



## **OWL CARD INFORMATION**

Any Seymour High School student/athlete who wishes to participate in open gym/conditioning/weights/practices for any sport **MUST** have an IHSAA physical form on file in the Athletic Office before you are eligible to participate.

The SHS Athletic Department has developed a packet of forms to be filled out once each year by a parent/guardian prior to a student-athletes participation in Seymour High School Athletics. All Seymour High School student/athletes who will be trying out for any sport must have the following forms on file or you will not be able to participate:

- Risk of Injury Form**
- Emergency Medical Form**
- Extra Curricular Drug Consent Form**
- Student and Parent Consent & Permission Form**
- IHSAA Physical Form (online)**
- Concussion/Sudden Cardiac Arrest Acknowledgement**

These forms are available in the SHS Athletic Office or on our website ([www.scsc.k12.in.us](http://www.scsc.k12.in.us)) under Athletics General Information).

Once student/athletes have turned in all forms, they may pick up their Owl Card in the Athletic Office. You must give the Owl Card to your coach prior to the first day of conditioning.

**If you do not have your Owl Card, you will *NOT* be able to participate with the team!**



**Seymour High School  
Athletic Department**

**RISK OF INJURY  
RECEIPT OF HANDBOOK FOR SEYMOUR HIGH SCHOOL**

Family Acknowledgement: The Risk of Injury Found In High School Sports

Participation in high school athletics carries with it the very real potential for injury. It is reasonable to believe that at least once during their four-year career, our student athletes will face an injury that will result in missing one or more days of practice or contests. The Seymour High School Athletic Department provides our athletes with the best sports medicine care that is available. We have a Certified Athletic Trainer on staff. It must be clearly understood by our student athletes and their families that even with the proper coaching and support of our coaching staff, the use of proper equipment and tremendous facilities, injuries will take place. These injuries can range from, but are not limited to, soreness, bruises, sprains and strains, dislocations, broken bones and concussions. It should also be clearly understood that some of these athletic injuries may be catastrophic, including partial or full paralysis and in some instances the athlete may die. We need the help of student athletes and their families. Proper rest, nutrition and the adherence to the rules and guidelines established by the Seymour Athletic Department and the coaches of your sport will go a long way to assure that injuries do not happen. I understand and accept this risk of injury.

**Health Insurance Disclaimer**

The Seymour High School Athletic Department does not provide health insurance for student athletes. Health insurance must be provided by the student athlete's family and the cost of any medical bills incurred while participating in athletics at Seymour High School must be assumed by the family.

**Receipt of Handbook Seymour Athletes/ Health Insurance Disclaimer**

We have read and understand the rules and regulations as stated in Handbook for Seymour Athletes. As a member of an athletic team representing Seymour High School, I agree to guide my conduct accordingly. We also understand that health insurance is not provided by Seymour High School for participation in athletics.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHS ATHLETE MEDICAL INFORMATION

Student's Name: \_\_\_\_\_ GRADE: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parent(s) (relation): \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of relative, close friend or neighbor to be contacted if parents cannot be located:

Name (relation): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Family Optometrist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Alert (diabetic, allergies, medication allergy, asthma, etc.): \_\_\_\_\_

Medicine(s) Presently Taking: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

We the parents/guardian(s) of \_\_\_\_\_ (name of student) do hereby acknowledge that we have been advised, cautioned, and warned by the proper administrative and coaching personnel of the Seymour Community Schools that our child may suffer serious injury, but not limited to sprains, fractures, brain damage, paralysis or even death by participation in sports. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury, the above named student has our consent to participate in interscholastic sports. In the event that an emergency arises during a practice session or a game, an effort will be made to contact the parents or guardians as soon as possible.

If the parents or guardians cannot be reached, permission is hereby granted to the attending physician to proceed with any emergency medical or minor surgical treatments, x-ray examination, and immunizations for this athlete. In the event of serious illness, significant injury, or the need for major surgery, the attending physician will attempt to contact the parents or relatives. If the physician is not able to communicate with the parents or relatives, the treatment necessary for the best interest of this athlete may be given. Permission is also granted to the coach or athletic trainer to provide the needed emergency treatment to the athlete prior to admission to the medical facilities.

I grant permission for the SHS Athletic Trainer or Coach to administer Tylenol, Advil/Ibuprofen, or Aspirin to my child if necessary.

\_\_\_\_\_  
Guardian Signature                      Date

\_\_\_\_\_  
Student Signature                      Date

# Seymour High School Concussion Acknowledgement and Signature Form for Parents and Student Athletes

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport(s) Participating In (If Known): \_\_\_\_\_ Date: \_\_\_\_\_

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school 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. The law further 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.

