



Angola High School
Athletic
Participation Packet

Apride

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ANGOLA HIGH SCHOOL ATHLETIC FORMS -CHECKSHEET-

The following is a checklist of forms that must be completed, signed, and returned to your Coach or the Athletic Office before you may participate in practice or a contest.

- Completed IHSAA Pre-Participation Physical Evaluation Form (PPE) (White Forms)**
 - Signed by Physician or Physicians Assistant with their license number affixed
 - Parent Signatures on Pages 1 and 4.
 - Student-Athletes Signatures on Pages 1 and 4.

- Complete Parkview Sports Medicine Consent to Treat Form With Signatures (Green Forms)**
 - Authorization to Release Medical Information
 - Consent to Treat
 - Interview/Photographic Release

- Completed Concussion and Sudden Cardiac Arrest Acknowledgment and Signatures (Blue Forms)**
 - Parent Signature
 - Student Signature

- Student Accident Insurance Form or Waiver (Purple Form)**
 - Parent Signature

- AHS Athletic Handbook Signature Required By Student And Parent (Yellow Form)**

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) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). 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 way.
(available for download at www.ihsaa.org <<http://www.ihsaa.org/>>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) 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 two (2).
 - The parent signatures must be affixed to the form on pages one (1) and four (4).
 - The student-athlete signature must be affixed to pages one (1) and four (4).

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

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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
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		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • 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.
 - ... 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**:

- | | |
|--|---|
| <input type="checkbox"/> The student has school student accident insurance. | <input type="checkbox"/> The student has football insurance through school. |
| <input type="checkbox"/> The student has adequate family insurance coverage. | <input type="checkbox"/> 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: _____

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

ATHLETIC HANDBOOK SIGNATURE SHEET

THIS FORM MUST BE SIGNED BY BOTH THE ATHLETE AND THEIR PARENT(S) AND RETURNED TO THE ATHLETIC OFFICE BEFORE ATHLETIC ELIGIBILITY TO COMPETE CAN BE GRANTED.

*By signing this form you acknowledge that you have received the Angola High School Athlete Handbook, you have read it, and agree to abide by the rules and regulations contained within.

Athlete Signature

Parent/Guardian Signature

Sport(s)

Date





Parkview Sports Medicine

Consent to Treat

I hereby authorize medical treatment for said athlete at _____ (School Name) by the athletic trainers, physicians, and staff of Parkview Ortho Performance Center d/b/a Parkview Sports Medicine. A family member can be reached at _____ in the event additional treatment or information is required. I understand that if the said athlete is seen by a physician or other provider at Parkview Sports Medicine and my insurance requires prior approval, I will be responsible for notifying the appropriate party in order to obtain approval.

Student Name _____ Student Signature _____
Mailing Address _____ City/State/Zip _____
Date _____ Student Date of Birth _____
Parent/Guardian Name _____ Parent/Guardian Signature _____

Acknowledgement of Receipt or Declination of Notice of Privacy Practices

I acknowledge that Parkview Ortho Performance Center d/b/a Parkview Sports Medicine (PSM) has offered me a copy of its Notice of Privacy Practices. The Notice describes how Parkview may use and disclose my protected health information, certain restrictions on the use and disclosure of my health information, and rights that I have regarding my health information. I understand that I should read it carefully. By signing this Acknowledgement, I acknowledge that I have received a copy of the Notice.

The Notice of Privacy Practices is also available at the front desk at all PSM offices and on the PSM web site at www.parkviewsportsmedicine.com. Parkview reserves the right to change the Notice at any time. I understand that I can obtain any revisions to the Notice by accessing the PSM web site, calling PSM and requesting a copy of the Notice be mailed to me or asking for one at the time of my next appointment.

Student Name _____ Student Signature _____
Parent/Guardian Name _____ Parent/Guardian Signature _____
Date _____

Interview/Photographic Release

I hereby authorize Parkview Ortho Performance Center d/b/a Parkview Sports Medicine and its employees to interview, photograph and videotape _____ (Name of Athlete) while participating in athletic events, practices and other functions associated with athletics at the above identified School. I understand that the Athlete's likeness and name may be used and displayed by Parkview Sports Medicine on its website and on social media, such as Twitter. I understand that if the Athlete provides an interview, information provided in the interview may also be included on the Parkview Sports Medicine website or on social media. I hereby release Parkview Sports Medicine, its employees and affiliates from any and all liability, claims, demands and causes of action connected with the use and publication of the Athlete's likeness and other identifying information on the Parkview Sports Medicine website and social media.

Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____



Parkview Sports Medicine

Authorization for Release of Medical Information

I hereby authorize Parkview Ortho Performance Center d/b/a Parkview Sports Medicine, its physicians and providers ("PSM") to release any and all information regarding medical treatment provided to _____ (Student Name) related to any injury, illness or that otherwise concerns my physical condition and ability to participate in athletics at _____ (School Name). PSM may disclose the information to the School, its administration, coaching and athletic staff for the purpose of informing them of my playing status. I expressly authorize PSM to discuss my condition with these individuals.

If I am over 18: I also authorize PSM to release my medical information to my parent(s)/guardian(s).

I understand that I may revoke this authorization at any time by notifying PSM, in writing, of the revocation. The revocation will not affect any action already taken in reliance on this authorization. If not previously revoked, this authorization will terminate one (1) year from the earliest date set forth below.

I understand that information disclosed to the School, its administration, coaching and athletic staff pursuant to this authorization may be re-disclosed and no longer protected by federal privacy laws. PSM will not be responsible for any such further use or disclosure of the information.

I understand that PSM will not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization.

A photocopy of this authorization shall be considered as valid as the original.

Student Name _____ Student Signature _____

Student Address _____

Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Relationship to the Student _____

Date _____

You Are Entitled To A Copy Of This Authorization

Athletic Department

Mark Ridenour (Athletic Director)
mridenour@msdsc.us



350 South John McBride Avenue
Angola, IN 46703
260-665-3780

Kim Wilson (Athletic Secretary)
kwilson@msdsc.us

Dear Parent/Guardian:

The MSD of Steuben County provides accident insurance for school-time non-interscholastic activities only.

