

**SIJHSAA**  
**2015 BASEBALL & SOFTBALL**  
**REGULATIONS**  
**(www.sijhsaa.com)**



\*The SIJHSAA follows National Federation of High Schools (NFHS) Rules. These are the same that are used by the Illinois High Athletic Association. The following are exceptions to the NFHS Rules.

**BASEBALL**

1. The distance between bases shall be 80 ft. and the pitching distance 54 ft.
2. A pitcher shall not be allowed to pitch in more than 9 innings in one day.
3. **40 Hour Rule:** A pitcher shall not be allowed to pitch unless he has had forty (40) hours rest after pitching in four (4) or more innings on the same calendar date. The 40 Hour Rule is computed from the scheduled starting time of the game in which he last pitched four or more innings. In games which begin more than two hours after the scheduled starting time, the actual starting time shall be used to compute the 40 hours. **One or more pitches constitutes having pitched in an inning.**
4. Names of each tourney pitcher who actually pitches during a game shall be written on the back of the team's eligibility sheet along with the date and the number of innings pitched. This shall be signed by at least one of the following: tournament manager, opposing coach, or official scorer.
5. **Bat Rules:** (attached)
6. **Bat Rule Penalties:** If a player has been found to have used an illegal bat during play – the batter will be declared out and restricted to the bench the remainder of the game. This infraction must be administered before the next pitch is thrown. The bat will also be taken out of play.
7. As of July 1, 2009, metal spikes and rubber cleats are permissible in SIJHSAA play.
8. **Portable Pitching Mounds:** May be used during regular season games. Host schools of regular season games must inform the visiting team of the use of the portable pitching mound. During regional play, a majority of the teams in the regional must approve of its use at its regional seeding meeting or fax/e-mail process.

## SOFTBALL

1. 12 inch fast pitch softballs will be used in games.
2. The distance between bases shall be 60 ft. and the pitching distance 40 ft.
3. Bat Rules: The illegal bat list is located on the IHSA Website under the sport of softball.
4. Bat Rule Penalties: If a player has been found to have used an altered or illegal bat during play – the batter will be declared out and restricted to the bench the remainder of the game. This infraction must be administered before the next pitch is thrown. The bat will also be taken out of play.
5. As of July 1, 2009 metal spikes and rubber cleats are permissible during SIJHSAA play.
6. The Olympic Tie-Breaker may be used for regular season games if both coaches agree. Regular season tournaments may use the Olympic Tie-Breaker as determined by the tournament manager. The SIJHSAA State Series will not use the Olympic Tie-Breaker.

## SIJHSAA Mercy Rule: (Baseball and Softball)

20 Runs after 3 innings

15 Runs after 4 innings

10 Runs after 5 innings.

## COACHES:

1. You are responsible to make sure that all your bats and equipment (catchers gear & helmets) are in compliance with NFHS standards.
2. Per NFHS rules in 2013 umpires will ask you at the pre-game conference if your bats and equipment are in compliance. You as coach are responsible to make sure they are in compliance! Umpires will no longer make pre-game checks of your bats and equipment.
3. If your player used an altered or illegal bat they will be declared out and restricted to the bench the remainder of the game. The bat will also be taken out of play.
4. It is highly advised that coaches get an NFHS Baseball Rulebook or NFHS Softball Rulebook, whichever applies. They can be purchased from the IHSA website. ([www.ihsa.org](http://www.ihsa.org))

SIJHSAA RULES VS IESA RULES: Schools that are members of the SIJHSAA often play schools that are members of the IESA (Illinois Elementary School Association). The rules are somewhat different in reference to the metal spike rules and the mercy rule. Make sure if you are an SIJHSAA school and you are playing an IESA school that your athletic directors confer before the game. As members of the SIJHSAA our schools adhere to our rules. The bat rules for the SIJHSAA and the IESA are the same.



## CURRENT / BOYS BASEBALL / SIJHSAA BASEBALL BAT STANDARDS

### **BATS (NFHS Rule 1-3-2)**

Any non-wood bat that has a barrel diameter greater than 2 5/8 inches is illegal.

All non-wood bats 31 inches and over in length must meet all of the NFHS standards as detailed in NFHS rule 1-3-2 including a maximum barrel diameter of 2 5/8 inches; maximum length of 36 inches, a Batted Ball Coefficient of Restitution (BBCOR) silkscreen label on the bat; and in weight the bat shall not weigh, numerically, more than three ounces less than the length of the bat (e.g., a 31-inch-long bat cannot be less than 28 ounces).

Additionally, any bat that has a BBCOR label that meets the NFHS standards is a legal bat.

Non-wood bats 30 inches and under in length which have a greater than three ounce weight vs length differential may be used provided the barrel diameter does not exceed 2 1/4 inches (e.g., a 29-inch-long bat may weigh 20 ounces and is legal provided the barrel diameter does not exceed 2 1/4 inches). The BBCOR label is not required on this type of bat.

Wood bats that are manufactured in accordance with National Federation rules may be used.

#### **EXAMPLES OF LEGAL & ILLEGAL NON-WOOD BATS**

<u>Length</u>	<u>Wt.</u>	<u>Barrel Diameter</u>	<u>Status</u>
33	30	2-5/8"	Legal assuming BBCOR labeled
30	20	2-3/4"	Illegal—Max. barrel diameter for a 30" non-wood bat that has a greater than -3 differential is 2 1/4"
30	20	2-1/4"	Legal—BBCOR label not required
32	29	2-5/8"	Legal assuming BBCOR labeled
29	22	2-3/4"	Illegal—Maximum barrel diameter for a 30" (or less) non-wood bat that has a greater than -3 differential is 2 1/4"
31	25	2-1/4"	Illegal—All 31" and over bats must meet NFHS standards
28	19	2-1/4"	Legal—BBCOR label not required
31	28	2-3/4"	Illegal—Maximum barrel diameter for a non-wood bat is 2 5/8"
31	28	2-5/8"	Legal assuming BBCOR labeled
30	27	2-5/8"	Legal assuming BBCOR labeled
33	22	2-1/4"	Illegal—All 31" and over bats must meet NFHS standards
32	29	2-3/4"	Illegal—Even though there is only a -3 drop, the maximum barrel diameter for all non-wood bats is 2 5/8"

\*NOTE: Effective January 1, 2012 no bat with a BESR label is legal

Effective immediately (Feb. 21, 2012) and until further notice, the Marucci CAT5 33" length bat should be considered a non-compliant bat and subject to NFHS Baseball Rules 4-1-3b and 7-4-1a.

Effective immediately (March 26, 2012) and until further notice, the Reebok Vector TLS 33" length bat should be considered a non-compliant bat and subject to NFHS Baseball Rules 4-1-3b and 7-4-1a.

Decertification of 32-inch Reebok Vector TLS non-wood baseball bat. Please be advised that the BBCOR decertification process has been implemented for the Reebok Vector TLS-32-inch model. Effective immediately and until further notice, this bat (Reebok Vector TLS 32" length) should be considered a non-compliant bat and subject to NFHS Baseball Rules 4-1-3b and 7-4-1a.

