



Athletic Department

Fairfield Junior-Senior High School

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Athletic Web Site: www.fairfield.k12.in.us/Athletics.aspx

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Jason Grasty
Principal

Nick Jones
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Assistant Principal

Mark Hofer
Athletic Director

Tim Fritz
Asst. Athletic Director

Kea Mallane
Athletic Secretary

Parents,

The IHSAA released the following information on April 22nd with respect to 2020-21 Athletic Physicals:

“Due to the COVID-19 pandemic during the 2019-20 school year and the continued stress on the medical community, the Indiana High School Athletic Association, Inc. will waive the provisions of Rule 3-10 for the 2020-21 school year. Effective immediately, valid physical and consent forms presented to member schools on behalf of eligible students during the 2019-20 school year shall be valid during the upcoming 2020-21 school year.”

“Any athlete not having a valid IHSAA pre-participation examination physical form on file from the 2019-20 scholastic year is required to have a valid Pre-Participation Physical and Consent Form completed prior to eligibility and competition. This includes any student-athlete coming from an out-of State school to an IHSAA member school or any student who did not participate in sports during the 2019-20 school year. The student must have a valid Pre-Participation Physical and Consent Form completed on the official IHSAA form prior to eligibility.”

Student Name: _____

Grade: _____

Parent Signature: _____

Date: _____

Fairfield Athletics will require parents to select one of two options in order for your student-athlete to be eligible for 2020-21 athletics if they had a physical on file for 2019-20. Please select one of the following choices:

 YES. Please use our student-athlete’s 2019-20 Physical and Consent form for 2020-21 athletics. (IF YOU SELECT THIS OPTION, YOU MUST COMPLETE THE ATTACHED “**IHSAA 2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE AND CONSENT & RELEASE CERTIFICATE**”)

 NO. DO NOT use our athlete’s 2019-20 physical or consent form. We will submit a new 2020-21 physical and consent form for athletics.

* If your child **DID NOT** submit an [IHSAA Physical Form](#) for 2019-20 (this includes all incoming 6th & 7th graders), he/she will need a new physical for the 2020-21 school year. **Please select NO above.**

** Any student transferring to Fairfield from another Indiana School, who provides a copy of his/her 2019-20 IHSAA Physical and Consent form, may choose YES on this waiver.

Member NECC

Member Jr NECC

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE
QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE



HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: _____

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student’s sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student’s parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative (‘Yes’), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student _____ Age _____ Grade _____

Date of Last IHSAA Pre-Participation Physical Examination _____

Since the last pre-participation physical examination, has your son/daughter:

- 1. Been medically advised not to participate in a sport? Yes ___ No ___
- 2. Been diagnosed with COVID-19? Yes ___ No ___
- 3. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___
- 4. Fainted or “blacked out?” Yes ___ No ___
- 5. Experienced chest pains, shortness of breath, “racing heart” or had any heart issues? Yes ___ No ___
- 6. Had a history of unusual fatigue or unusual tiredness? Yes ___ No ___
- 7. Been hospitalized or had surgery? Yes ___ No ___

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student’s participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: _____ Parent/Guardian/Emancipated Student (X) _____

Printed _____

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules 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, illness and even death, is a possible result of 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, illness 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.
Unified Sports: Unified Flag Football, Unified Track & Field
- 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, illness and even death, is a possible result of 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, illness 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**:
 - The student has adequate family insurance coverage. The student does not have insurance.
 - The student has football insurance through school.

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 custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature (X)
Printed: _____
Date: _____ Parent/Guardian/Emancipated Student Signature (X)
Printed: _____

2020-21 GOSHEN PHYSICIANS HIPAA RELEASE FORM FOR:

Student Name: _____

Grade: _____

Use and Disclosure of Protected Health Information
to Persons Involved in the Students Care

Goshen Physicians
2004 Elkhart Road, Suite A
Goshen, IN 46526

FILL IN ONE OF THESE BOXES	*(consent for student athletes <u>UNDER 18 YEARS OF AGE</u>)	
	I _____ as the Parent, Guardian or Legal Representative of	
	(print parent/guardian name)	Student-Athlete Birthdate ____/____/____
	_____ (print name of student)	

OR

*(consent for student athletes <u>18 YEARS OLD OR OLDER</u>)
I _____ a student athlete participating in the school sports program
(Student-Athlete 18 or older print your name)

understand that I have the right to agree, restrict or object to the disclosure of Protected Health Information (PHI) by the Athletic Trainer to members of the school athletic department. This includes but is not limited to the Athletic Director, Coach and members of the coaching staff. I understand the information disclosed by this authorization may be subject of re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

By my signature, I give the Athletic Trainer permission to disclose PHI to members of the school's athletic department. I understand that the information disclosed will be limited to the injury/illness affecting athletic participation. I understand that I can revoke this permission to disclose at any time by submitting such request to the Athletic Trainer in writing. The revocation of permission will apply from the date of receipt and is not retroactive.

This permission is in effect for the athletic period: **June 1, 2020 through June 30, 2021**

(COMPLETE ONLY For Student-Athletes 18 years and older)

I agree to permit the Athletic Trainer to share the above granted information with my parents and/or individual(s) I so designate Yes___ No___ Initials:_____ ONLY FILL IN FOR STUDENT-ATHLETES 18 OR OLDER

Additional individuals who may receive PHI:

Parent Signature: _____ (Student-Athlete should sign only if 18 or older)

Date: _____

Authority to sign if not parent: _____
(Guardian or Legal Representative)