We encourage all families to have accident coverage on their children prior to participation in any school sponsored sports activity. Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return it to your coach or the athletic office. The options are:

	Annual Premium
A. School-Time – with NO Sports	N/C Paid by MSD
B. School-Time – with ALL Sports EXCEPT Football	\$75.00
C. School-Time – with Football Coverage ONLY	\$250.00
D. School-Time – with ALL Interscholastic Sports including Football	\$325.00

In making for coverage, please read the brochure explaining the options carefully.

1. Print name, address and other information clearly on the enrollment form.
2. Make check or money order payable to STUDENT ASSURANCE SERVICES, INC.
3. Print your Student's name on the face of the check.
4. Detach and retain the summary of coverage, and return the enrollment form to school within 10 days.
Coverage does not become effective until the premium is received by the school.
5. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098

Please sign and return the form below if you already have adequate insurance.

ANGOLA HIGH SCHOOL ATHLETIC PARENTAL INSURANCE WAIVER

Student's Name _____

We, the undersigned, feel we have adequate insurance for our Son/Daughter while practicing or participating in Interscholastic Sports at Angola High School.

Parent/Guardian Signature _____ Date _____

Visit us at www.angolahornets.com
Follow us on twitter @AngolaAD



STUDENT ACCIDENT INSURANCE

Voluntary Interscholastic Athletic Plan

Policy Form GH-2200 (AR)(KS)(LA)(MN)(MT)(SD)

PREMIUMS - Each Athlete - One time policy year premiums	
All Interscholastic Sports Grades 7-12 EXCEPT Senior High Football Grades 9-12.....	\$ 75
All Interscholastic Sports Grades 7-12 INCLUDING Senior High Football Grades 9-12	\$325
Senior High Football Grades 9-12	\$250

COVERAGE OPTIONS

This insurance plan provides benefits for covered medical expenses resulting from bodily injury caused directly by accident, independent of all other causes, sustained while the student is:

- a) practicing for or competing in interscholastic sports while under the supervision of a school employee, and
- b) traveling to or from such practice or competition in school provided transportation.

The Medical Benefits and Exclusions below apply to Coverage Options above.

MEDICAL BENEFITS - Unless otherwise stated all amounts below are per injury

When injury covered by the Policy results in treatment by a licensed physician within 60 days from the date of accident, the Company will pay the usual and customary charges (U&C) incurred for necessary services and supplies as listed below, for charges actually incurred within one year from the date of injury up to the maximum benefit of \$50,000 per injury.

This policy will pay benefits regardless of other valid coverage, if the covered claim expense is less than \$200. If the covered claim expense exceeds \$200, benefits shall be paid first by other valid coverage. (This coverage is excess in KS and this coverage is primary in MT, OH, SD) This plan does not cover penalties imposed for failure to use providers preferred or designated by your primary coverage. (Penalties do not apply in KS)

PHYSICIAN'S SERVICES

- a) **Surgical operations** (surgeon, assistant surgeon, anesthesia) - 80% U&C, up to \$1,500
- b) **Nonsurgical care** (including physical therapy treatment performed other than in a hospital) - U&C, up to \$50 for each treatment, maximum 6 treatments

HOSPITAL CARE

- a) **Inpatient Care** - the usual daily charge for the hospital's semi-private room up to \$500 per day, plus 80% of miscellaneous charges incurred up to \$1,000
- b) **Outpatient Care:**
 1. **Facility Charges for Outpatient Day Surgery** - U&C, up to \$1,000
 2. **Emergency Room and Hospital Miscellaneous** - 80% U&C, up to \$500

Note: Benefits for hospital miscellaneous charges are limited to services not scheduled under Medical Benefits.

X-RAY SERVICES (includes charges for reading) - U&C, up to \$200

- DIAGNOSTIC IMAGING** (MRI, CT scan, bone scan, includes charges for reading) - U&C, up to \$500
- DENTAL TREATMENT** (in lieu of all other medical benefits) - U&C, up to \$200 for repair and/or replacement of each sound and natural tooth (Sound tooth in SD)
- AMBULANCE SERVICES** - U&C, up to \$500
- ORTHOPEDIC APPLIANCES** (when prescribed by a physician) - U&C, up to \$200
- PRESCRIPTION DRUGS** (take home) - U&C, up to \$100
- MOTOR VEHICLE INJURY** - U&C, up to \$1,000 (in KS, \$1,000 limit does not apply)

The Policy contains a provision limiting coverage to usual and customary charges. This limitation may result in additional out-of-pocket expenses for the insured.

EXCLUSIONS

This Policy does not provide benefits for expenses resulting from:

1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics.
2. Injuries for which benefits are payable under Workers' Compensation or Employer's Liability Laws.
3. Any injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
4. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.
5. In Kansas - No benefits are payable for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any automobile policy.

IT IS NOT THE INTENT OF THIS POLICY TO PROVIDE BENEFITS FOR AN EXISTING MEDICAL PROBLEM. A re-injury will be covered if the insured has been treatment free for a period of 180 days prior to the effective date of the policy.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

When injury covered by this policy results in the following specific losses within 180 days from the date of accident, the Company will pay indemnity in the amount (the largest applicable thereto) as specified below for any one injury, and shall be in addition to any other benefits for such accident. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable.

Loss of Life.....	\$ 2,000
Loss of Both Hands, Both Feet or Sight of Both Eyes	\$10,000
Loss of One Hand, One Foot or Sight of One Eye.....	\$ 2,000

OTHER PROVISIONS

EFFECTIVE DATE is the later of: the Master Policy effective date; or 12:01 am following the date the enrollment form and premium are received by the School, the Company or its authorized agent.

EXPIRATION DATE is the earlier of: (a) last day of the authorized season of the current school year; or (b) the Master Policy expiration date.

TO FILE A CLAIM - Notify the school officials immediately. Obtain a claim form from the school. Submit the completed claim form along with the student's bills to Student Assurance Services, Inc.

TO ENROLL - Complete the enrollment form below. Make the check payable to Student Assurance Services, Inc. Return the completed enrollment form and premium payment to the School. Retain this brochure for your records.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific). This policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the School District/School. A copy of the Privacy Notice and Certificate of Coverage may be obtained on the website www.sas-mn.com.



