

IMPORTANT INFORMATION:

WHEN SIGNING THE CODE OF EXPECTATIONS AND THE LAKE CENTRAL SCHOOL CORPORATION EXTRACURRICULAR/DRIVING CONSENT FORM YOU ARE COMMITTING TO THESE POLICIES FOR THE REMAINDER OF YOUR HIGH SCHOOL COMMITMENT. YOU WILL BE ASKED TO SIGN THE CODE AND THE EXTRACURRICULAR FORM EVERY YEAR IF YOU PARTICIPATE IN ATHLETICS JUST TO REITERATE THE ATHLETIC CODE AND EXTRACURRICULAR/DRIVING CONSENT FORMS.

Please remember the following:

- 1. A nurse practitioner may perform the physical but a MD or DO must sign the physical.**
- 2. Both parents must sign the physical. Parents who are legally separated must sign the physical. If parents are divorced and have joint custody both parents must sign the physical.**
- 3. Do not leave any question unanswered.**
- 4. Please be sure to include an e-mail address on emergency file page.**
- 5. If at all possible please do not wait until the day before try-outs to have a physical completed.**
- 6. WHITE CARDS: When all forms are completed and returned to the athletic office your athlete will receive a white card to give to their coach.**

CHECK LIST

- ☐ Code of Expectations signed by Athlete and Parent (on very bottom of second page)
- ☐ Extracurricular/Driving Consent Form signed by Athlete and Parent – **2 forms**, Main Office and Athletics
- ☐ Emergency Form for Trainer
- ☐ BELOW IS A LIST OF THINGS MOST OFTEN MISSED WHEN SUBMITTING A PHYSICAL:
 - **First** page of physical signed by Athlete and Parent
 - **Second** page of physical – address, phone and signature of MD or DO
 - **Fourth** page of physical
 - Student signature
 - Insurance information and policy number
 - Both parent signatures required if married, separated, or divorced with joint custody.

IHSAA PRE-PARTICIPATION PHYSICAL EVALUATION
*(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license
to practice medicine to be valid for the following school year– IHSAA By-Law C 3-10)*



SCHOOL: _____

HISTORY (to be completed by student and parent prior to examination by Physician) **Date:** _____

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: (_____) _____

Previous school attended and dates: _____

Explain "Yes" answers below:

1. Have you ever been hospitalized? Yes ___ No ___
Have you ever had surgery? Yes ___ No ___
Are you presently under a doctor's care? Yes ___ No ___
2. Are you presently taking any medications or pills? Yes ___ No ___
3. Do you have any allergies (medicine, bees or other stinging insects)? Yes ___ No ___
4. Have you ever passed out during or after exercise? Yes ___ No ___
Have you ever been dizzy during or after exercise? Yes ___ No ___
Have you ever had chest pain during or after exercise? Yes ___ No ___
Have you ever had high blood pressure? Yes ___ No ___
Have you ever been told that you have a heart murmur? Yes ___ No ___
Have you ever had racing of your heart or skipped heartbeats? Yes ___ No ___
Has anyone in your family died of heart problems or a sudden death before age 50? Yes ___ No ___
Has anyone in your family had Marfan's syndrome? Yes ___ No ___
5. Do you have any skin problems (itching, rashes, acne)? Yes ___ No ___
6. Have you ever had a head injury? Yes ___ No ___
Have you ever been knocked out or unconscious? Yes ___ No ___
Have you ever had a seizure or epilepsy? Yes ___ No ___
Have you ever had a stinger, burner or pinched nerve? Yes ___ No ___
7. Have you ever had heat cramps, heat illness or muscle cramps? Yes ___ No ___
8. Do you have trouble breathing or do you cough during or after activity? Yes ___ No ___
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? Yes ___ No ___
10. Have you had any problems with your eyes or vision? Yes ___ No ___
Do you wear glasses or contacts or protective eye wear? Yes ___ No ___
11. Are you missing an eye, kidney or testicle? Yes ___ No ___
12. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Yes ___ No ___
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Foot
☐ Forearm ☐ Shin/Calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hip ☐ Hand
13. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? Yes ___ No ___
14. **Have you had a medical problem or injury since your last evaluation?** Yes ___ No ___
15. When was your last tetanus shot? _____
16. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____
17. Have you or anyone in your family ever been told that you or they have sickle cell disease, sickle cell trait or any other type of blood disease? Yes ___ No ___

