

Marching Pride of Lawrence Township

Financial Information 2017

Marching Band & Guard Fees: \$700

Marching Band & Guard fees include clinicians' salaries, show design, uniform, 1 show shirt per marcher, uniform laundering, undergarments, 1st pair of gloves, 1st pair of socks, transportation, crayons, band camp, cases of water, meal plan (on competition days and before football games), bus snacks served during competition season, 1 ticket to DCI event in June, and 1 ticket to BOA prelims in November. (Additional gloves and socks may be purchased from your home school for an additional fee.)

Fees do not include mandatory marching band shoes or the Color Run Registration. Shoes must be purchased from your home school, but can be worn over multiple seasons. All first year marchers will need shoes. The cost of shoes is \$40. The Color Run will take place Saturday morning, August 19. Registration fee for MPLT Members is \$12.00.

All payments will be made through your home school's booster organization:

Lawrence Central Performing Arts Association (LCPAA) or Lawrence North Band Boosters (LN Bands). The payment schedule below indicates minimum payments by stated dates.

- All prior year(s) fees paid in full
- \$200 Paid by May 25, 2017 (last day of school)
- \$100 Paid by June 27, 2017 (Mandatory Parent Meeting)
- \$100 Paid by July 23, 2017 (Band Camp Registration)
- \$100 Paid by August 31, 2017
- \$100 Paid by September 30, 2017
- \$100 Paid by October 31, 2017
- Performers across all performing arts groups will not be able to participate in any 2017-18 performing arts ensemble, production and/or activities unless balances are paid in full by the end of the 2016-17 school year.
- Marching Pride performers who have not made payments are welcome to attend practices, but may not actively participate until payments are up to date
- If terms of prior payment plans were not followed or a balance is owed, no payment plan will be considered for that individual. We can no longer extend credit to those who do not pay. If performer is paid up to date by the end of the current school year and has faithfully followed all payment plans during prior years, a payment plan may be considered.
- If you have any questions or concerns about the above payment schedule, please share them with one of your directors.

Additional Fees

Separate class fees will be charged for concert band & guard as determined by the home school. Also, instrument rental fees for school owned instruments may be assessed.

Payment Plans & Financial Assistance

Payment plans may be arranged with the Band Director at your high school providing the first two bullet points above are completed. **However, all scheduled payments must be made on time as indicated above or as indicated by a payment plan if the student is to maintain their spot in the ensemble.** In addition, fundraising and other financial assistance opportunities are offered at both LC and LN. Your directors will let you know the specifics. These opportunities are in place for students in need and could defer a portion of their marching band fees. All students and their parents will be expected to volunteer for events and participate in fundraisers, especially if requesting financial assistance.

Staff Listing

Lawrence Central Staff:

Matthew James	Band Director	317-964-7552	matthewjames@msdlt.k12.in.us
Steve Yoder	Percussion Director	317-964-7562	stevenyoder@msdlt.k12.in.us
Tim Sparks	Color Guard Assistant	317-964-7569	jay_ek13@icloud.com
Kimberly Corman	Performing Arts Assistant	317-964-7550	kimberlycorman@msdlt.k12.in.us

Lawrence North Staff:

Glen Hauger	Band Director	317-964-7954	glenhauger@msdlt.k12.in.us
Tom Wallis	Band Director	317-964-7955	thomaswallis@msdlt.k12.in.us
Julie Reid	Color Guard Director	317-964-7569	juliereid@msdlt.k12.in.us
Alison Goller	Performing Arts Assistant	317-964-7951	alisongoller@msdlt.k12.in.us

Contact Us and Stay Connected

All LCHS and Belzer MS students/parents will direct questions and payments to Lawrence Central.
All LNHS and Fall Creek Valley MS students/parents will direct questions and payments to Lawrence North.

**WE STRONGLY ENCOURAGE ALL PARENTS, GUARDIANS AND STUDENTS TO
SIGN ON THE LISTSERV.**

Email Listservs: There is a link on each band's website to add your email address to the listserv recipient lists. During the marching season and the school year, this is the primary method of communication that the Band utilizes to provide important time-sensitive information about upcoming events and activities.