Administered by:
Student Assurance Services, Inc.
 P.O. Box 196
 Stillwater, Minnesota 55082

ENROLLMENT FORM FOR INTERSCHOLASTIC ATHLETIC COVERAGE

- \$ 75 All Interscholastic Sports Grades 7-12 *EXCEPT* Senior High Football (Grades 9-12)
- \$ 325 All Interscholastic Sports Grades 7-12 *INCLUDING* Senior High Football (Grades 9-12)
- \$ 250 Senior High Football (Grades 9-12)



SECURITY LIFE
INSURANCE COMPANY OF AMERICA
MINNETONKA, MINNESOTA

One time policy year premiums. Attach the check made payable to Student Assurance Services, Inc. and return this form and premium to the School. No Refunds.

Name of Student _____ D.O.B _____ Grade _____ Soc Sec#

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Address _____ Phone _____

City _____ State _____ Zip _____

Name of School _____ Name of School Dist. _____

Signature of Parent/Guardian _____ Date _____

Date Received by School _____

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"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

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.



SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

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*

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.



SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

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*



High School Athlete Handbook

Passion - Pride - Tradition



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Philosophy

It is our belief that participation in athletics should be a part of the total educational experience for students who attend Angola High School. We believe that participation in a sound athletic program contributes to the development of health, happiness, physical skills, emotional maturity, social competence, moral value and self-discipline. Although athletics is a vital part of the educational program at Angola High School, it is only a part, not the total of his/her educational experience. Harmony between athletics and educational aims must be consistent at all times. Cooperation must be extended to all classroom teachers and grades must be maintained or the athlete will risk his/her eligibility status. Athletes are directly responsible for their academic grades, and should schedule conferences with their teachers if they need help. The student who achieves high standards in the classroom is the student we can rely on to achieve his/her goals in athletics.

Participation in athletics is a privilege which carries with it varying degrees of honor, responsibility, and sacrifice. Since athletic competition on high school teams is a privilege and not a right, those who choose to wear the purple and gold will be expected to follow certain rules established by the administration and athletic council as well as specific rules established by coaches for their sport. Athletes represent the Angola community, Angola High School, and our student body; therefore, as representatives of Angola High School, you will be expected to display a high standard of appearance, sportsmanship, and general conduct. Anything else will not be tolerated.

We believe that the spirit of play and the will to win are valuable assets to the overall development of the whole child. Athletics provides the athlete with an opportunity to meet challenges every day. Whether the athlete is successful or not depends largely upon his/her daily preparation. The athlete must be prepared when his/her opportunity presents itself. It is a fact of life that not all athletic contests will be a winning experience. It is therefore important that each athlete is able to accept defeat. He/she is not expected to enjoy losing but rather accept it as a part of the game of life. He/she must then be even more determined to perform at the highest expectations. Along with being a good sport when one loses a contest, the athlete must be a gracious winner. Above all one must remember that good sportsmanship can always be displayed on the field of battle.

With the above in mind let us continue to achieve the high standards that have been maintained by Angola athletic teams. It is with great enthusiasm that we begin a new year with the traditionally respected athletic program at Angola High School.

Mark Ridenour
Director of Athletics

Introduction

This athletic booklet is designed as an aid and reference guide to inform athletes and their parents of the rules, regulations and vital information that helped develop the rich tradition of competition at Angola High School.

If after reading and studying the contests of this handbook, you have questions please feel free to discuss them with your coach or the athletic director.

Athletic Council

The Athletic Council at Angola High School is the governing body for school athletic policies and rules. It serves as an advisory capacity to the principal. The principal, under the IHSAA Constitution, has ultimate authority regarding all aspects of the athletic program.

The Athletic Council consists of all AHS head coaches, the principal, assistant principal, athletic director, and assistant athletic director(s).

Athletic Program Profile

Angola High School is a member of the Indiana High School Athletic Association (IHSAA) and the North East Corner Conference (NECC). Through its membership in these sanctioning bodies we agree to abide by the rules and regulations set forth by both. Other members of the NECC are Central Noble, Churubusco, Eastside, Fairfield, Fremont, Garrett, Hamilton, Lakeland, Prairie Heights, West Noble, and Westview.

The following sports and levels are offered by season and 1st practice date:

<u>Fall-</u>	Girls Cheerleading (Varsity, Junior Varsity, Freshman)	...Spring 2016
	Boys Cross Country (Varsity)	...August 1, 2016
	Girls Cross Country (Varsity)	...August 1, 2016
	Football (Varsity, Junior Varsity, Freshman)	...August 1, 2016
	Girls Golf (Varsity, Junior Varsity)	...July 29, 2016
	Volleyball (Varsity, Junior Varsity, Freshman)	...August 1, 2016
	Boys Soccer (Varsity, Junior Varsity)	...August 1, 2016
	Girls Soccer (Varsity, Junior Varsity)	...August 1, 2016
	Boys Tennis (Varsity, Junior Varsity)	...August 1, 2016
<u>Winter</u>	Boys Basketball (Varsity, Junior Varsity)	...November 7, 2016
	Girls Basketball (Varsity, Junior Varsity, Freshman)	...October 17, 2016
	Girls Cheerleading (Varsity, Junior Varsity, Freshman)	...Fall 2016
	Girls Gymnastics (Varsity)	...November 21, 2016
	Boys Swimming (Varsity)	...November 7, 2016
	Girls Swimming (Varsity)	...October 24, 2016
	Wrestling (Varsity, Junior Varsity)	...October 31, 2016
<u>Spring</u>	Baseball (Varsity, Junior Varsity)	...March 13, 2017
	Boys Golf (Varsity, Junior Varsity)	...March 13, 2017
	Softball (Varsity, Junior Varsity)	...March 6, 2017
	Girls Tennis (Varsity, Junior Varsity)	...March 13, 2017
	Boys Track (Varsity)	...February 13, 2017
	Girls Track (Varsity)	...February 13, 2017

Athletic Participation - General Eligibility

In order to represent Angola High School in any interscholastic competition, a student must meet all eligibility requirements as established by the Indiana High School Athletic Association (IHSAA) as well those of Angola High School and the Metropolitan School District of Steuben County.

