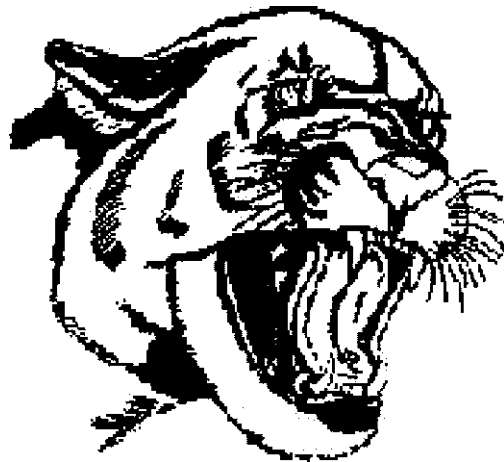
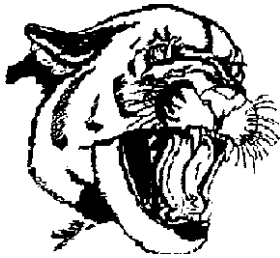


Application
for
Athletic Participation



Please read the contents of this packet thoroughly.
The Acknowledgement of Information **SIGNATURE PAGE**
MUST BE SIGNED AND TURNED IN to the athletic office at
Bloomington High School South
in order to meet eligibility requirements.



Bloomington High School South

ATHLETIC DEPARTMENT

1965 South Walnut Street, Bloomington, IN 47401 (812) 330-7808

Dear Athlete and Parent/Guardian,

We are excited about the opportunity to have your son/daughter participate in the athletic program here at Bloomington High School South. Please read through all the items in this packet thoroughly and feel free to ask any questions. There are several documents that will need to be read and an acknowledgement of information page that needs to be signed and turned in to the athletic office, in order for student athletes to be eligible for participation. In addition to this packet is the IHSAA physical form and emergency medical form. Please fill out your portion and bring the physical form with you to your physician. The physical must be performed after April 1 of every year by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid. (IHSAA By-Law C 3-10, a. 1)

We appreciate you allowing your child the opportunity to participate in our athletic program at Bloomington South.

Sincerely,
J.R. Holmes
Athletic Director
Bloomington High School South

"Home of the Panthers"



MONROE COUNTY
COMMUNITY SCHOOL CORPORATION
ENGAGE. EMPOWER. EDUCATE.

CONCUSSION and SUDDEN CARDIAC ARREST

New State Requirement

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.

A FACT SHEET FOR High School Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

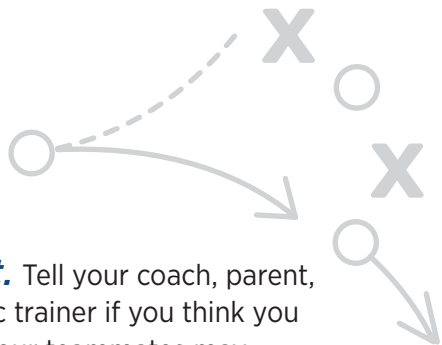
WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?



Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.



Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



Give Your Brain Time to Heal.

A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



cdc.gov/HEADSUP

How Can I Tell If I Have a Concussion?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

-  **Get a headache**
-  **Feel dizzy, sluggish, or foggy**
-  **Are bothered by light or noise**
-  **Have double or blurry vision**
-  **Vomit or feel sick to your stomach**
-  **Have trouble focusing or problems remembering**
-  **Feel more emotional or “down”**
-  **Feel confused**
-  **Have problems with sleep**

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

How Can I Help My Team?



Protect Your Brain.

Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.



Be a Team Player.

You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.

Revised January 2019

To learn more,
go to cdc.gov/HEADSUP



A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead. What do you want your teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Revised January 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



SUDDEN CARDIAC ARREST

A Fact Sheet for Students

FACTS

Sudden cardiac arrest (SCA) is a rare but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA affects all students, in all sports or activities, and in all age levels. It may even occur in athletes who are in peak shape. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may 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 SCA occurs, there is very little time to save the person. So, identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

Possible warning signs of SCA include:

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate

ASSESSING RISK

Health care providers may use several tests to help detect risk factors for SCA. One such test is the electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG. ECG's are used as a screening tool to detect abnormalities before a person has symptoms, or as a diagnostic tool to help identify persons who would benefit from interventions to reduce the risk of a heart-related condition.