Websites: For information about all performing arts activities and events, including performances and rehearsal schedules, itineraries, forms, fundraisers and volunteer opportunities go to:

www.marchingpride.org, www.lcpaa.org or www.lnband.com

Twitter: Follow us on Twitter for band program highlights.

www.twitter.com/lcpaa or www.twitter.com/LNband

Contact us if you have questions:

Performing Arts Secretary:

LC: Kimberly Corman	kimberlycorman@msdlt.k12.in.us	317-964-7550
LN: Alison Goller	alisongoller@msdlt.k12.in.us	317-964-7951

Our Schools:

Lawrence Central High School, 7300 East 56th Street, Indianapolis, IN 46226

Lawrence North High School, 7802 Hague Road, Indianapolis, IN 46256



2017 Summer Calendar (Subject to Change)

<u>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
5/15	MPLT Kick-off Show Reveal	LC	6:30-8:00pm
5/25	Rookie Day! (Rookies/Leaders)	LN	4:30-8:30pm
5/27-6/19	VACATION!	Hawaii	
6/17	LN Band Rummage Sale (LN Only)	LN	TBA
6/20-6/21	Rehearsal	LN	2-9pm
6/22	Rehearsal	LN	10-4pm
	Drum Corps Evening Field Trip	Lucas Oil	5-11pm
6/23	Rehearsal	LN	2-9pm
6/26-6/30	Rehearsal	LN	2-9pm
6/27	MANDATORY Parent Meeting	LN	7-9pm
7/1	Tag Day		8am-4pm
7/3	Rehearsal	LN	2-9pm
7/4	Lawrence July 4 th Parade	LC	10am-12pm
7/5-7/22	VACATION!	Bermuda	
7/23	Camp Registration and Rehearsal	LC	2-9:30pm
7/24-7/29	Band Camp	LC	7am-9:30pm
7/29	Parent Performance and Cookout	LC	6pm-8pm
7/31	Rehearsal	LC	7am-9:30pm
8/1	Rehearsal	LC	7am-9:30pm
8/3	First Day of School/ Regular Season Rehearsal	LC	6:30-9:30pm

Weekly Rehearsal Schedule

<u>DATE</u>	<u>TIME</u>
Monday	4:30-6:30pm
Tuesday	4:30-6:30pm
Wednesday	OFF
Thursday	6:30-9:30pm
Friday (Game Days)	4:30-9:30pm
Friday (Non-game days)	4:30-7:30pm
Saturday	Rehearsals & Competitions

Home Football Games

*****Subject to change*****

<u>DATE</u>	<u>Location</u>	<u>Event</u>
9/1	@LN	LN vs LC Game
9/22	@LC	Homecoming
9/29	@LN	Homecoming
10/6	@LC	Senior Night
10/13	@LN	Senior Night

MARCHING PRIDE OF LAWRENCE TOWNSHIP

2017-18 Information Verification Form

Student's Name: _____ Grad Yr: _____

Instrument: _____

School – Fall of 2017 (please check one):

LC _____

LN _____

BMS _____

FCV _____

In an effort to keep our records accurate and to ensure that you receive timely communications, please fill in the information below.

Parent or guardian name(s): _____

Mailing address: _____

Home phone: _____

Cell phone 1: _____ Number belongs to: _____

Cell phone 2: _____ Number belongs to: _____

Parent 1: Occupation: _____ Employer: _____

Parent 2: Occupation: _____ Employer: _____

All band account statements and newsletter communication will be sent via e-mail.

At least one e-mail address is essential for student account billing and communication.