**\*\*\*Coaches: Attach this rule to your scorebook and share it with the officials prior to all contests.**





## ASA Non-Approved Bat List with ASA Certification Mark

August 17, 2014

This list depicts the previously ASA certified bats that failed an ASA sponsored field audit and that also carry the 2000 or 2004 ASA Certification Mark. This list is intended for informational purposes only.

Manufacturer	Bat Name
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Bass	Quake
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Combat	VIRSP3 Lady Virus
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Easton	SCX2 Synergy
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Easton	SCX22 Synergy 2
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Louisville Slugger	FP136
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Louisville Slugger	FP1368
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Louisville Slugger	FP1369
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## ASA Non-Approved Bat List with ASA Certification Mark

Manufacturer	Bat Name
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Louisville Slugger	FPC305 Catalyst (-8)
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Louisville Slugger	SB304
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Louisville Slugger	SB34 Genesis
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Louisville Slugger	SB404
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Louisville Slugger	SB73V TPS Voltage
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Miken	MSF Freak
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Miken	MSU Ultra
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Miken	MSU2 Ultra II
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## ASA Non-Approved Bat List with ASA Certification Mark

Manufacturer	Bat Name
Miken	MSUM Ultra Maxload
	
Nokona	Tomahawk
	
Schutt	Red/Silver Schutt Bat
	
Worth	EST9
	
Worth	QESTFP
	
Worth	SBWK(Wicked)
	
Worth	SBWKA
	
Worth	WWSC Wicked Comp. (SP Only)
	





## ASA Non-Approved Bat List with ASA Certification Mark

Manufacturer	Bat Name
Worth	WWSCA
	
Worth	XEST9X
	
Worth	XGold
	
Worth	XPST4
	
Worth	XRed
	
Worth	XWICKX Wicked (SP Only)
	

For a complete list of approved bats go to the certified equipment section of [www.asasoftball.com](http://www.asasoftball.com)

Last Updated: April 11, 2014

Quake



SCX22 Synergy 2



Ille Slugger FP1369



Ille Slugger SB34 Genesis



MSF Freak



MSUM Ultra Maxload



EST9



SBWKA



XEST9X



XRed



Combat



Louisville Slugger FP136



Louisville Slugger FPC305 Catalyst (-8)



Louisville Slugger SB404



Miken MSU Ultra



Nokona



Tomahawk

Worth QUESTFP



Worth WWSC Wicked Comp. (SP Only)



Worth XGold



Worth XWICKX Wicked (SP Only)



Easton SCX2 Synergy



Louisville Slugger FP1368



Louisville Slugger SB304



Louisville Slugger SB73V TPS Voltage



Miken MSU2 Ultra II



Schutt Red/Silver Schutt Bat



Worth SBWK (Wicked)



Worth WWSCA



Worth XPST4





## ASA Non-Approved Bat List w/2004 ASA Cert Mark

August 17, 2014

This list depicts the previously ASA certified bats that failed an ASA sponsored field audit and that also carry the most recent ASA Certification Mark (2004). This list is intended for informational purposes only.

<b>Manufacturer</b>	<b>Bat Name</b>
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Bass	Quake
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Combat	VIRSP3 Lady Virus
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Louisville Slugger	FP136
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Louisville Slugger	FP1368
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Louisville Slugger	FP1369
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Louisville Slugger	FPC305 Catalyst (-8)
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Louisville Slugger	SB73V TPS Voltage
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## ASA Non-Approved Bat List w/2004 ASA Cert Mark

Manufacturer	Bat Name
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Nokona	Tomahawk
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Schutt	Red/Silver Schutt Bat
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For a complete list of approved bats go to the certified equipment section of [www.asasoftball.com](http://www.asasoftball.com)  
Last Updated: April 11, 2014

## Concussion Information Sheet

### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms or injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-To-Play Policy of the SIJHSAA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent-Legal Guardian Printed

\_\_\_\_\_  
Parent-Legal Guardian Signature

\_\_\_\_\_  
Date

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport Document created 7/1/2013

## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays in coordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can't recall events prior to hit</li><li>• Can't recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>	



## ILLINOIS HIGH SCHOOL ASSOCIATION

2715 McGraw Drive • Bloomington, IL 61704

• [www.ihsa.org](http://www.ihsa.org) • Phone: 309-663-6377 • Fax: 309-663-7479 •

## IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions

**"Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional."**

The above language, which first appeared in all National Federation sports rule books for the 2010-11 school term, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion, but not a revision in primary responsibilities in these areas. Previous rules required officials to remove any athlete from play who was "unconscious or apparently unconscious." This revised language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. However, the revised language does not create a duty that officials are expected to perform a medical diagnosis. The change in rule simply calls for officials to be cognizant of athletes who display signs, symptoms, or behaviors of a concussion from the lists below and remove them from play.

**NOTE: The persons who should be alert for such signs, symptoms, or behaviors consistent with a concussion in an athlete include appropriate health-care professionals, coaches, officials, parents, teammates, and, if conscious, the athlete him/herself.**

### Definition of a Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be "knocked out") to have suffered a concussion.

### Behavior or signs observed indicative of a possible concussion

- Loss of consciousness
- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events prior to or after the injury

### Symptoms reported by a player indicative of a possible concussion

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

This protocol is intended to provide the mechanics to follow during the course of contests/matches/events when an athlete sustains an apparent concussion. For the purposes of this policy, appropriate health care professionals are defined as: physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers.

1. During the pre-game conference of coaches and officials, the official shall remind the head coaches that a school-approved appropriate health care professional will need to clear for return to play any athlete removed from a contest for an apparent head injury.
2. The officials will have no role in determining concussion other than the obvious situation where a player is unconscious or apparently unconscious as is provided for under the previous rule. Officials will merely point out to a coach that a player is apparently injured and advise the coach that the player should be examined by the school-approved health care provider.
3. If it is confirmed by the school's approved health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to the contest rules.
4. Otherwise, if an athlete can not be cleared to return to play by a school-approved health care professional as defined in this protocol, that athlete may not be returned to competition that day and is then subject to the IHSA's Return to Play (RTP) Policy before the student-athlete can return to practice or competition.
5. Following the contest, a Special Report shall be filed by the contest official(s) with the IHSA Office through the Officials Center.
6. In cases where an assigned IHSA state finals event medical professional is present, his/her decision to not allow an athlete to return to competition may not be over-ruled.

Additional information regarding concussion has been made available to IHSA member schools and licensed officials and can be accessed on the IHSA Sports Medicine website at <http://www.ihsa.org/Resources/SportsMedicine.aspx>.

## Sports Medicine



ILLINOIS HIGH SCHOOL ASSOCIATION

2715 McGraw Drive • Bloomington, IL 61704

• [www.ihsa.org](http://www.ihsa.org) • Phone: 309-663-6377 • Fax: 309-663-7479 •

## Concussion Information

### Return to Play (RTP) Policy

**Background:** With the start of the 2010-11 school term, the National Federation of State High School Associations (NFHS) implemented a new national playing rule regarding potential head injuries. The rule requires "any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional." In applying that rule in Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear an athlete to return to play the day of a contest in which the athlete has been removed from the contest for a possible head injury.