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (May 2021)

What are the risks of practicing or playing after experiencing warning symptoms?

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automated external defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

How am I able to protect myself from SCA?

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 SCA (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 feeling faint, shortness of breath, chest discomfort, dizziness, or racing or irregular heart rate, 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, energy drinks, or vaping can increase your risk
- Being honest and reporting symptoms

What should I do if I notice the warning signs that may lead to SCA?

1. *Tell an adult – your parent, your coach, your athletic trainer, your band leader, 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*

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

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Sudden cardiac arrest (SCA) is a rare, but tragic event that claims the lives of approximately 7,000 children each year in the United States, according to the American Heart Association. SCA is not a heart attack. It is an abnormality in the heart's electrical system that abruptly stops the heartbeat. SCA affects all students, in all sports or activities, and in all age levels. The majority of activity-related cardiac arrests are due to congenital (inherited) heart defects. However, SCA may also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

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ASSESSING RISK

Health care providers may use several tests to help detect risk factors for SCA. One such test is an electrocardiogram (ECG). An ECG is a simple, painless test that detects and records the heart's electrical activity. It is used to detect heart problems and monitor a person's heart health. There are no serious risks to a person having an ECG test. ECG's are able to detect a majority of heart conditions more effectively than a physical exam and health history alone.

What are the risks of practicing or playing after experiencing warning symptoms?

There are risks associated with continuing to practice or play after experiencing warning symptoms of sudden cardiac arrest. When the heart stops, so does blood flow to the brain and other vital organs. Death or permanent brain damage follows in just a few minutes. Most people who experience SCA die from it. However, when SCA is witnessed and an onsite automatic defibrillator (AED) is deployed in a timely manner, survival rates approach 50%.

How can I help prevent my child from experiencing SCA?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist students prevent death from SCA by:

- Ensuring your child knows about any family history of SCA (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 have automated external defibrillators (AED's) that are close by and properly maintained
- Asking if your child's coach is CPR/AED certified
- Becoming CPR/AED certified yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications, energy drinks, or vaping 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 SCA?

1. *Tell your child's coach or band leader about any previous events or family history*
2. *Keep your child out of play or band*
3. *Seek medical attention right away*

What are the survival steps for sudden cardiac arrest?

- *Immediate activation of EMS*
- *Early CPR with an emphasis on chest compressions*
- *Immediate use of the onsite AED*
- *Integrated post-cardiac arrest care*

Bloomington High School South (BHSS)
Athletic Activities
Consent to Receive and Release Protected Information

I understand that the athletic trainer(s) and/or team physician(s) providing healthcare coverage on behalf of BHSS may request protected information regarding the athlete's health status from another healthcare provider, and I hereby give my permission for the receipt and release of this protected information as it pertains to my child's ability to safely participate in school sponsored athletics and where their health and safety are a concern.

The protected information may pertain to past and present health. Permission for a healthcare provider to release medical information and/or records to another healthcare provider is given to allow for timely, safe, and appropriate treatment of my child should it be necessary. I also give my permission to release this information to coaches and other school officials when it relates the athlete's ability to participate. This request is to facilitate open communication between the athletic trainer, other healthcare providers, and school officials in order to protect the health and safety of the athlete and to optimize the delivery of care. This information cannot and will not be released to any other unauthorized parties without first being approved by the parent or guardian of the athlete.

This consent for receipt and release of protected health information expires on July 31, 2022.

I understand that I have the right to revoke this consent at any time by informing the BHSS athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at BHSS. In the event I revoke consent, it will not have any effect on actions taken by BHSS or its agents prior to the revocation.