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. **(BOTH SIGNATURES ARE REQUIRED)**

→ • Signature of athlete: (X) _____

Date: _____

→ • Signature of parent/guardian: (X) _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician)**Date:** _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____/_____ Pulse: _____		
Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils (Circle) Equal/Unequal R > L L > R		
	Circle (if option given)	----- Specific Findings -----
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	----- Specific Findings -----
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- A. Cleared
B. Cleared after completing evaluation/rehabilitation for: _____
C. Not cleared

Due to: _____

Recommendation: _____

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below:**

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

Name of Physician: _____ Date: _____

Address: _____ Phone: (_____) _____

Signature of Physician: (X) _____

(The physical examination must be performed on or after May 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year– IHSAA By-Law C 3-10)

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)



Individual Eligibility Rules (Grades 9 through 12)

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

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between May 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 summary of the rules.

Contact your school officials for further information and before participating outside of your school.

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

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/Emancipated Student 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**

CODE OF EXPECTATIONS

Student conduct during the regular school day, during school-related activities, and at other times is subject to the provisions of the Lake Central High School "Code of Conduct". In addition, the conduct of students who wish to participate in school sponsored athletic programs and extracurricular activities are subject to this Code of Expectations. Because participation in such activities is a privilege, the Code of Expectations addresses conduct beyond that applicable to students in general, to further the expectations, purpose, and integrity of athletic or other extracurricular activities.

The Code of Expectations is a four year commitment. Once signed, the Code applies to the student's entire athletic/extracurricular career at Lake Central High School on a 24/7/365 basis to conduct both at school and off school grounds. Applicable penalties will be applied whenever the conduct is discovered. That is, Lake Central administration reserves the right to fully investigate conduct which potentially violates the Code whenever evidence is provided, even if the conduct occurred during prior seasons or school years (e.g., conduct occurring during a student's freshmen year may result in a penalty during the student's senior year if not discovered/reported until that time).

Academic Achievement Extracurricular activities are open to all full time students; however, IHSAA sanctioned sports impose additional standards. IHSAA rules require a student to pass 5 classes per quarter. In addition, a student is only eligible to participate in IHSAA sanctioned athletics during the first four years of high school. Once high school has begun, a student has eight semesters to complete eligibility. A student whose 20th birthday occurs prior to or on the scheduled date of the IHSAA state finals in a sport shall be ineligible. (See athletic director or coach for additional information on IHSAA related qualifications and rules.)

Attendance One half day (two periods) of school attendance is required for participation in practices, matches, or performances for all extracurricular and athletic programs. Exceptions include attendance at funerals, required court appearances, college visitation, etc. Any participant suspended (out-of-school) or suspended pending expulsion from school will not be allowed to practice, compete or participate. When a student is absent from school for more than 5 days, a doctor's note must be received before participation in athletic programs may resume.

Students involved in any athletic program or extracurricular activity will be subject to the following expectations:

It is expected that the individual rights of all must be respected and all teammates and participants treated equally. Hazing, harassment, including but not limited to verbal, physical or sexual harassment, intimidation or initiation of athletes or participants in extracurricular activities will not be tolerated.

It is expected that athletes and participants in extracurricular activities will not possess, use, consume or be under the influence of tobacco products, alcohol, controlled substances nor shall they possess related paraphernalia. Substance abuse poses an immediate threat to students and because students involved in athletics and extracurricular activities represent Lake Central High School, they are expected to set positive examples for peers. A program of deterrence has been instituted as a pro-active approach to a drug-free school and student well-being. The purpose of this program is to provide for the health and safety of students and to undermine the effect of peer pressure by providing another legitimate reason for students to refuse to use drugs, alcohol and tobacco which are detrimental to their health. Violation of these expectations, including detection through the random drug testing program will result in the consequences listed below.

It is expected that athletes and participants in extracurricular activities will adhere to standards of decorum and behavior at the highest level as representatives of Lake Central High School. Theft, acts of violence, fighting, poor classroom behavior, and unlawful conduct will not be tolerated.

It is expected that athletes and participants in extracurricular activities follow rules established for that activity, including but not limited to those regarding tardiness to team or activity meetings, absences from practice, events, or meetings, disrespect to coach or activity sponsor, acts of unsportsmanlike conduct, and verbal abuse of others involved in the activity.