Parent - please read the attached "Heads Up - Concussion in High School Sports - A Fact Sheet for Parents" and ensure that your child has also received and read "Heads Up - Concussion in High School Sports - A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above mentioned sport. I have received and read the Student Athlete Information Fact Sheet. 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.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. 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.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**FOR FOOTBALL PLAYERS AND PARENTS: Please read the following warning statement about the use of helmets and sign below.**

Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of football rules and such use can result in severe head or neck injuries, paralysis, or death to you and possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

## SEYMOUR COMMUNITY HIGH SCHOOL

### ***STUDENT AND PARENT CONSENT & RELEASE CERTIFICATE***

To be read and signed by the parent or guardian with legal custody, and student  
(Please submit this statement along with owl card packet to the athletic department)

A. I/We hereby give consent for the undersigned student to participate in the following interschool **(circle those sports that apply to you):**

**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming and Diving, Tennis, Track and Field, Wrestling

**Girls Sports:** Basketball, Cheerleading, Cross Country, Golf, Soccer, Softball, Swimming and Diving, Tennis, Track and Field, Volleyball  
Gymnastics

B. I/We consent to the disclosure, by the school to the IHSAA of all requested detailed financial (athletic or otherwise), scholastic and attendance records of such school, concerning the undersigned student.

C. I/We know of and acknowledge that the undersigned student knows of the risks involved in the athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risk(s) involved, I/We release and hold harmless the Seymour Community School Corporation, the schools involved and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation of the undersigned student.

D. I/We authorize responsible school personnel to oversee or provide emergency medical care to the undersigned student in the event of serious injury.

E. I/We authorize the athletic department to publicize the achievements of the undersigned student, including the undersigned student's name and likeness to media sources and on the school/athletic department website.

F. I/We authorize Seymour Community High School to investigate and obtain information from law enforcement and/or juvenile court authorities or any other source regarding the events leading up to any arrest or filing of charges against the undersigned student for an act that would be in violation of any of the rules and regulations as stated in the Athletic Handbook. I/We further authorize and consent to the release by law enforcement and/or juvenile court authorities to school officials of records and other information, which pertain to the undersigned student, regarding an act that would be in violation of any of the rules and regulations as stated

in the Athletic Handbook and recognize that such records and information may be considered by school officials in determining a student's eligibility to participate in the athletic program. Furthermore, I/We authorize and consent to the release of records and other information, which pertain to the undersigned student, from school officials to law enforcement and/or juvenile court authorities, for use in any investigative proceeding.

G. The undersigned certify they have read the Seymour Community High School Athletic Handbook, including the Code of Conduct, and understand the eligibility and conduct guidelines contained therein for student and parent. The student hereby makes application for the privilege to participate in the interscholastic athletic program sponsored by the Seymour Community Schools and the Indiana High School Athletic Association. It is understood that in order to be eligible to participate the student must comply with all requirements of the handbook.

H. I/We are fully aware and understand that the undersigned student will be held accountable to the rules and regulations of the Indiana High School Athletic Association and Seymour Community High School and know of no reason why the undersigned student is not eligible to represent the school in athletic competition. If accepted as a representative, the undersigned student agrees to follow said rules and regulations of the school and the IHSAA and abide by their decisions. I/We further acknowledge that athletic participation is a privilege. A copy of the IHSAA rules and regulations are available in the SHS athletic office as well as on the IHSAA web site ([www.ihsaa.org](http://www.ihsaa.org)).

I. I/We give permission for the undersigned student's varsity coach and or trainer to release information concerning injuries to media personnel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(Printed name)

**EXTRACURRICULAR CONSENT FORM**

I have received and have read and understand a copy of the "Seymour Community School Corporation Extracurricular Activities Drug Testing Program", including non-academic disciplinary procedures under the Seymour High School Athletic Department Code of Conduct, the Student Activities Code of Conduct, and for student drivers. I desire that \_\_\_\_\_ participate in this program, and in the extracurricular program of Seymour Community School Corporation, and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9 -12). 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 of the disclosures in the program.

Date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

Board Policy 5112 [EXTRACURRICULAR ACTIVITIES AND STUDENT DRIVER RANDOM DRUG TESTING PROGRAM] and administrative guidelines and procedures are available at the Seymour High School office or Administration Building (812-522-3340).

\*\*\*\*\*  
I, \_\_\_\_\_, have decided not to participate in any extracurricular activities sponsored by Seymour Community School Corporation for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand, that I must submit to a urinalysis.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date