Bloomington High School South (BHSS)
Athletic Activities
Consent for Healthcare Procedures

I hereby give consent for my child to receive healthcare treatment including but not limited to first aid, diagnostic procedures, injury assessment, rehabilitation, and other medical treatment that is deemed appropriate and necessary to the health and wellbeing of my child and provided by the athletic trainer(s), team physician(s), emergency medical technicians, and or other licensed healthcare practitioners providing coverage for BHSS or the opposing team's school. I understand this does not prevent me from receiving healthcare from another provider of my choice.

Additionally, I give permission for my child to be transported to the nearest and/or most appropriate emergency department based on local emergency medical services (EMS) protocols and to receive any and all treatments deemed necessary by the healthcare providers.

I understand that with participation in athletics there comes an inherent risk of injury and that injury may range from minor sprains and strains to total paralysis and even death. Additionally, I understand that it is the responsibility of the athlete to report any and all health-related conditions and any and all injuries and illnesses to the athletic trainer(s) and the coach. I also understand that it is the responsibility of the athlete to report any problems or potential problems with protective equipment to the coach and athletic trainer(s) providing coverage for their sport at BHSS. Fulfilling these responsibilities will help ensure the health and safety of the athlete as well as the health and safety of those they compete with and against. I further understand that it is important for the athlete to be an active participant in his/her own healthcare and to seek out information and ask questions about health issues they may experience or have questions/concerns about.

I understand that I have the right to revoke the consent regarding the provision of healthcare procedures at any time by informing the BHSS athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at BHSS. In the event I revoke consent, it will not have any effect on actions taken by BHSS or its agents prior to the revocation.

**Bloomington High School South
Extra-Curricular Activities
Code of Conduct**

It is the strong belief of our school and community that representing Bloomington High School South is an honor and a privilege. As a part of upholding this belief, appropriate conduct and behavior expectations need to be followed at all times. Any student at BHSS who chooses to participate in an extra-curricular activity of any type will be required to follow the Code of Conduct guidelines outlined below in order to maintain eligibility in that activity. Extra-curricular activities include athletics, band, choir, clubs, and any other school sponsored activities that happen outside the school day.

It will be the responsibility of the staff and administration of the school to fairly and consistently enforce this policy in **all** extra-curricular activities in which our students participate. The intent of this policy is to encourage positive decision-making skills and work with the student and parents to provide appropriate safety nets when the student has made a poor choice. It is our hope that this policy will help promote and ensure the tradition and pride that we all have in our students and school.

The Code of Conduct must be signed before the student will be permitted to participate. The Code of Conduct will be kept on file and will be in effect for the student's high school career.

Consequences for violations of the code of conduct will vary depending on the cooperation and honesty of those involved.

I. **Alcohol, Drugs, and Tobacco:** Students involved in extra-curricular activities should be aware that if they are present at a function where alcohol and/or drugs are being used, they should leave immediately. The use or possession of alcohol, drugs or tobacco by students will not be tolerated and will result in the following penalties:

- A. If the student turns him/herself into school personnel and/or cooperates with school personnel during the investigation of **each offense**:
 - I. **First offense**--- The student will participate in a mandatory drug counseling program that will be specified/coordinated by the school. If the student refuses to participate in counseling they will be considered uncooperative and will lose 40% of their season. If reasonable suspicion of continued use arises after the initial incident, the student will be required to take a drug test. Student and parent will be responsible for all costs incurred.
 2. **Second** offense ---Suspension of 20% of total season (including sanctioned scrimmages). Students will be allowed to practice but may not dress for competition during suspension.
 3. **Third offense**---**One** calendar year suspension. However, if during the first or second offense there was a lack of cooperation the suspension will become permanent.
 4. **Fourth** offense--- Permanent suspension in all extra-curricular activities.