**Policy:** In cases when an athlete is not cleared to return to play the same day as he/she is removed from a contest following a possible head injury (i.e., concussion), the athlete shall not return to play or practice until the athlete is evaluated by and receives written clearance from a licensed health care provider to return to play.

For the purposes of this policy, licensed health care providers consist of physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers working in conjunction with physicians licensed to practice medicine in all its branches in Illinois.





PINCKNEYVILLE DISTRICT NO. 50  
ELEMENTARY SCHOOL

301 WEST MULBERRY STREET  
PINCKNEYVILLE, IL 62274

JUNIOR PANTHERS

PHONE: (618) 357-5161

FAX: (618) 357-9431

AFFIDAVIT OF RESIDENCE

(I) (We), \_\_\_\_\_, having first been sworn upon (my) (our) oath  
depose and say as follows:

That (I am) (we are) the (circle one) Parent(s), foster parent(s), legal guardians(s) of

\_\_\_\_\_, age \_\_\_\_\_, and that our residence is  
(Student's Name)

\_\_\_\_\_, in the City of \_\_\_\_\_,  
(Street Address)

Perry County, Illinois, within the territorial boundaries of Pinckneyville Elementary School  
District #50 Perry County, Illinois. That the said child's residence within the said school district  
has not been established solely for the purpose of attending the schools thereof. That the  
following facts are sworn to in order to permit the said school district to enroll the said child in  
the schools of said district as a resident.

YES NO

The said child eats (his/her) meals regularly at the said residence. \_\_\_\_\_

The said child sleeps regularly at said residence... \_\_\_\_\_

The said child spends (his/her) weekends regularly at said residence. \_\_\_\_\_

The said child spends (his/her) summers regularly at said residence... \_\_\_\_\_

Under penalties of perjury, the undersigned state(s) that the above information is  
true and correct.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Address



State of Illinois )

County of  )

## 2015-16 Affidavit of Residence

The fields in this form will accept a cursor and can be filled out prior to printing.

(I) (We),  having first been sworn upon (my) (our) oath depose and say as follows:

That (I am) (we are) the parent(s), foster parent(s), or court ordered legal guardian(s) of , age ,

and that (his) (her) residence is  (street address), City (Village) of ,

County, Illinois.

That the said child's residence within the said school district has not been established solely for the purpose of attending the schools thereof.

That the following facts are sworn to in order to permit the said school district to enroll the said child in the schools of said district as a resident.

**Length of time both the child and parents, custodial parent or legal guardian have resided at the above address:**

The said child eats (his) (her) meals regularly at said residence ☐ Yes ☐ No

The said child sleeps regularly at said residence ☐ Yes ☐ No

The said child spends (his) (her) weekends regularly at said residence ☐ Yes ☐ No

The said child spends (his) (her) summers regularly at said residence ☐ Yes ☐ No

The said child eats (his) (her) meals regularly at said residence ☐ Yes ☐ No

Child provides  % of (his) (her) support.

FURTHER YOUR AFFIANT SAYETH NOT.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Address

Subscribed and sworn to before me this  day of ,

\_\_\_\_\_  
Notary Public

## **IMPORTANT SIJHSAA ADMINISTRATIVE DATES (2015-2016)**

### **2015**

- |              |   |   |
|--------------|---|---|
| July 9       | - | Fall Mailing: Includes Baseball, Softball, and Cross Country State Series and important SIJHSAA information for member schools. (Posted on SIJHSAA Website / <a href="http://www.sijhsaa.com">www.sijhsaa.com</a> ) |
| September 1  | - | Deadline to enter Boys and Girls Basketball. School ID's and Passwords distributed to member schools for the SIJHSAA Website.   |
| September 25 | - | E-mailing of Enrollment Cards to all member schools.  |
| October 1    | - | Enrollment Cards due in SIJHSAA Office by all member schools  |
| October 14   | - | Fall Steering Committee Meeting   |
| October 21   | - | Fall Board of Control Meeting   |
| November 7   | - | E-mailing of: Board of Control Minutes and Boys and Girls Basketball Information to all member schools and regional organizers.   |
| December 1   | - | E-mailing of Intent To Play Cards for the 2016 calendar year  |

### **2016**

- |            |   |   |
|------------|---|---|
| February 1 | - | Intent To Play cards due in SIJHSAA Office by all member schools. Deadline to enter for Volleyball.                     |
| February 8 | - | E-mailing Volleyball State Series information to all member schools and regional organizers.                            |
| March 1    | - | Deadline to enter Boys and Girls Track and Bowling.   |
| March 2    | - | Spring Steering Committee Meeting   |
| March 9    | - | Spring Board of Control Meeting   |
| March 18   | - | E-mailing of Board of Control Minutes and Track State Series Information to all member schools and regional organizers. |
| July 1     | - | Deadline to enter Baseball, Softball, and Boys and Girls Cross Country. New Co-op Forms & Renewals due in my office.    |