You are not allowed to practice or compete in any contest if:

1. You have not completed and have on file in the athletic office an IHSAA Pre-Participation Physical Evaluation form (forms are valid from April 1 to end of the next school year).

A completed form packet must include the following:

- a. Student medical history signed by student and parent/guardian.
 - b. Physician's certificate "physical" signed by physician.
 - c. Consent and Release Certificate signed by the student and parent/guardian. Parts I and II.
 - d. Concussion Acknowledgement and Signature Form for Parents and Student Athletes signed by both the student and parent/guardian.
2. You have not read and signed an agreement to maintain our athletic standards as contained in the Angola High School Athletic Handbook. This form is located on the back page of this handbook and must be signed by both the student and a parent/guardian and returned to the athletic office before you may participate.



You are ineligible by Indiana High School Athletic Association rules if you violate any of the following:

1. **Age**
 - a. You are 20 before the scheduled date of the state finals in a particular sport.
2. **Amateurism**
 - b. You play under an assumed name.
 - c. You accept money or merchandise directly or indirectly from athletic participation.
 - d. You sign a professional contract in that sport.
3. **Awards/Gifts**
 - e. You receive in recognition for your athletic ability any award not approved by your principal or the IHSAA.
 - f. You use or accept merchandise as an award, prize, gift, or loan or purchase such for a token sum.
 - g. You accept awards, medals, gifts and/or honors from colleges/universities or their alumni.
4. **Conduct/Character**
 - h. You conduct yourself in or out of school in a way which reflects discredit on your school or the IHSAA.
 - i. You create a disruptive influence on the discipline, good order, moral and educational environment of your school.
5. **Enrollment**
 - j. You did not enroll in school during the first 15 days of a semester.
 - k. You have been enrolled more than four consecutive years, or the equivalent (e.g. 8 semesters) beginning with grade 9.
 - l. You have represented a high school in a sport for more than four years.
6. **Illness/Injury**
 - m. You are absent five or more consecutive school days due to illness or injury and do not present to your principal written verification from a physician licensed to practice medicine stating that you may resume participation.
7. **Participation**
 - n. **During Contest Season**
 - i. You participate in try-outs or demonstrations of athletic ability in that sport as a prospective post-secondary school student athlete.
 - ii. You participate in an organized athletic contest with or against players not belonging to your school.
 - iii. You participate as an individual on any team other than your school team.
 - iv. You participate as an individual without following the criteria for the outstanding student-athlete.
 - v. You attend a non-school camp.
 - vi. You attend or participate in a student-clinic.
 - o. **During School Year Out -of Season**
 - i. You participate in a team sport contest as a member of a non-school team where there are more than 3 students in basketball and volleyball, 5 students in baseball or softball, and 6 students in football and soccer who have participated in a contest the previous year as a member of one of their school teams in that sport.
 - ii. You receive instruction in team sports from individuals who are members of your high school coaching staff. (exception: open facilities).
 - p. **During Summer**
 - i. You attend a non-school fall camp and/or clinic after Monday of Week 4 or attend any other non-school camp and/or clinic after Monday of Week 5 for all other sports. (See the athletic director for specific dates.)
8. **Practice**
 - q. You have not completed the required number of separate days of organized practice in a sport under the direct supervision of the high school coaching staff preceding participation in a contest

(5 for girl's golf). (In most cases this number will be "10" unless coming directly from another season.)

9. Scholarship

- r. You did not pass five full credit subjects or the equivalent in your previous grading period. Semester grades take preference.
- s. You are not currently passing five full credit subjects or the equivalent.
- t. Scholastic eligibility is determined on the certification date that is determined each year by the principal.
- u. Any course being taken for a better grade and passed the first time it was taken will not be counted as a credit to meet the five credit requirement.

10. Transfer

- v. You transfer from one school to another primarily for athletic reasons.
- w. You were not enrolled in your present high school your last semester or at a junior high school from which your high school receives its students unless:
 - i. You are entering the 9th grade for the first time.
 - ii. You were not enrolled in your present high school your last semester or at a junior high school from which your high school receives its students unless-
 - 1. You are entering the 9th grade for the first time.
 - 2. You are transferring from a school district or territory with a bona fide move by your parents.
 - 3. You are a ward of the court.
 - 4. You are an orphan.
 - 5. You reside with a parent with legal custody.
 - 6. Your former school closed.
 - 7. Your former school is not an IHSAA member school and is not accredited by the state accrediting agency in the state where the school is located.
 - iii. Your transfer was pursuant to school board mandate.
 - iv. You are a foreign exchange student attending under an approved CSIET program.
 - v. You did not participate in any contests as a representative of another school after you completed your 8th grade year.
 - vi. You are emancipated.

11. Undue Influence

- x. You have been influenced by any person to retain or secure you as a student or one or both parents or guardians as residents.

12. IF YOU CANNOT CHECK ALL 10 ITEMS BELOW, SEE THE ATHLETIC DIRECTOR.

- y. You will not or have not turned 20 before the IHSAA State Finals.
- z. You are currently enrolled in and currently passing 3 full credit subjects.
- aa. You have had a physical examination between May 1 and your first practice each year.
- bb. You have filed with the athletic department the Consent and Release Certificate that has been signed by your parent/s or legal guardian/s.
- cc. You have not changed schools without a corresponding move by your parent/s or guardian/s.
- dd. You have not participated in non-school contests in your sport after having reported to your school team.
- ee. You have never dropped out of school.
- ff. You have had 10 practices in your sport preceding participation in a contest (5 for girl's golf).
- gg. You enrolled in your school during the first 15 days of the semester.
- hh. You have never received money or merchandise directly or indirectly for your athletic participation.

Attendance at School

Student Athletes at Angola High School are expected to maintain good attendance at school. It should always be remembered that athletics is an extracurricular activity and that the primary objective of every Angola High School student is academic success.

- 1. Students who miss school because of an unexcused absence will not be allowed to participate in practice, the contest, or travel with the team on the day that they were absent. Any exception must be approved by the principal or the athletic director.

