



LAKE CENTRAL HIGH SCHOOL ATHLETIC DEPARTMENT

Athletic Director: Chris Enyeart, Ext. 2051
Athletic Secretary: Kathy Kapsilneki, Ext. 2041

Assistant Athletic Director: Jeff Sendor, Ext. 2028
Activities Athletic Secretary: Erin Graves, Ext. 2054

Greetings!

We are excited to announce that we are now offering the convenience of online registration through FamilyID (www.familyid.com). Registration will open on the 15th of April for the 2017-2018 Athletic Season at Lake Central High School.

FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

BEFORE YOU REGISTER:

Your student must have a completed IHSAA physical. A blank copy can be found on the Lake Central FamilyID website (<http://www.familyid.com/lake-central-high-school>) under LINKS. Once you completed the registration on FamilyID bring the IHSAA Participation Physical which consists of the History Form, Physical Examination Form, and the Consent & Release Certificate to the Athletic Office where it will be reviewed and uploaded for you.

INFORMATION NEEDED TO REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- ✓ Student ID Number
- ✓ Insurance Information

REGISTRATION PROCESS:

A parent/guardian must register by clicking on this link: <http://www.familyid.com/lake-central-high-school>

See page 2

Follow these steps:

1. To find your program, click on the link provided by the Organization above and select the registration form under the word *Programs*.
2. Next click on the green *Register Now* button and scroll, if necessary, to the *Sign Up/Log In* green buttons. If this is your first time using FamilyID, click *Sign Up*. Click *Log In*, if you already have a FamilyID account.
3. *Sign Up* for your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select the agreement to the FamilyID Terms of Service. Click *Sign Up*.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.).)
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com
6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
7. Click the *Save & Continue* button when your form is complete.
8. Review your registration summary.
9. Click the green *Submit* button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at www.familyid.com to update your information and to check your registration(s).

To view a completed registration, select the 'Registration' tab on the blue bar.

SUPPORT:

- If you need assistance with registration, contact FamilyID at: support@familyid.com or 888-800-5583 x1.
- Support is available 7 days per week and messages will be returned promptly.

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 _____ Date of birth _____
 Name _____
 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 <input type="checkbox"/> 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, tightness, 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 <input type="checkbox"/> 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 _____

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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 [REDACTED] Date of birth [REDACTED]

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

Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam
 Consider GI exam if in private setting. Having lunch 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).

Name of physician (MD, DO, NP, or PA) [REDACTED] Date [REDACTED]
 Address [REDACTED] Phone [REDACTED]
 Signature of physician (MD, DO, NP, or PA) [REDACTED] License # [REDACTED]

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: _____

CONSENT & RELEASE CERTIFICATE

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

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