**Southern Illinois Jr. High School Athletic Association**  
**2014-15 State Meet & Tournament Results**

**Class L Baseball**

1. Collinsville
2. Cartersville
3. Wesclin
4. Marion

**Class L Softball**

1. Johnston City
2. Marion
3. Millstadt
4. Triad

**Class L Boys XC**

1. Triad
2. Marion
3. Waterloo
4. Fulton-O'Fallon

**Class L Girls XC**

1. Waterloo
2. Highland
3. Triad
4. Carriel-O'Fallon

**Class M Baseball**

1. Smithton
2. Sesser
3. Nashville
4. Goreville

**Class M Softball**

1. Goreville
2. Anna
3. Pope County
4. Sparta

**Class S Boys XC**

1. OLMC-Herrin
2. Steeleville
3. Central City
4. St.Joe-Olney

**Class S Girls XC**

1. St.Bruno-P'ville
2. Nashville
3. St.Joe-Olney
4. Bluford

**Class S Baseball**

1. Valmeyer
2. Aviston
3. Steeleville
4. OLMC-Herrin

**Class S Softball**

1. OLMC-Herrin
2. New Athens
3. Central City
4. St.John-Chester

**Boys Bowling**

1. Collinsville
2. Grant
3. Carriel-OF
4. Herrin

**Girls Bowling**

1. Collinsville
2. Wolf Branch
3. Carriel-OF
4. Salem

**Class L Boys BB**

1. Mt.Carmel
2. Marion
3. Collinsville
4. West Frankfort

**Class L Girls BB**

1. Fulton-O'Fallon
2. Highland
3. Hamilton County
4. Centralia

**Class L Volleyball**

1. Harrisburg
2. Murphysboro
3. Highland
4. Carmi

**Class L Girls Track**

1. Collinsville
2. Wolf Branch
3. Belleville Central
4. Benton & Cartersville (Tie)

**Class M Boys BB**

1. Nashville
2. Pinckneyville
3. Albion
4. Aviston

**Class M Girls BB**

1. Aviston
2. Fairfield
3. Goreville
4. Jonesboro

**Class M Volleyball**

1. Unity Point
2. Breese
3. Lebanon
4. NCOE

**Class S Girls Track**

1. STB-Tamaroa Co-op
2. Nashville
3. St.Peter-Paul-Wat.
4. Field

**Class S Boys BB**

1. Germantown
2. Ewing-Northern
3. Steeleville
4. Woodlawn

**Class S Girls BB**

1. Germantown
2. St.Mark's-Steelevill
3. Waltonville
4. Bartelso

**Class S Volleyball**

1. Tr. Luth.-Stewardso
2. All Saints-Breese
3. St.Theresa-B'ville
4. OLMC-Herrin

**Class L Boys Track**

1. Marion
2. Triad
3. Collinsville
4. Fulton-OF

**Class S Boys Track**

1. Pinckneyville #204
- Sesser-Valier (Tie)
3. OLMC Herrin
4. Holy Trinity-OF



**SIJHSAA PUBLIC ADDRESS ANNOUNCEMENTS**  
**(ALL SPORTS)**

**SIJHSAA PREGAME INTRODUCTION**

LADIES AND GENTLEMEN, GOOD EVENING AND WELCOME TO \_\_\_\_\_ (school) FOR TONIGHT'S CONTEST. AS THE HOSTS OF THIS GAME, LETS WELCOME OUR GUESTS THIS EVENING - THE \_\_\_\_\_ (mascot) FROM \_\_\_\_\_ (school)! (wait for audience applause). LETS WISH STUDENTS FROM BOTH SCHOOLS GOOD LUCK, AND WE ENCOURAGE ALL SPECTATORS AT TONIGHT'S GAME TO KEEP IN MIND THAT GOOD SPORTSMANSHIP IS EXPECTED AT \_\_\_\_\_ (name of field, gym, stadium). AS WE SET GOOD EXAMPLES FOR OUR STUDENTS, PLAYERS AND YOUNGSTERS IN ATTENDANCE. (continue with introduction of starting lineups, etc.)...

**SIJHSAA PREGAME INTRODUCTION**

LADIES AND GENTLEMEN, WELCOME TO \_\_\_\_\_ (name of field, stadium or gym), FOR TONIGHT'S CONTEST BETWEEN THE VISITING \_\_\_\_\_ (mascot) OF \_\_\_\_\_ (school) AND YOUR \_\_\_\_\_ (school and mascot)..... \_\_\_\_\_ (school) IS A PROUD MEMBER OF THE SOUTHERN ILLINOIS JR. HIGH SCHOOL ATHLETIC ASSOCIATION, AND WE REMIND ALL SPECTATORS THAT THE GAME IS COMPETITIVE, BUT IT IS ALSO AN EDUCATIONAL EXPERIENCE FOR ALL PLAYERS AND STUDENTS. LET'S CONTINUE TO SHOW RESPECT AND SPORTSMANSHIP THROUGHOUT THIS CONTEST AND REFRAIN FROM NEGATIVE CHEERS, CHANTS OR BEHAVIOR. WE WELCOME OUR GUESTS FROM \_\_\_\_\_ (school) AND WISH ALL PLAYERS GOOD LUCK IN TONIGHT'S GAME. NOW LET'S MEET TONIGHT'S STARTING LINEUPS.....

**ANNOUNCEMENT FOR USE DURING BREAKS IN THE GAME**

\_\_\_\_\_ (school) REMINDS ALL FANS THAT WE ALL PLAY A ROLE IN THE EDUCATION OF OUR STUDENTS. PARENTS, FANS AND PEOPLE IN THE COMMUNITY ALL SET AN EXAMPLE FOR STUDENTS - WHETHER THEY ARE AWARE OF IT OR NOT. HELP REKINDLE THE SPIRIT OF CITIZENSHIP AND SET A POSITIVE EXAMPLE IN EVERYTHING YOU DO - BOTH HERE AT THE GAME AND IN THE COMMUNITY. GOOD SPORTSMANSHIP IS WHAT SETS OUR SCHOOL APART.

**ANNOUNCEMENT FOR USE DURING BREAKS IN THE GAME**

FOLKS - IN SOUTHERN ILLINOIS, GOOD SPORTSMANSHIP IS A SCHOOL TRADITION. WHETHER IT'S HERE OR ON THE ROAD, MAKE OUR SCHOOL, OUR COMMUNITY AND OUR STUDENTS PROUD BY DISPLAYING POSITIVE SPORTSMANSHIP. GOOD SPORTSMANSHIP AND POSITIVE CITIZENSHIP ARE VITAL IN THE DEVELOPMENT OF GOOD CITIZENS. \_\_\_\_\_ (school) GLADLY WELCOMES THE CHALLENGE OF BEING A LEADER IN SPORTSMANSHIP AND IN CONTINUING A PROUD TRADITION.

### **ANNOUNCEMENT FOR USE DURING BREAKS IN THE GAME**

WE ALL KNOW THAT OUR SCHOOL IS ONE OF THE BEST IN SOUTHERN ILLINOIS. WE'VE PROVEN IT WITH OUR TEAMS ON THE FIELD AND WITH OUR CLASSROOM PERFORMANCES OFF THE FIELD. WE ASK ALL SPECTATORS AT THIS GAME TO HELP CONTINUE THAT PROUD TRADITION BY SHOWING GOOD SPORTSMANSHIP THROUGHOUT THIS CONTEST. LET'S MAKE OUR VISITOR FEEL WELCOME AND GIVE OUR OFFICIALS THE RESPECT THEY DESERVE FOR DOING A DIFFICULT JOB. BEING ONE OF THE STATE'S BEST SCHOOLS IS NOT EASY, BUT WITH FANS LIKE YOU TO SET EXAMPLES OF GOOD SPORTSMANSHIP, OUR PROUD TRADITION HERE AT \_\_\_\_\_ (school) IS GUARANTEED TO CONTINUE FOR YEARS TO COME!

### **ANNOUNCEMENT FOR USE DURING BREAKS NEAR THE END OF THE GAME**

FANS ARE REMINDED THAT ENTERING THE PLAYING FIELD (COURT) AT ANYTIME IS NOT PERMITTED. YOUR COOPERATION IS APPRECIATED. WE ALSO APPRECIATE ALL FANS WHO MADE OUR SCHOOL PROUD WITH GOOD SPORTSMANSHIP THROUGHOUT THIS GAME. WE ASK THAT ALL SPECTATORS CONTINUE TO DISPLAY GOOD SPORTSMANSHIP EVEN AFTER TONIGHT'S GAME IS OVER. THANK YOU AND PLEASE RETURN TO \_\_\_\_\_ (field, stadium, gym) FOR OUR NEXT GAME \_\_\_\_\_ (date) AT \_\_\_\_\_ (time).