2. Students who miss a full day of school because of an excused absence will not be permitted to participate in practice, the contest, or travel with the team on the day of the absence. With the following exceptions...
 - a. Funeral.
 - b. Serving as Page for State Legislature.
 - c. Documented Doctors Appointment.
 - d. Other pre-approved situations by the principal or the athletic director.
3. In order for a student to participate in practice, the contest, or travel with the team on that day they must be in attendance no later than the beginning of third period and continuously from there on unless approved by the principal or the athletic director.
4. Students who are absent from school for 5 or more days due to illness or injury must present written verification from a licensed physician that they can resume participation. This written verification must be presented to the athletic department where it will be placed on file before the athlete can participate

Injuries

Participation in high school athletics carries with it the potential for injury. The Angola High School Athletic Department provides its athletes with the best medical care available. It should be understood that even with proper coaching, the use of proper equipment and tremendous facilities, injuries will happen.

The athletic department furnishes a trainer (Aaron Eickhoff) who is available to all athletes. All injuries should be reported to the coach and the trainer immediately after they occur.

The athletic department assumes no responsibility of payment for medical treatment for any injury which was incurred during a practice or game.

Insurance

The Angola High School Athletic Department does not purchase insurance for its student athletes. Due to the nature of athletic activity injuries may occur. While Angola High School provides the opportunity for such athletic participation, the parent retains the right of denial in such participation and must carry the responsibility for providing medical care and insurance coverage for their son or daughter. Parents must have a family insurance policy to cover athletic injuries and the cost of treatment. The IHSAA does carry catastrophic insurance to cover major injuries incurred during participation in approved IHSAA sports programs.

It should once again be noted that neither the IHSAA, Angola High School, nor the Metropolitan School District of Steuben County carries standard medical insurance for athletic injuries.

ImPACT Concussion Management Program

Beginning in the fall of 2015 Angola High School chose to participate in the nationally recognized ImPACT Concussion Management Program. With our participation in the ImPACT program and working with local healthcare professionals trained by ImPACT we are able to assure the highest level of concussion care for our athletes - from baseline testing to treatment and safe return to play. If you have any questions regarding the ImPACT program please contact Aaron Eickhoff, trainer.

School Owned Equipment

All issued equipment and uniforms remain the property of Angola High School and must be returned at the conclusion of each season. Any missing or damaged items will be charged to the student-athlete. Graduation or next year registration may be affected until all fees are paid. According to IHSAA rules the student-athlete may lose their amateur status, i.e. eligibility, if they keep school owned equipment or uniforms.

Travel to and from Athletic Contests

All athletes and teams are required to travel to and from athletic contests using school assigned transportation. The only exception is when a student has prearranged permission from the team coach to ride home with their own parent. Permission to ride home should be made in writing prior to the event. Under no circumstances will an athlete be allowed to ride with other students or drive their own vehicle to or from athletic contests.

Changing Sports During The Current Season

An athlete who begins the season in one sport and desires to leave the original sport to participate in another must make that switch within the first five days of practice. The athlete wishing to switch must get the approval of the head coaches in each respective sport. If approval is not given by either of the head coaches, the switch will not be allowed. If a player is cut from one sport, they may join another sport with the approval of the head coach of the sport they wish to join.

An athlete may not quit one sport to join a second sport until the first sport is no longer competing. For example, an athlete cannot quit the football team to work out with the basketball team until the football season is complete.

Awards

All sports are considered major sports at Angola High School. Athletes, managers, student trainers, and cheerleaders are eligible to earn awards. To receive an athletic award an athlete shall complete their season in good standing. Noting this, the following guidelines shall be used:

1. No athlete may receive an award for which he/she is under suspension for an athletic code violation if the violation occurs at the completion of the season.
2. No athlete may receive an award in a sport in which he/she is academically ineligible during the completion of the season.
3. No athlete may receive an award until all issued equipment is turned into the coach.
4. No athlete may receive an award unless he/she attends the end of the season athletic awards program for that sport.
5. A coach may recommend to the athletic director a waiver of any of the above guidelines if extenuating circumstances prevail.

Minor Award

A certificate will be awarded to all participants of a sport who do not earn a major award in that sport and successfully complete the season.

Major Award (Letter winner)

The following guidelines shall be used when awarding letters to athletes who earn the requirements for major awards as listed later in this handbook:

1. Only one 6" block letter "A" shall be awarded to any athlete.
 - a. The block letter "A" shall be presented as the first major award earned by the athlete along with an appropriate chenille chevron representing the sport in which they lettered.
 - b. Should an athlete earn additional major awards in a specific sport they will be presented with a chenille chevron(s) indicating the number of major awards earned in that sport(s).

Numerals

Year of graduation numerals will be awarded at the same time an athlete earns his/her first major award.

Award Jacket (Letter Jacket)

All athletes have the opportunity to purchase a letterman's jacket upon the completion of their first major award. The cost of the letterman's jacket is the sole responsibility of the athlete. Angola High School has had a long time commitment with Angola Sports Center for the purchasing of letter jackets. Price and style of jackets vary, and those arrangements are made between the athlete and Angola Sports Center. Each athlete who has qualified for a jacket must contact the athletic office to receive an authorization letter signed by the athletic director before they may purchase their jacket.

If an athlete chooses to display their major awards on a letterman's jacket it must be done so only using the following restrictions as established by the Angola High School Athletic Council:

1. The block letter "A" should be displayed on the left chest of the jacket.
2. Year of Graduation Numerals should be displayed on the right pocket.
3. Sport(s) Chevron(s) should be displayed beginning with the right jacket sleeve and using the left jacket sleeve if needed.
4. Your name may be embroidered on the right chest of the jacket.
5. Only official awards issued by the IHSAA, NECC, or Angola High School Athletic department shall be displayed on the jacket.
6. No other embroidery shall be attached to the jacket.