It is expected that during any athletic season, an athlete will only participate on one team (unless mutually agreed upon by the two head coaches involved). If an athlete quits a sport once games have started, that athlete will not be allowed to participate (either at practice or in competition) for any other team during that season. An athletic team has completed its season when that team has advanced one week into tournament play. This rule can be waived at the coach's discretion. An athlete must finish the season in good standing in order to letter, attend banquets, and receive athletic awards. Uniforms, equipment, and other obligations must be met or turned in before moving to the next sport.

It is expected that all athletes and participants in extracurricular activities use transportation provided by the school corporation. Traveling with the team/group is part of the athlete/participant's obligation to his/her teammates/co-participants and coaching staff/sponsor. Not riding with the team/group should only be done in a family emergency or a situation where undue hardship is caused by traveling with the team/group. In order for an athlete/participant to travel to or from an event by means other than the team/group transportation, he/she must bring a note signed by a parent/guardian stating with whom the athlete/participant will travel. The athlete/participant will only be release to his/her parent/guardian or another athlete/participant's parent/guardian if both the parent/guardian and driving parent/guardian submit signed notes for approval. Friends, relatives or other students ARE NOT ACCEPTABLE as travel alternatives. This note must be in the athletic office/with the activity sponsor, as applicable no less than 24 HOURS PRIOR TO THE TRIP.

Consequences for violation of these expectations are as follows:

Type One Violation

Being arrested for/testing positive/or possessing, using, consuming, or being under the influence of a controlled substance, or possession of paraphernalia

Occurrence

1st

Penalty

Expulsion from athletics/extracurricular activities for 365 days and athletic/extracurricular activity probation for remainder of career. By self reporting and completion of an evaluation program, a student may practice but not compete in contests. One cannot self-report prior to a school drug testing procedure.

2nd

Permanent expulsion from athletic and extracurricular activity participation

Type Two Violation

Possessing, using, consuming,
or being under the influence
of alcohol

1st

33 % of current, next, or combined seasons or extra-
curricular term **Example:** If 20% of a season remains
when violation occurs, 13% of the next season ineligible

2nd

Expulsion from athletic/extracurricular activities for 365 days

3rd

Permanent expulsion from athletic/extracurricular activity
participation

Type Three Violation

Possession and /or use of tobacco

1st

25% of contests for that season or combined seasons/extra-
curricular term **Example:** same as alcohol except 25%

2nd

One full season/extracurricular term; **Example:** 5 football
games played when violation occurs. Penalty would be 50%
of remaining season and 50% of the next sport season in
which the athlete participates

3rd

Permanent expulsion from athletic/extracurricular
participation

Type Four Violation

Unlawful conduct, disruptive conduct,
hazing, harassment, non-traffic
misdemeanor

All

Determined by principal, athletic director, class
assistant principal, and head coach

Combination of Offenses Any combination of two of type 2, 3, and 4 violations will result in at least 50% loss of season/extracurricular activity term; any combination of **three** of these violations will result in permanent expulsion from athletic/extracurricular participation. The second or third offense can be from any category (type 1, 2, 3, or 4).

Carry over Penalty An athlete/extracurricular activity participant must complete the entire season/activity periods in which there is a penalty assessed in order to complete his or her suspension. Example: A fall athlete gets caught for drinking in January. The athlete decides to go out for a spring sport to serve the 33% penalty. After 5 contests the athlete quits the team. It would not count for completion of the penalty.

Penalty Assessment The method used to determine the number of games for a suspension will be varsity total games allowed for a sport. Varsity scrimmages will be counted. Penalty will use scheduled games whether played or canceled and any calculated suspension of .5 contests or more will be rounded up.

Practice/Travel While Suspended Individual coaches and sponsors will determine whether an athlete/participant is allowed to practice and travel (no overnight) with team/group during a suspension.

Parent Assistance Any parent seeking help or assistance involving his/her child's use of drugs, alcohol, or tobacco, prior to a report or investigation by the school or any involvement with law enforcement, should contact school administration. As a result, the athlete/participant will receive a lesser consequence than what is outlined above. This consequence may include an athletic/participation suspension, drug counseling, and random drug testing. In the case of an athlete, the athletic director and principal will determine the severity of the consequence. In the case of an extracurricular activity participant, the principal will determine the severity of the consequence.