# SIJHSAA BOARD & COMMITTEE MEMBERS

## **BOARD OF CONTROL**

As of July 1, 2015

<u>MEMBER</u>	<u>SCHOOL</u>	<u>REGION</u>	<u>TERM EXPIRES</u>
Mitch Haskins, <i>Vice-President</i>	Meridian	1	2016
Mike Hanson	Shawnee	1	2016
Greg Frehner	Vienna	2	2016
Mark May	Herrin	2	2016
John Crabb	Harrisburg	3	2016
Ryan Fritch	Pope County	3	2016
Russ Hobbs	Christopher	4	2018
Jerry Corn	Benton	4	2018
Justin Palm	St. John Luth. Red Bud	5	2017
Dave Kaiser	Chester	5	2017
Darrin Houck	Collinsville	6	2017
Tracy Lauderdale, <i>President</i>	O'Fallon Carriel	6	2017
Jason Finke	Nashville	7	2017
Brian Holtgrave	St. Rose	7	2017
Wayne Stone	Field	8	2018
Jason Hobbs	Waltonville	8	2018
Doug Hargis	Centralia	9	2018
Doug Jones	Selmaville	9	2018
Rick Franklin	Olney	10	2017
John Winters	Flora	10	2017

## **STEERING COMMITTEE**

Russ Hobbs (*Christopher*); Chuck Goforth (*Anna*); Greg Frehner (*Vienna*); Mike Hanson (*Shawnee*); Mike Hayes (*Field*); Mitch Haskins (*Meridian*); Mary Ringering (*Red Bud*); Mike McClure (*Mt. V.*); Ron O'Daniell (*Woodlawn*); Lewis Schweizer (*Pinckneyville*); Tracy Lauderdale (*O'Fallon*); Jason Finke (*Nashville*); David Russell (*Z-R*); Jim Burnes (*Dix*).

Stephen J. Hough, Attorney 110 S. Whittle Ave. Olney, IL. 62450 618-395-6181



# SIJHSAA GEOGRAPHIC REGIONS

We expanded from 16 to 20 BOC Memners and from 8 to 10 Geographic Regions July 1, 2009.

## Region 1

12 SCHOOLS

### Alexander Co.

Cairo  
Egyptian

### Pulaski Co.

Century  
Meridian

### Massac Co.

Joppa  
Massac Jr. High

### Union Co.

Anna  
Cobden  
Dongola  
Jonesboro  
Lick Creek  
Shawnee

## Region 2

13 SCHOOLS

### Johnson Co.

Buncombe  
Cypress  
Goreville

N.Simpson Hill  
Vienna

### Williamson Co.

Carterville  
Crab Orchard  
Creal Springs  
Herrin  
Johnston City  
Marion  
OLMC/Herrin  
Unity Christian / Herrin

## Region 3

11 SCHOOLS

### Pope Co.

Pope County

### Hardin Co.

Hardin County

### Gallatin Co.

Gallatin County

### Saline Co.

Carrier Mills  
Eldorado  
Galatia  
Harrisburg

### Hamilton Co.

Hamilton County

### White Co.

Carmi  
Grayville  
Norris City-Omaha-Enfield

## Region 4

14 SCHOOLS

### Franklin Co.

Akin  
Benton  
Christopher  
Ewing  
St. John / West Frankfort  
Sesser  
Thompsonville  
West Frankfort  
Zeigler-Royalton

### Perry Co.

DuQuoin  
Pinckneyville  
Pinckneyville #204  
St. Bruno / Pinckneyville  
Tamaroa

## Region 5

27 SCHOOLS

### Jackson Co.

Carbondale  
Christ Lutheran / Jacob  
DeSoto  
Elverado  
Giant City  
Im. Luth. / Murphysboro  
Murphysboro  
St.Andrew / Murphysboro  
Trico  
Unity Point

### Randolph Co.

Chester  
Coulterville  
Evansville  
Prairie duRocher  
Red Bud Elem.  
St.John Cath./Red Bud  
St.John Luth./f Red Bud  
St.John Luth./Chester  
St.Mark's Luth./Steeleville  
St.Mary's Cath./Chester  
Tr.Lultheran/Red Bud  
Sparta  
Steeleville

### Monroe Co.

Im.Conception-Columbia  
St. Peter/Paul / Waterloo  
Valmeyer  
Waterloo

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### BOC

Haskins  
Hannson

### BOC

Frehner  
May

### BOC

Crabb  
Fritch

### BOC

R. Hobbs  
Corn

### BOC

Palm  
Kaiser

\*\*\*\*\*

**Region 6**

33 SCHOOLS

**St. Clair Co.**

Belle Valley  
 Belleville Central  
 Dupo  
 Emge  
 1st. Bap. Academy/OF  
 Holy Trin./Fairview Hts.  
 Grant  
 Lebanon  
 Marissa  
 Mascoutah  
 Millstadt  
 Mew Athens  
 O'Fallon Carriel  
 O'Fallon Fulton  
 St.John/Smithton  
 St. Libory  
 Shiloh  
 St.Agatha/New Athens  
 St. Clare / O'Fallon  
 St. John / Smithton  
 St.Joseph / Freeburg  
 St.Theresa / Belleville  
 Smithton  
 Wolf Branch  
**Madison Co.**  
 Alton  
 Collinsville  
 Good Shepherd Luth.  
 Highland  
 Maryville Christian  
 St.Boniface / Ed.  
 St. Paul, Highland  
 Triad  
 Tr. Luth. / Edwardsville

**Region 7**

22 SCHOOLS

**Washington Co**

Ashley  
 Immanuel Luth. Ok'v  
 Irvington  
 Nashville  
 North Wamac  
 Oakdale  
 Okawville  
 St. Ann  
 Trinity Luth. / Hoyleton  
 Tr. St. John / Nashville

**Clinton Co.**

Albers  
 All Saints  
 Aviston  
 Bartelso  
 Breese  
 Carlyle  
 Damainville  
 Germantown  
 St. Rose  
 Trinity Luth. Hoffman  
 Wesclin  
 Willow Grove  
**Bond Co.**

**Region 8**

22 SCHOOLS

**Jefferson Co.**

Bethel  
 Bluford  
 Dodds  
 Farrington  
 Field  
 Grand Prairie  
 Ina  
 McClellan  
 Mt. Vernon  
 Opdyke  
 Rome  
 St. Mary's / Mt. Vernon  
 Summersville  
 Victory Ch./Mt.Vernon  
 Waltonville  
 Woodlawn

**Wayne Co.**

Cisne  
 Fairfield  
 Geff  
 Jasper  
 New Hope  
 Wayne City

**Region 9**

19 SCHOOLS

**Marion Co.**

Apostolic Christian/Salem  
 Centralia  
 Central City  
 Iuka  
 Kell  
 New Horizon  
 Odin  
 Patoka  
 Raccoon  
 St.Mary's Cen.  
 St. Theresa  
 Salem  
 Sandoval  
 Selma  
 South Central  
 Trinity L. Cen.

**Fayette Co.**

St. Peter Lutheran

**Effingham Co**

Altamont Lutheran

**Shelby Co.**

Trinity Luth. Stewardson

**Region 10**

12 SCHOOLS

**Edwards Co.**

Albion  
 West Salem

**Wabash co.**

Allendale  
 Mt. Carmel  
 St. Mary's, Mt.C.