Special Patches - Patches will be awarded to athletes using the following guidelines:

1. Teams - Awarded to participating team members at the discretion of the coach and by approval of the athletic director:
 - a. IHSAA Tournament Champions (Sectional, Regional, Semi State, or State)
 - b. NECC Tournament Champions (as awarded by the NECC)
 - c. All-NECC Team Members (as awarded by the NECC)
2. Individual - Awarded to individual athletes who earn the following:
 - a. IHSAA Tournament Champions (Sectional, Regional, Semi State, or State)
 - b. NECC Individual Champions and All-NECC Team designees (as awarded by the NECC)

Pictures - Pictures of teams and individuals shall be displayed in the main gym lobby area using the following criteria:

1. Team Championship Picture
 - a. A picture will be displayed in the gym lobby of those teams that win IHSAA Tournament Championships (Sectional, Regional, Semi State, State).
2. Individual Champion Recognition
 - a. A picture or similar form of recognition will be displayed in the gym lobby area of those individuals who win as IHSAA Tournament Champions (Sectional, Regional, Semi State, State, along with those who score points at the State Championship Level).

Senior Athlete Award

An award plaque will be presented to all senior athletes who have earned a minimum of four major awards in a minimum of two varsity sports.

Outstanding Senior Athlete Award

The Outstanding Senior Athlete Award was established in 1973 and is presented to a senior who has met the following:

1. Earned a minimum of six major awards.
2. Have committed no Athletic Code Violations for their Angola High School athletic career.
3. Received a two-thirds affirmative vote of the athletic council members.

Lettering Requirements

Listed below are the minimum requirements that must be met in order to receive a Varsity letter. Coaches may use their discretion to request a waiver from the athletic director to award a letter to an individual who may not meet team requirements due to injury, late development, addition to a roster, or other extenuating circumstances that may arise.

Athletes must finish the season in good standing in order to be eligible for a Varsity letter.

**please note that in all cases an athlete who loses eligibility during the season due to grades or disciplinary action may forfeit their chance to earn a letter.*

Baseball

1. Participate in a minimum of 50% of all varsity games.

Basketball (Boys and Girls)

1. Participate in at least 50% of the varsity quarters for the season.

Cross Country (Boys and Girls)

1. Must finish as a top 7 runner for the team in at least 50% of the meets for the season.

Football

1. Participate in at least 50% of the total varsity quarters for the season.

Golf (Boys)

1. Varsity letters in golf will be awarded based upon the following point system:
 - a. The minimum points required will be determined by a cut off based upon the number of meets completed in a given year.
 - b. Points will be awarded as such:

Dual Meets

1st place = 5pts.
2nd place = 4pts.
3rd place = 3pts.
4th place = 2pts.
5th place = 1pt.

Invitational

1st place = 10pts.
2nd place = 8pts.
3rd place = 6pts.
4th place = 4pts.
5th place = 2pts.

NECC/IHSAA

1st place = 15pts.
2nd place = 12pts.
3rd place = 9pts.
4th place = 6pts.
5th place = 3pts.

Golf (Girls)

1. Participate as a varsity player in at least 50% of the season's matches.

Gymnastics

1. Participate as a varsity gymnast in at least 50% of the seasons meets.

Soccer Boys

1. Participate in 50% of all varsity halves of the season.

Soccer Girls

1. Participate in 50% of all varsity halves of the season.
2. Participate in all required team functions unless there is prior approval from the coaches.

3. Attend the end-of-season awards program unless there is prior approval from the coaches.

Softball

1. Participate in a minimum of 50% of all varsity games.

Swimming (Boys and Girls)

1. A minimum of 75 points must be earned for a varsity letter using the following guidelines:
 - a. One point will be awarded for each event a swimmer participates per meet.
 - b. A swimmer will receive the points that they earn for their placing in a meet.
 - i. For example if a swimmer's individual placing in a meet earns the team 6 points they will be awarded 6 points toward their letter.
 - ii. In relay events the swimmer will earn $\frac{1}{4}$ the team points for that event.
2. A swimmer who advances to the sectional finals can be awarded a letter.
3. A swimmer must participate in 95% of all practices, unless there is prior approval by the coaches for illness, injury, or death in the family.
4. A swimmer must attend the sectional trials and finals.

Tennis (Boys and Girls)

1. A letter in tennis may be earned with a minimum of a 12 point average per match for the season using the following formula:
 - a. The position of play in the match using the following...

i. 1 single = 10pts.	1 doubles = 7pts.
2 single = 8pts.	2 doubles = 6pts.
3 single = 7pts.	3 doubles = 5pts.
4 single = 6pts.	4 doubles = 3pts.
5 single = 3pts.	
6 single = 2pts.	
 - b. Points awarded based on actual play awarded by the coaches on the match outcome, strength of opponent, effort of player, and discipline using the following...
 - i. 2 set win = 6 to 10pts.
 - 2 out of 3 win = 4 to 8pts.
 - 2 out of 3 set loss = 2 to 6pts.
 - 2 set loss = 0 to 4pts.
 - c. Points may be deducted by the coaches for such things as court behavior.
 - d. Players who are injured may letter at the coaches discretion if they are averaging 12 points per match at the time of the injury.

Track - Boys

1. A runner may earn a varsity letter by scoring a minimum of 25 points during the season using the following system to earn points:
 - a. A runner will earn the points based on the team points for each individual event in which they score.
 - i. For example if a runner's individual placing scores 5 points for the team they will be awarded 5 points toward their letter.
 - ii. In relay events the runner will earn $\frac{1}{4}$ the team points awarded.

Track - Girls

1. A runner may earn a varsity letter by scoring a minimum number of points as determined by totaling the number of practices and meets on the schedule, and adding 5 points to the total. Points shall be awarded using the following criteria:
 - a. A runner will earn points based on the team points for each individual event in which they score.
 - iii. For example if a runner's individual placing scores 5 points for the team they will be awarded 5 points toward their letter.
 - iv. In relay events the runner will earn $\frac{1}{4}$ the team points awarded.