Self Reporting Athletes and extracurricular activity participants are encouraged to seek help and to self report. An athlete or participant can reduce the penalty for a first offense under the alcohol or tobacco provision by 75% if he/she reports the conduct to the Athletic Director, Head Coach, or Sponsor prior to the school's investigation of the conduct and 2) the student successfully completes a substance abuse program. Agencies and counseling resources are attainable from our liaison person in the high school guidance office. Any counseling or services will be at the expense of the parent or guardian. Reduction of penalty through self-reporting can only be implemented on a first offense.

Counseling An athlete/extracurricular activity participant who did not self-report and who is found to have violated the Code under the alcohol or tobacco provision for the first time will be offered the opportunity to reduce his/her penalty by 40% by the successful completion of a substance abuse program. Agencies and counseling resources are attainable from our liaison person in the high school guidance office. Any counseling or services will be at the expense of the parent or guardian. Reduction of penalty through counseling can only be implemented on a first offense.

Appeals Participants may appeal suspensions. All appeals must be submitted in writing within five days after a penalty has been assessed. This request should be submitted to the Athletic Director or his/her Principal, as applicable. A committee consisting of at least the athletic director, one high school administrator, and one varsity coach/activity sponsor, as applicable, will be formed to consider any unique circumstances and to review penalties when deemed appropriate.

I have read and understand the above requirements for participation in a Lake Central High School athletic and or extra-curricular activity and understand that these expectations and the consequences apply throughout my career as a participant at Lake Central. I authorize Lake Central High School to investigate and obtain information and records from law enforcement agencies, the probation department, or any other sources regarding any arrest, indictment, or other formal charges against the below athlete or participant for an act which Lake Central High School determines would be in violation of any of the rules and regulations stated in the Code of Expectations. This authorization includes but is not limited to factual circumstances surrounding any arrest, the nature of the charges, investigation related to charges and disposition of charges, if any. Pictures posted on the internet may be used as evidence provided an investigation can corroborate the date any photograph was taken.

Athlete/Participant Signature

Date

Parent/Guardian Signature

Date

LAST NAME

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FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--

STUDENT ID NUMBER

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GRADE

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Lake Central School Corporation Extracurricular/Driving Consent Form

I have received, read and understand the policy entitled "Lake Central School Corporation Extracurricular Activities, Athletics and Student Driver Drug Testing Program." I, _____, want to participate in this program,

(Print Student's Name)

and in the extracurricular/athletic/driving programs of Lake Central School Corporation. Therefore, I voluntarily agree to be subject to the terms of the testing program for the current school year and throughout summer school. I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent called for under the program.

I, also, understand that once I have tested "positive" I can be retested at anytime during that school year.

Date: _____ 20____

Student Signature

Parent/Guardian Signature

I, _____, have decided **not** to participate in any extracurricular activities, athletic, and student driver programs sponsored by Lake Central School Corporation for the remainder of this school year. In order for me to participate in these programs at a later date, I understand, that I must consent to the terms of the Drug Testing Program and submit a signed consent form.

Student Signature

Parent/Guardian Signature

Date

Date

Note: You may be asked to sign the above form more than once during your high school career. Please understand that students remain in the testing program until graduation! The act of resigning this document should serve as a reminder that you have made a high school career long commitment to participate and to abide by the Code of Expectations.

A copy of the Drug Testing Program may be obtained in the high school/athletic offices or on the Lake Central website.

LAKE CENTRAL ATHLETIC TRAINING DEPARTMENT

EMERGENCY CONTACT INFORMATION

Student _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

If we cannot reach you at the above locations at time of serious injury or illness, school authorities have permission to call either of the following who will help assure responsibility until you can be located.

Full Name	Please State Relationship (Relative, friend, parent)	Phone
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Full Name	Please State Relationship (Relative, friend, parent)	Phone
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The athletic department is seeking your permission to have your son or daughter treated at a doctor's office or a hospital emergency room in the event that he or she is found in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible this sheet may facilitate prompt treatment.

I hereby give my permission for _____ to receive emergency medical treatment.
(Name)

Date _____ Parent/Guardian Signature _____

Insurance Co. Name & Policy No. _____

Please list any additional medical conditions or injuries that you feel we should be aware of, such as allergies, asthma, diabetes, etc.

****This information will remain with the athletic training department and you will be required to fill out a separate card for each individual coach. The coach's cards are used when emergencies happen away from school.****