**Richland Co.**

E.Orchard Ch. Acad./Olney  
 Olney  
 St.Joe / Olney  
**Clay Co.**  
 Clay City  
 Flora

North Clay

**Crawford Co.**

New Hebron/Robinson

BOC

Houck  
 Lauderdale

BOC

Finke  
 Holtgrave

BOC

Stone  
 J. Hobbs

BOC

Hargis  
 Jones

BOC

Franklin  
 Winters

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## **2015 SIJHSAA Cross Country State Series**

### **CLASS L TEAMS (501 & Above)**

Benton	Highland
Carbondale	Marion
Carriel-O'Fallon	Massac County
Carmi	Mt.Vernon
Carterville	Murphysboro
Centralia	Smithton
Chester	Olney
Collinsville	Salem
Eldorado	Triad
Fairfield	Unity Point
Fulton-O'Fallon	Waterloo
Harrisburg	West Frankfort
Herrin	Wesclin

### **OCTOBER 17-10:00AM**

Meet Manager:  
Jerry Corn  
Asst.Principal-Benton Middle School  
1000 Forrest Street  
Benton, IL 62812  
618-438-4011 X1003 (School)  
618-435-2152 (Fax)  
jcorn@benton47.org (E-mail)

### **CLASS S TEAMS (Below 501)**

Allendale-St.Mary's co-op	OLMC-Herrin
Ashley	Opdyke Belle-Rive
Bluford	Pinckneyville #204
Central City	Pope County
Crab Orchard	Raccoon
Creal Springs-Adams School	Rome
Evansville	Selmaville
Ffarrington	St.Andrew-Im. Lu. Co-op
Field	St.Bruno Cath.-Pinckneyville
First Baptist Acad.-O'Fallon	St.Joe Catholic-Olney
Good Shepherd-Edwardsville	St.John Luth.-Chester
Grand Prairie	St.John Luth.-Red Bud
Kell	St.John Cath.-W. Frankfort
Lick Creek	St.Marks Lu.-Steeleville
Maryville Christian	St.Mary's-Centralia
McClellan	St.Theresa-ACA Co-op
Nashville	Steeleville
New Hebron-Robinson	Summersville
New Hope	Trinity Lutheran-Centralia
New Horizon-Centralia	Waltonville
New Simpson Hill	Wayne City
Norris City Omaha-Enfield	Willow Grove
N.Wamac-Irvington Co-op	Woodlawn
Odin	Zeigler-Royalton

### **OCTOBER, 17**

9:15am-Course Tour  
9:45am-Coaches Meeting  
10:30am-Girls Race  
11:15am-Boys Race  
Meet Manager:  
Mark Larimer  
St.Theresa School  
Salem, IL 62881  
heymark@ussonet.net (E-Mail)  
larimer@ussonet.net (E-Mail)



## **2015 SIJHSAA BASEBALL ENROLLMENTS**

<b><u>Class L</u></b>	<b><u>Class M</u></b>	
Collinsville	4329 Dupo	752
Carriel-O'Fallon	2917 Anna	713
Fulton-O'Fallon	2748 Fairfield	634
Marion	2473 Unity Point	628
Mascoutah	2418 Trico	616
Triad	2412 Chester	584
Belleville Central	1963 Red Bud	564
Highland	1904 Breese	563
Waterloo	1783 Christopher	561
Herrin	1637 Shiloh	553
Massac County	1536 Gallatin County	541
Carterville	1534 Pinckneyville	541
Harrisburg	1515 Smithton	531
Murphysboro	1415 Nashville	485
Mt.Vernon	1381 South Central	479
Carbondale	1371 North Clay	477
West Frankfort	1338 Norris City OE	476
Centralia	1288 Albion	434
Benton	1088 Zeigler-Royalton	431
DuQuoin	984 Lebanon	425
Salem	960 Sesser-Valier	418
Belle Valley	958 Hardin County	402
Carmi-White Co.	942 Marissa	402
Flora	886 Jonesboro	398
Wesclin	862 Vienna	387
Hamilton County	817 Meridian	385
Wolf Branch	812 Goreville	368
Johnston City	800 Wayne City	367
Carlyle	783 Okawville	366
Eldorado	776 Aviston	362
Sparta	774 Cobden	361
Millstadt	762 Pope County	349

**Class S**

New Athens	344 St.John's Luth-RB	184
Crab Orchard	324 Cyp./Bun. Co-op	182
Cairo	323 Unity Christ.-Energy	169
Woodlawn	321 Patoka	165
Sandoval	310 Tr.Luth.-Edwardsville	161
Egyptian	308 Pinckneyville #204	152
Rome	305 Prairie DuRocher	151
Good Shepard-COL	302 Dongola	149
Galatia	298 St.John Lu.-Chester	147
Valmeyer	298 Evansville	146
Carrier-Mills	290 Coulterville	140
Cisne	284 Allendale Co-op	128
Century	277 Tr.Luth.-Centralia	127
Field	276 St.Mary-VCA Co-op	111
W.Gr./St.M. Co-op	272 St.Mark's Lu.-S-ville	103
Hoyleton Co-op	265 St.Mary Ca.-Chester	85
OLMC-Herrin	263 St.Libory	78
St.P&P-Waterloo	262 St.John Ca.-RB	70
Bluford	262 St.John Ca.-WF	69
Central City	261	
Jasper-Geff Co-op	259	
Elverado	256	
Steeleville	251	
Summersville	245	
Tam/STB Co-op	242	
Spring Garden	240	
Creal Springs	238	
Waltonville	234	
Raccoon	229	
DeSoto	226	
Thompsonville	226	
St.Andrew Co-op	225	
Giant City	225	
Shawnee	223	
New Simpson Hill	222	
Grayville	220	
Clay City	214	
Bethel/McCl.Co-op	207	
Odin	200	
Ewing	200	
Iuka	198	
St.Paul-Highland	198	
Altamont Lu. Co-op	194	
TSJ/ST.A-NV Co-op	193	
Joppa	189	
Opdyke-Belle Rive	186	
New Hope-Fairfield	185	
West Salem	185	

## SIJHSAA 2015

### CLASS L BASEBALL REGIONAL ALIGNMENTS

#### REGIONAL MEETING Sept. 16

REGIONALS Sept. 22-29    STATE Oct. 3, 6, & 8

\*\* = School responsible for scheduling/hosting the Sept. 16 meeting or fax e-mail process.

<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
<b>**Marion</b>	<b>**Carbondale</b>	<b>**Johnston City</b>	<b>**Carmi</b>
Eldorado	Carterville	Benton	Flora
Harrisburg	Herrin	DuQuoin	Hamilton County
Massac County	Murphysboro	West Frankfort	Mt. Vernon

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<u>REGION V</u>	<u>REGION VI</u>	<u>REGION VII</u>	<u>REGION VIII</u>
<b>**Millstadt</b>	<b>**Fulton</b>	<b>**Carriel</b>	<b>**Centralia</b>
Belleville Central	Belle Valley	Highland	Carlyle
Sparta	Collinsville	Mascoutah	Wesclin
Waterloo	Wolf Branch	Triad	Salem

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### STATE TOURNAMENT PAIRINGS

**1 vs 4 Sat., Oct. 3 - 10 am**

**2 vs 3 Sat., Oct. 3 - 11 am**

**6 vs 8 Sat., Oct. 3 - Noon**

**5 vs 7 Sat., Oct. 3 - 1pm**

**Rain Date: Mon., Oct. 5**

**Semi-Finals: Tue., Oct. 6 - 1pm & 3pm**

**Finals: Thurs., Oct. 8 - 1pm & 3pm**

**State Tournament Mgr.: Galen Mahle - Centralia Recreation Center**

**Ph: 532-3214    Cell: 246-6764    Fax: 532-3411**

**E-Mail: [crcgmahle@sbcglobal.net](mailto:crcgmahle@sbcglobal.net) (mailto:[crcgmahle@sbcglobal.net](mailto:crcgmahle@sbcglobal.net))**

**ALL STATE TOURNAMENT GAMES ARE AT**



**Centralia Rotary Park**

**Admissions: Students (8th grade & under) \$2 Adults \$5**

**REMINDER: MAXIMUM OF 25 IN THE DUGOUT**

**(Maximum of 20 players dressed)**

## SIJHSAA 2015

### CLASS M BASEBALL REGIONAL ALIGNMENTS

#### REGIONAL MEETING Sept. 16

REGIONALS Sept. 22-29 STATE Oct. 3, 6, & 8

\*\* = School responsible for scheduling/hosting the Sept. 16 meeting or fax e-mail process.

