of golf. With each team captained by a PGA or LPGA Professional, PGA Junior League Golf offers a focus on fun, recreation, good health and sportsmanship.

pgajrleague.com

4 PREP TOUR

The Prep Tour is targeted towards players of Intermediate to Advanced Intermediate playing level (that have some competitive experience - local county tour, PGA Jr. League, etc. - but are looking to take their game to the next competitive level) and aged 8-12 that are looking for a fun but yet competitive atmosphere.

indianagolf.org

5 JUNIOR TOUR

The Junior Tour is targeted towards players of Intermediate to Advanced Intermediate playing level (that have competitive experience - local county tour, PGA Jr. League or similar programs as the IJGP - and likely playing on or working towards playing on their MS or HS teams) and aged 13-19 that are looking for a competitive atmosphere to further develop their skills and abilities.

indianagolf.org

6 MASTERS TOUR

The Masters Tour is for players of Advanced playing level (that have won or been very competitive at high level IJGP events. Likely some of the better players on their school teams and potentially looking to play in college at some level) and aged 13-19.

indianagolf.org

indianagolf.org

Indiana Junior Golf Programs

First Tee – Indiana



Junior Golf

Visit www.fortwayneparks.org for more details

2023 Jr. Golf Brochure will be available in the spring.

Register On-line ([https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?](https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453)

[module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453;](https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453)

May 3 with the release of the Summer Fun Times.

([https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?](https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453)

[module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453;](https://web1.myvscloud.com/wbWSC/inftwaynewt.wsc/search.html?module=AR&category=RUSSJ&SessionID=b551831a70eb408953244087fc246a6df9c6372474c0b37a942d2c39b17a68003c29cb41007bd023453)

2023 Pee Wee Tournaments (ages 3-11)

Please check in with the golf course at the phone number listed below for any weather related issues.

Event	Date	Deadline	Contact Phone Number For Golf Course
Shoaff Front 9 (http://www.shoaffgolfcourse.com/)	June 7	May 31	(260.427.6745)
McMillen Back 9 (http://www.mcmillengolfcourse.com/)	June 22	June 14	(260.427.6710)
Canterbury Green (http://www.golfcanterbury.com)	July 7	June 28	(260.486.7888)
Shoaff Back 9 (http://www.shoaffgolfcourse.com/)	July 12	July 6	(260.427.6745)
McMillen Tour Champ (http://www.mcmillengolfcourse.com/)	July 19/20	July 13	(260.427.6710)

2023 Junior Tournaments (ages 12-18)

Please check in with the golf course at the phone number listed below for any weather related issues.

Event	Date	Deadline	Contact Phone Number for Golf Course
Colonial Oaks (http://colonialoaksgc.com/)	June 6	May 31	(260.489.5121)
Brookwood (http://brookwoodgc.com/)	June 12	June 7	(260.747.3136)
Indiana Tech	June 14	June 7	(260.745-7093)
Canterbury Green (http://www.golfcanterbury.com)	June 19	June 14	(260.486.7888)
McMillen (http://www.mcmillengolfcourse.com/)	June 21	June 14	(260.427.6710)
Chestnut Hills (http://www.chestnuthillsgolf.com/index.php)	June 26	June 21	(260.625.4146)

**ATHLETICS
HOME**

**Carroll High School / Athletics / Athletics Home / IHSAA
PHYSICAL FORMS**

**Athletic
Department
Staff**

IHSAA PHYSICAL FORMS

2023-2024 IHSAA Pre-Participation Requirements

**Athletics
Training**

**We are requiring that ALL parents of
athletes use FinalForms for all Pre-
participation requirements for the 2023-
2024 school year.**

**Admission
Prices**

**IHSAA
PHYSICAL
FORMS**

Physicals on Final Forms

**Student
Accident
Insurance**

- Physicals and all required forms will be completed on Final Forms.

Charger
Game
Day
Store

Youth
Camp
Registration

Girls
Sports

Boys
Sports

Unified
Sports-
Champions
Together

NCAA/NAIA
Eligibility

Sponsorship
of
Carroll
Athletics

Carroll
Charger
Records
&
IHSAA
State
Champions/Runners
Up

- A new physical is required to be completed after April 1st to participate in summer athletic activities and all other activities like tryouts, open gyms, open fields, practice, etc. This new physical will be good through the 2023-2024 school year.

- Create a Final Forms account:
<https://northwestallen-in.finalforms.com/> .
- If you already have an account from past year(s), log into that account and update forms.

"How To": Parent Registration in Final Forms

Thank you for your assistance in streamlining our paperwork processes at Carroll High School, Carroll Middle School, and Maple Creek Middle School.

**Charger
Summer
Strength
&
Conditioning**

**Fall
Schedules**

**Winter
Schedules**

**Spring
Schedules**

**IHSAA
Champions
Network**

**Charger
Events
Streamed
Online**

**Tonight's
Rosters**

**Charger
Tip Jar**

**Charger
Athletics
Golf
Outing**

**IHSAA
Football**

2023-2024 IHSAA Physical Form

Please note, if you complete the required Final Form steps above, you will have the required documents completed (Medical History, Doctors Signature page, Acknowledgement of Medical Expense Responsibility, Concussion and Cardiac Arrest). By completing Final Forms first, you will have the opportunity to complete all required forms and be able to print the medical history that Doctors want to see. All must complete the steps above and upload the signed Doctor's page of the physical. No hard copies of physicals will be accepted.



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 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 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).
4. **Distribution**
 - ☐ History Form retained by Physician/Healthcare Provider
 - ☐ Examination Form and Consent and Release Form signed and returned to member school.

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

PREPARTICIPATION PHYSICAL

4th Edition, American Academy of Pediatrics

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.



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 ≥ 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.)		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
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.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
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)?			
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)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

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.

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. Valid April 1, 2023-May 31, 2024

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
MEDICAL					NORMAL	ABNORMAL FINDINGS	
Appearance							
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)							
Eyes/ears/nose/throat							
• Pupils equal							
• Hearing							
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							
• HSV, lesions suggestive of MRSA, tinea corporis							
Neurologic							
MUSCULOSKELETAL							
	NORMAL	ABNORMAL FINDINGS			NORMAL	ABNORMAL FINDINGS	
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 _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)

■ PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

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

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

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

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on 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 & Diving, Tennis, Track & Field, Volleyball, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling.
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
Indianapolis, IN 46240-0650

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