- B. If the student **does not** turn him/herself into school personnel and **does not** cooperate with school personnel during the investigation (this would include denying usage and failing a drug test):
1. **First offense (without cooperation)-Suspension** 40% of total season (including sanctioned scrimmages), and the student will participate in a mandatory community drug counseling program that will be specified/coordinated by the school. Student and parent will be responsible for all costs incurred.
 2. **Second offense (without cooperation)-Permanent** suspension in all extra-curricular activities.
- II. **Suspension from School:** Student is suspended from the extra-curricular activity for same period of time.
- III. **Grades:** All students must be enrolled in and passing courses in compliance with IHSAA regulations to be eligible for athletic participation. Eligibility for extra-curricular participation will be determined by the club sponsor/administration. (Must pass 4 out of 5 classes)
- IV. **Behavior:** Conduct of all students involved in extra-curricular activities will be of the highest caliber while in school, in the community, during practices, games and competitions. Students who do not represent BHSS in an appropriate manner exhibited by their habits, conduct or character **IN OR OUT OF SCHOOL, YEAR-ROUND**, shall be subject to disciplinary measures. This could result in suspension or dismissal from activities as determined by the coach, sponsor, athletic director or principal. This conduct includes relationships with coaches, team members, fellow students, teachers and the general public.
- V. **Profanity:** The use of profanity will not be tolerated.
- VI. **Stealing, Theft and Vandalism:** Students shall not vandalize property at school or at other schools nor have in their possession any item(s) stolen from any source, including uniforms or equipment from BHSS or from other schools.
- VII. **Criminal Guilt:** If you are found guilty of a criminal act, you will not be allowed to participate in extra-curricular activities for one year.
- VIII. **Quitting Teams:** If you quit a team after the first interscholastic contest you may not participate in another sport during that season without consent from both coaches involved. This includes off-season weight programs conducted by the school.
- IX. **Timeline:** In accordance with school policy and the IHSAA these rules are in effect all year, including summer.
- X. **Appeal Process:** A student and his or her parent/guardian have the right to appeal a ruling by so notifying the administration in writing within five (5) business days after notification of the decision. The Extra-Curricular Activity Appeals Board consists of members of the administrative staff. If written notification is not received within five (5) business days, the right of the appeal is forfeited.
- XI. **Hazing/Bullying:** Will not be allowed; those involved shall be subject to disciplinary measures. This could result in suspension or dismissal from activities as determined by the coach, sponsor, athletic director or principal.

**BLOOMINGTON SOUTH HIGH SCHOOL
ATHLETIC DEPARTMENT**



Individual Student Driving and Riding Permission Form

I understand the liability of traveling and I do not hold the coach, teammate or MCCSC liable in case an accident occurs.

By checking the appropriate box on the acknowledgement of information signature page, I hereby either give my permission, for my son/daughter to drive themselves and/or travel with a coach or a teammate to practices or local athletic events when a school bus is not available or I do not give my permission for my son/daughter to ride or drive in cars with others.

THE ABOVE CONTAINS A RELEASE PROVISION.

Bloomington South High School Acknowledgement of Information Signature Page

I have received and thoroughly read all the information included in the in the following informational and consent forms and documents:

Student Initial	Parent Initial	
		"Heads Up" Concussion Fact Sheets (parent and athlete)
		Sudden Cardiac Arrest Information and Fact Sheet (parent and athlete)
		Consent for Healthcare procedures Good through the end of your high school career.
		Consent to Receive and Release Protected Information Good through the end of your high school career.
		Code of Conduct
		Student Driving Release and Riding permission form

Parent please check one (regarding individual student driving and riding permission form):

Yes, I give my permission

No, I do not give my permission

I fully understand and agree with all of the information contained in each of the forms and handouts. I agree to abide by all the stipulations and guidelines set forth in each of the forms and handouts. I further understand that I have the opportunity to ask questions regarding the content of these forms and provided handouts. I also understand that this form must be signed and turned in to the designated official at Bloomington South High School prior to the athlete being allowed to participate in any practices or games. This form is a requirement for eligibility to participate in athletics at Bloomington South High School.

YEAR OF GRADUATION: _____

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian E-mail Address: _____