<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
<b>**Cobden</b>	<b>**Goreville</b>	<b>**Pope County</b>	<b>**Pinckneyville</b>
Anna	Unity Point	Gallatin County	Christopher
Jonesboro	Vienna	Hardin County	Sesser-Valier
Meridian	Zeigler-Royalton	Norris City-Omaha-Enfield	Trico
<u>REGION V</u>	<u>REGION VI</u>	<u>REGION VII</u>	<u>REGION VIII</u>
<b>**Chester</b>	<b>**Lebanon</b>	<b>**Nashville</b>	<b>**Wayne City</b>
Dupo	Aviston	Breese	Albion
Marissa	Shiloh	Okawville	Fairfield
Red Bud	Smithton	South Central	North Clay

-

### STATE TOURNAMENT PAIRINGS

1 vs 5 Sat., Oct. 3 - 9:30 am

3 vs 7 Sat., Oct. 3 - 11:30 am

4 vs 8 Sat, Oct. 3- 1:30 pm

2 vs 6 Sat., Oct. 3 - 3:30 pm

Rain Date: Mon., Oct. 5

Semi-Finals: Tue., Oct. 6 - 1:00 pm & 3:00 pm

Finals: Thurs., Oct. 8 - 1:00 pm & 3:00 pm

State Tournament Mgr.: Alan Engelhardt, Pinckneyville High School

Ph: 357-5013 X128 Cell: 618-318-3835 Fax: 357-6045

E-Mail: [aengelhardt@pchspanthers.com](mailto:aengelhardt@pchspanthers.com) (mailto:[aengelhardt@pchspanthers.com](mailto:aengelhardt@pchspanthers.com))

**ALL STATE TOURNAMENT GAMES ARE AT THE**

**Perry County Fairgrounds - Ballpark Road - Pinckneyville**

**Admissions: Students (8th grade and under) \$2 Adults \$5**

**REMINDER: MAXIMUM OF 25 IN THE DUGOUT**

**(Maximum of 20 players dressed)**



## SIJHSAA 2015

### CLASS S BASEBALL REGIONAL ALIGNMENTS

REGIONAL MEETING: Sept. 16 REGIONALS: Sept. 22-29 STATE: Oct. 3, 6, 8

\*\*= School responsible for scheduling / hosting the Sept. 16 meeting or fax e-mail process

<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
<b>**Shawnee</b>	<b>**Giant City</b>	<b>**Pinckneyville #204</b>	<b>**Steeleville</b>
Cairo	Carrier Mills	Spring Garden	Coulterville
Century	Crab Orchard	Elverado	Evansville
Cypress-Bun. Co-op	Creal Springs	Ewing	St.Andrew Co-op-M'boro
Dongola	DeSoto	Galatia	St.John Cath.-Red Bud
Egyptian	OLMC-Herrin	Opdyke Belle Rive	St.John Luth.-Chester
Joppa	St.John-West Frankfort	St.Bruno-Tamaroa Co-op	St.John Luth.-Red Bud
New Simpson Hill	Unity Christian-Energy	Thompsonville	St.Mark's Luth.-Steeleville
			St.Mary's Cath.-Chester

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<u>REGION V</u>	<u>REGION VI</u>	<u>REGION VII</u>	<u>REGION VIII</u>
<b>**New Athens</b>	<b>**Waltonville</b>	<b>**Rome</b>	<b>**New Hope</b>
Good Shepherd-Collinsville	Bethel-McClellan Co-op	Altamont Luth. Co-op	Allendale-St.Mary Co-op
Prairie DuRocher	Hoyleton Co-op	Central City	Bluford
St.Ibory	St.Ann-TSJ Co-op	Field	Cisne
St.Peter-Paul Cath.- Waterloo	St.Mary's Cath.VCA Co-op Mt.Vernon	Odin	Clay City
St.Paul Cath.-Highland	Summersville	Patoka	Grayville
Trinity Luth.-Edwardsville	Trinity Luth.-Centralia	Raccoon	Iuka
Valmeyer	Willow Grove Co-op	Sandoval	Jasper-Geff Co-op
	Woodlawn	Sellmaville	West Salem

### STATE TOURNAMENT PAIRINGS

2 vs 5 Saturday, Oct. 3 9:30 am

3 vs 8 Saturday, Oct. 3 11:30 am

1 vs 4 Saturday, Oct. 3 1:30 pm

6 vs 7 Saturday, Oct. 3 3:30 pm

**RAIN DATE: OCTOBER 5**

**SEMI-FINALS: OCTOBER 6 - 1:00 pm and 3:00 pm**

**FINALS: OCTOBER 8 - 1:00 pm and 3:00 pm**

**STATE TOURNAMENT MGR: LARRY HARPER-COULTERVILLE**

**School Phone: 758-2881 School Fax: 758-2887 Cell: 713-7405**

**E-Mail: [mustang202@sbcglobal.net](mailto:mustang202@sbcglobal.net) (mailto:mustang202@sbcglobal.net)**

**ALL GAMES ARE AT COULTERVILLE CITY PARK**

**Admissions: Students 8th & under: \$2 Adults: \$5**

**\*REMINDER: MAXIMUM OF 25 IN THE DUGOUT - MAXIMUM 20 PLAYERS DRESSED**

## **2015 SIJHSAA SOFTBALL ENROLLMENTS**

<b><u>Class L</u></b>	<b><u>Class M</u></b>	
Collinsville	4329 Dupo	752
Carriel-O'Fallon	2917 Anna	713
Fulton-O'Fallon	2748 Fairfield	634
Marion	2473 Unity Point	628
Mascoutah	2418 Trico	616
Triad	2412 Grant	589
Belleville Central	1963 Chester	584
Highland	1904 Red Bud	564
Waterloo	1783 Breese	563
Herrin	1637 Christopher	561
Massac County	1536 Shiloh	553
Carterville	1534 Gallatin County	541
Harrisburg	1515 Pinckneyville	541
Murphysboro	1415 Smithton	531
Mt. Vernon	1381 Nashville	485
Carbondale	1371 South Central	479
West Frankfort	1338 Norris City OE	476
Centralia	1288 Albion	434
Benton	1088 Zeigler-Royalton	431
DuQuoin	984 Lebanon	425
Salem	960 Sesser-Valier	418
Belle Valley	958 Hardin County	402
Carmi-White Co.	942 Marissa	402
Flora	886 Jonesboro	398
Wesclin	862 Vienna	387
Hamilton County	817 Meridian	385
Wolf Branch	812 Goreville	368
Johnston City	800 Wayne City	367
Carlyle	783 Okawville	366
Eldorado	776 Aviston	362
Sparta	774 Cobden	361
Millstadt	762 Pope County	349