Volleyball

1. Participate in 50% of the scheduled varsity matches.

Wrestling

1. A wrestler must earn a minimum of 36 varsity points during the season using the following criteria:
 - a. 6 points for a win by -
 - i. Technical fall
 - ii. Forfeit
 - iii. Default
 - iv. Disqualification
 - v. Fall
 - b. 5 points for a win by superior decision
 - c. 4 points for a win by major decision
 - d. 3 points for a win by decision
 - e. 2 points for a win by tie.
 - f. A wrestler may earn 6 points for attending every practice
 - g. A wrestler may earn 6 points for maintaining Gold Card status during the season.
 - h. A wrestler may lose 6 points per meet for failure to make weight.
2. A wrestler may earn a varsity letter by becoming a conference champion or by placing first or second in the IHSAA Sectional Tournament.

Angola High School Participation Standards for Student Athletes

The following participation and good sportsmanship standards for Student Athletes reflect the standards by which Angola High School and its athletic department expect our athletes to abide. Participation in a sport at Angola High School is a privilege and not a right. This privilege must be earned through demonstrated commitment, honesty, loyalty and hard work. The coaches of each sport, with the authority of the athletic department and the high school principal, will enforce all standards adopted for Angola High School Student Athletes.

Elements to Remember...

- The good of the team is first and foremost.
- Athletes are responsible for their uniforms and equipment! The Athletic Department will replace uniforms and equipment damaged by competition. Student athletes will be responsible for reimbursing the athletic department for uniforms and equipment which is lost or damaged.
- Coaches of individual teams may supplement the Angola High School athletic department Student Athlete Handbook with their own additional rules that are specific to their team. These rules carry the same weight as those contained in this handbook and may carry specific penalties that would be administered and enforced by the coach of the team.
- Angola High School student athletes are expected to be positive role models to other high school students and to the young people of the Metropolitan School District.
- Students athletes are expected to read, understand, and abide by the rules found in this handbook.

Social Networking Sites

Angola High School respects the students' right to post profiles on social networking sites such as MySpace, Facebook, YouTube, chat rooms, the Internet, etc. Students must understand the public nature of these sites and the risks, responsibility, and accountability that they, as site manager, must assume if they participate. Student-athletes are not precluded from participation in such online social networks; however, student-athletes should be reminded that they serve as representatives of their team, the athletic program, and the MSD School Corporation.

Texting, tweeting, and uses of other social networks to disparage or criticize the team, other students, opponents, coaches, or other school personnel is inappropriate behavior and unbecoming of a Angola student-athlete. Any individual identified on a social networking site which depicts illegal or inappropriate behavior, due to the Code of Conduct or other policy, will be considered in violation and subject to athletic or suspension per policy guidelines.

Cell Phones and Cameras

Cell phones and cameras may not be used inside a locker room for any purpose. This means no texting, no calling and obviously no pictures. The use of cell phones, regardless if it has a built-in camera or not, is not permitted in the locker room at any time. **NO EXCEPTIONS TO THE RULE.** This rule applies to all players, managers, and coaches (coaches may use a cell phone in their office, not the locker room).

A violation of this rule will result in immediate penalty, which could include dismissal from the team. If a photograph is taken, the matter may be turned over to legal authorities for possible prosecution. Should an athlete receive a call or text while he/she is in the locker room, he/she should take the phone (still in backpack, book bag, gym bag, etc.) out to the hall or outside the building before use. **CAMERAS AND PHONES MAY NOT BE IN USE OR OUT IN VIEW IN THE LOCKER ROOM FOR ANY REASON.**

STUDENT-ATHLETE CODE OF CONDUCT

The following Angola High School athletic rules are in accordance with the Indiana High School Athletic Association Constitution. Combined with the following procedures and policies they constitute the Angola High School Student-Athlete Code of Conduct.

Enforcement of the Student-Athlete Code of Conduct

The athletic director shall enforce all rules and regulations as described in the Student-Athlete Code of Conduct. All rules regarding behavior and/or training as outlined in the IHSAA regulations apply. The coach of each sport will reinforce this Code of Conduct during the year. Parents/guardians and athletes are required to sign this Code of Conduct as an acknowledgment that they understand its contents and that the athlete is subject to disciplinary action should they violate the Code. **This Student-Athlete Code of Conduct is in force twelve (12) months a year, grades nine through twelve (9-12).**

Procedure

If a student-athlete is suspected of violating the Code of Conduct the Athletic Director will meet with the accused student prior to the enforcement of any penalty. At this meeting the student will receive a written or oral statement of the charges, a summary of the evidence against them, and if they deny the charges and an opportunity to explain his/her conduct.

Appeal Procedure

If after being accused of a Code of Conduct violation and subsequent action being taken the Student-Athlete may appeal the decision of the Athletic Director using the following procedure.

1. 1st Appeal - To the Assistant Principal (other than the Athletic Director) who will appoint a committee of himself/herself, three head coaches, and the Athletic Director.
2. 2nd Appeal - Directly to the Principal who will make the final decision.

Note ... Each appeal must be made by the Student-Athlete within 72 hours of the preceding action.

ATHLETIC CODE OF CONDUCT PROHIBITED ACTIONS:

1. USE OF INTOXICATING BEVERAGES - The use or possession of any intoxicating beverages in any form or quantity is prohibited.
2. USE OF ILLEGAL DRUGS - The use or possession of controlled substances (not prescribed to that individual by a doctor) is prohibited.
3. USE OF TOBACCO - The use or possession of any tobacco product is prohibited.

4. **CRIMINAL ACTIVITY** - Stealing, theft, the act of vandalism, or any serious misdemeanor or felony conviction is prohibited.
5. **BULLYING, INTIMIDATION, HAZING OR INITIATION** - Any activities of a bullying, intimidating, hazing, or initiation nature are prohibited and will be dealt with as such. These acts include but are not limited to email, instant messaging, text messaging, Facebook, etc.
6. **SEXUAL HARRASMENT** - Any activity of a sexual nature either physical or verbal is prohibited. This includes but is not limited to email, instant messaging, text messaging, Facebook, etc.

ATHLETIC CODE OF CONDUCT PENALTIES:

1. **FIRST OFFENSE** - Any first offense of the athletic code of conduct prohibited actions will result in the athlete being suspended for 30% of the contests in his/her season.
2. **SECOND OFFENSE** - A second offense of the athletic code of conduct prohibited actions will result in the athlete being suspended for one calendar year from the date of the violation.
3. **THIRD OFFENSE** - A third offense of the Athletic Code of Conduct Prohibited Actions will result in the athlete being suspended for their entire athletic career at Angola High School.