Adult's email address (primary): _____

Adult's email address (secondary): _____

PERFORMING ARTS MEDICAL CONSENT AND AUTHORIZATION FORMS: May 2017 – May 2018

Last Name: _____ First Name: _____ MI: _____ Male/Female: _____ Grad Yr: _____
 School – Fall of 2017 (please check one): LN ___ LC ___ FCV ___ BMS ___

This document contains: (1) a consent for Community Health Network, Inc. (Community) (or the nearest emergency medical facility), to initiate and provide medical treatment to your student in the event of an injury or illness; (2) an Emergency Medical and Contact Information form; and (3) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student is 18 years old or older, he or she must sign for him/herself. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in your student being unable to participate in the marching band program.**

CONSENT FOR TREATMENT

I consent to Community (or the nearest emergency facility) initiating any medical or first aid treatment for _____ (name of student) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

Signature of Parent/Guardian: _____	Printed: _____
Relationship to student: _____	Date: _____

Student Information:

Date of Birth: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____
 Physician Name: _____ Physician Phone #: _____
 Preferred Hospital (if any): _____
 Allergies: _____

Current Medications:	<u>Name of Medication</u>	<u>Dose</u>	<u>Frequency Taken</u>

Does the Student have any of the following conditions (indicate yes or no): asthma ___; low blood sugar ___; diabetes ___; fainting spells ___; seizures ___; sickle cell anemia ___; others _____

Last Tetanus vaccination: Within 5 years?: Y/N Within 10 years?: Y/N

May a representative of the school administer the following analgesic and/or bee sting medications to your student? (Please indicate yes or no): Aspirin ___; Acetaminophen (Tylenol or generic) ___; Ibuprofen (Advil, Nuprin, Motrin or generic) ___; Diphenhydramine HCl (Benadryl or generic for bee or other sting) ___

Parent/Legal Guardian Information:

Parent/Legal Guardian #1: Name: _____ Relationship to Student: _____
 Street Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 Email Address: _____

Parent/Legal Guardian #2: Name: _____ Relationship to Student: _____
 Street Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 Email Address: _____

Emergency Contacts if Parent/Legal Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in Performing Arts programs until this form is on file in the Performing Arts Office

1. In accordance with the rules of the Performing Arts Department and MSD Lawrence Township, I hereby give consent for the named student to participate in Marching Band, Winter Percussion, or Winter Color Guard.
2. I acknowledge that the participant is assuming certain responsibilities and financial obligations, and that all financial obligations for a given co-curricular and non-athletic extra-curricular activity must be met.
3. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best instruction, use of protective equipment and strict observation of rules, injuries are still a possibility in organized Performing Arts activities. On rare occasions these injuries can be as severe as to result in total disability, paralysis, or even death.
4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the performing arts rules published as part of the student handbook.
6. I have been provided with a copy of the rules and regulations regarding performing arts participation, or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all performing arts students as long as they are a student at [Lawrence Central/Lawrence North/Belzer/Fall Creek Valley] and that the rules and regulations may be updated from time to time.
7. I understand that MSD Lawrence Township Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
8. I authorize Lawrence Central/Lawrence North/Belzer/Fall Creek Valley to post results/images containing my son's/daughter's name and statistics on the Lawrence Central/Lawrence North/Belzer/Fall Creek Valley websites.
9. Without compensation to me, I, the undersigned, do hereby irrevocably consent to the use, by MSD Lawrence Township, any photographs, video, or sound recording of my student as described above for advertising and publicity purposes and/or publication in any lawful manner, and hereby release MSD Lawrence Township from any and all liability of me for such use.

Student name (printed): _____

Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Performing Arts Department and Lawrence Central/Lawrence North/Belzer/Fall Creek Valley Schools and believe that I am eligible to represent my school in Performing Arts. If accepted as a representative, I agree to abide by the rules and regulations of the Performing Arts Department and my school. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen activities(s).

Student Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



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

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

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

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

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

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

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



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

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

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

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

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____

PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

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

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

This is only a brief summary of the eligibility rules.

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

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

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

■ PREPARTICIPATION PHYSICAL EVALUATION
CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____
 Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance.
 - The student has adequate family insurance coverage.
 - The student has football insurance through school.
 - The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

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

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____
 Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____
 Printed: _____

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

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