Code of Conduct Parameters and Definitions

1. Students who are serving out of school suspensions will not be allowed to practice, compete, or travel with a team while serving their suspension.
2. Suspensions are to begin immediately following the offense.
3. All violations of the Code of Conduct are cumulative throughout the athlete's career at Angola High School. A record of any violation(s) is kept on file in the athletic office for the entire time an athlete is a student at Angola High School.
4. Season is defined as all regular season contests as allowed by the IHSAA for that sport. i.e., if the IHSAA allows the sport of soccer to schedule 16 contests in a season and an athlete is suspended for 30% of the season, they will be suspended for 5 soccer matches. It includes tournaments but does not include a scrimmage or jamboree. Students who are under suspension are not allowed to participate in the scrimmage or jamboree.
5. In order for a suspension to be considered complete, an athlete must serve his/her suspension in their current sport. If not, it then carries over to his/her next athletic season that they participated in before. i.e., an athlete is a football player, has a first violation and loses 30% of the football season or 3 games. There is only 1 football game left in the football season. The remaining percentage would be served in the next sport in which he/she normally participated in the past.
6. An athlete is not able to serve his/her suspension in a sport they have never participated in or established themselves in prior to the suspension. i.e., the athlete has participated in volleyball in the fall, basketball in the winter, and nothing in the spring. (Exceptions may be made to 9th graders who have not yet had an opportunity to establish themselves in a particular sport.) During the basketball season the athlete violates the Code of Conduct and is suspended for 30% of the contests. There were 20 basketball contests scheduled for the season, but only 2 left in the season and 1 sectional game. The athlete therefore missed 3 contests or 15% of the season. The athlete still has 15% of a penalty remaining that will be served when the volleyball season arrives in the fall because he/she participated in volleyball and not in a spring sport the previous year.
7. A coach may make team specific rules that are more restrictive than this Code of Conduct. Such rules must be approved by the Athletic Director prior to the implementation and a copy on file in that athletic office. Once approved these rules must be provided to team members and parents in writing.
8. In the event that there is an apparent offense, but it falls into an "uncovered" or "gray" area, then the Athletic Director, after seeking any possible parallels or common and standard procedures in such cases, will evaluate the evidence and administers a penalty commensurate with the offense.
9. Because we adhere strongly to the policy that a student athlete is a representative of Angola High School and this community, all athletes are responsible to hold themselves to this code and to high standards of behavior 365 days per year for their four years of high school. This code comes into effect when a student officially graduates from the 8th grade.

Parkview Ortho Hospital, Parkview SurgeryONE and Parkview Sports Medicine Notice of Privacy Practices

Effective October 1, 2007, and revised Effective April 10, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this Notice refers to "we" or "us," it is referring to Orthopedic Hospital at Parkview North, LLC, Parkview Ortho Center, LLC, and Parkview Ortho Performance Center, LLC. It is also referring to contracted providers of anesthesiology, emergency medicine, hospitalists, pathology, radiology, and other direct and indirect services.

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by us, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. These policies also apply to the health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

Uses and Disclosures of Your Health Information

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a. Uses or disclosures relating to treatment, payment and health care operations:

- (1) Treatment. We may use and/or disclose your health information to provide, or to allow others to provide, treatment to you. An example would be if your primary care physician discloses your health information to another doctor for a consultation. Also, we may contact you with appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you.
- (2) Payment. We may use and/or disclose your health information for the purpose of allowing us, as well as other organizations, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- (3) Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity (health care provider, health plan or health care clearinghouse) to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility.

We participate in a community health record and in information exchanges enabling access to your health information by your other health care providers.

We may also participate in organized health care arrangements with other providers and facilities. If we do, we may use, or disclose to other covered entities also participating in the organized health care arrangements, your health information for any health care operations activities of the organized health care arrangements.

b. To create materials that originally had any identifying information concerning you deleted from the final materials;

- c. When required by law;
- d. For public health purposes;
- e. To disclose information about victims of abuse, neglect, or domestic violence as required by law;
- f. For health oversight activities, such as audits or civil, administrative or criminal investigations;
- g. For judicial or administrative proceedings;
- h. For law enforcement purposes;
- i. To assist coroners, medical examiners or funeral directors with their official duties;
- j. To facilitate organ, eye or tissue donation;
- k. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
- l. To avert a serious threat to health or safety;

- m. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
 - n. For workers' compensation purposes, as permitted by law.
2. We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such disclosures and will, at that time, offer you the opportunity to object.
- a. **Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
 - b. **Notifications.** We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.
3. The following uses and disclosures of your health information require your written authorization:
- a. Uses and disclosures for marketing purposes that involve remuneration to us from a third party; and
 - b. Disclosures that would constitute a sale of your health information.
4. We may use your health information to contact you as part of our efforts to raise funds. You have the right to opt out of receiving such fundraising communications. All fundraising communications will include information about how you may opt out of future fundraising communications.

Except as described in this Notice, uses and disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action based on your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

Your Rights

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request unless your request is to restrict disclosure to a health plan that we would make for payment or healthcare operations purposes, and it is not required by law, and the information pertains to an item or services paid for in full by you or someone on your behalf other than the health plan. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice.
2. **To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.
3. **To Access and Copy Health Information.** You have the right to inspect and copy any health information about you other than information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and

a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. **To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: (i) was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), (ii) is not part of our records, (iii) is not the type of information that would be available to you for inspection or copying, or (iv) is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice.
5. **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period prior to the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.
6. **To a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request.

Our Duties

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website (if applicable) and at our facility, and will be available from us upon request.
3. We are required by law to notify you if there is a breach of any of your health information which was unsecured.

Complaints

You can complain to us and to the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact listed below. This Contact person will also provide you with more information about our privacy policies upon request. No action will be taken against you for filing a complaint.

Designated Contact

Privacy Officer • Corporate Counsel Department • Parkview Health
10501 Corporate Drive • PO Box 5600 • Fort Wayne, IN 46895
260-373-7021 or toll free 855-773-0012