**Class S**

New Athens	344 Pinckneyville #204	152
Crab Orchard	324 Prairie DuRocher	151
Cairo	323 Dongola	149
Woodlawn	321 St.John Lu.-Chester	147
Egyptian	308 Evansville	146
Rome	305 Coulterville	140
Galatia	298 St.J./Tr.Lu-RB Co-op	116
Valmeyer	298 St.Mark's Lu.-S-ville	103
Carrier-Mills	290 St.Marys-Mt.Vernon	103
Cisne	284	
Century	277	
Field	276	
W.Gr./St.M. Co-op	272	
Hoyleton Co-op	265	
OLMC-Herrin	263	
St.P&P-Waterloo	262	
Bluford	262	
Central City	261	
Jasper/Geff Co-op	259	
Elverado	256	
Steeleville	251	
Summersville	245	
Tam./STB Co-op	242	
Spring Garden	240	
Creal Springs	238	
Waltonville	234	
Raccoon	229	
DeSoto	226	
Thompsonville	226	
St. Andrew Co-op	225	
Giant City	225	
Shawnee	223	
New Simpson Hill	222	
Grayville	220	
Clay City	214	
Bethel/McCl. Co-op	207	
Odin	200	
Ewing	200	
Iuka	198	
St.Paul-Highland	198	
TSJ/ST.A-NV Co-op	193	
Joppa	189	
Opdyke-Belle Rive	186	
New Hope-Fairfield	185	
West Salem	185	
St.John's Luth-RB	184	
Cyp./Bun. Co-op	182	
Unity Christ.-Energy	169	

## SIJHSAA 2015

### CLASS L SOFTBALL REGIONAL ALIGNMENTS

#### REGIONAL MEETING Sept 16

REGIONALS Sept. 22-29    STATE Oct. 3, 6, & 8

\*\* = School responsible for scheduling/hosting the Sept. 16 meeting or fax e-mail process.

<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
<b>**Marion</b>	<b>**Carbondale</b>	<b>**Johnston City</b>	<b>**Carmi</b>
Eldorado	Carterville	Benton	Flora
Harrisburg	Herrin	DuQuoin	Hamilton County
Massac County	Murphysboro	West Frankfort	Mt. Vernon

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<u>REGION V</u>	<u>REGION VI</u>	<u>REGION VII</u>	<u>REGION VIII</u>
<b>**Millstadt</b>	<b>**Fulton</b>	<b>**Carriel</b>	<b>**Centralia</b>
Belleville Central	Belle Valley	Highland	Carlyle
Sparta	Collinsville	Mascoutah	Wesclin
Waterloo	Wolf Branch	Triad	Salem

### STATE TOURNAMENT PAIRINGS

6 vs 8    Sat., Oct. 3 - 10am

5 vs 7    Sat., Oct. 3 - 11am

1 vs 4    Sat., Oct. 3 - Noon

2 vs 3    Sat. Oct. 3 - 1pm

Rain Date: Mon., Oct. 5

Semi-Finals: Tue., Oct. 6 - 1pm & 3pm

Finals: Thurs., Oct. 8 - 1pm & 3pm

State Tournament Mgr.: Galen Mahle - Centralia Recreation Center

Ph: 532-3214 Cell: 246-6764 Fax: 532-3411

E-Mail: [crcgmahle@sbcglobal.net](mailto:crcgmahle@sbcglobal.net) (mailto:[crcgmahle@sbcglobal.net](mailto:crcgmahle@sbcglobal.net))

ALL STATE TOURNAMENT GAMES ARE AT

Centralia Rotary Park

Admissions: Students (8th grade & under) \$2 Adults \$5

REMINDER: MAXIMUM OF 25 IN THE DUGOUT

(Maximum of 20 players dressed)



## **SIJHSAA 2015** **CLASS M SOFTBALL REGIONAL ALIGNMENTS**

### **REGIONAL MEETING Sept. 16**

REGIONALS: Sept. 22-29    STATE: Oct. 3, 6, & 8

\*\* = School responsible for scheduling/hosting the Sept. 16 meeting or fax e-mail process.

<u><b>REGION I</b></u>	<u><b>REGION II</b></u>	<u><b>REGION III</b></u>	<u><b>REGION IV</b></u>
<b>**Cobden</b>	<b>**Goreville</b>	<b>**Pope County</b>	<b>**Pinckneyville</b>
Anna	Unity Point	Gallatin County	Christopher
Jonesboro	Vienna	Hardin County	Sesser-Valier
Meridian	Zeigler-Royalton	Norris City-Omaha Enfield	Trico
<u><b>REGION V</b></u>	<u><b>REGION VI</b></u>	<u><b>REGION VII</b></u>	<u><b>REGION VIII</b></u>
<b>**Chester</b>	<b>**Lebanon</b>	<b>**Nashville</b>	<b>**Wayne City</b>
Dupo	Grant	Aviston	Albion
Marissa	Shiloh	Breese	Fairfield
Red Bud	Smithton	Okawville	South Central

## **STATE TOURNAMENT PAIRINGS**

4 vs 8 Sat., Oct. 3 - 9:30 am

2 vs 6 Sat., Oct. 3 - 11:30 am

1 vs 5 Sat., Oct. 3 - 1:30 pm

3 vs 7 Sat., Oct. 3 - 3:30 pm

**Rain Date: Mon., Oct. 5**

**Semi-Finals: Tue., Oct. 6 - 1:00 pm & 3:00 pm**

**Finals: Thurs., Oct. 8 - 1:00 pm & 3:00 pm**

State Tournament Mgr.: Alan Engelhardt, Pinckneyville High School

Ph: 618-357-5013 X128 Cell: 618-318-3835 Fax: 618-357-6045

E-Mail: [aengelhardt@pchspanthers.com](mailto:aengelhardt@pchspanthers.com) (mailto:[aengelhardt@pchspanthers.com](mailto:aengelhardt@pchspanthers.com))

**ALL STATE TOURNAMENT GAMES ARE AT**

**Perry County Fairgrounds (Ballpark Road)**

**Admissions: Students (8th grade & under) \$2 Adults \$5**

**REMINDER: MAXIMUM OF 25 IN THE DUGOUT**

**(Maximum of 20 plalyers dressed)**

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## SIJHSAA 2015

### CLASS S SOFTBALL REGIONAL ALIGNMENTS

REGIONAL MEETING: Sept. 16    REGIONALS: Sept.22-29    STATE: Oct. 3, 6, & 8

\*\*= School responsible for scheduling / hosting the Sept 16 meeting or fax e-mail process

<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
<b>**Century</b>	<b>**Giant City</b>	<b>**Pinckneyville #204</b>	<b>**Steeleville</b>
Cairo	Carrier Mills	Elverado	Coulterville
Cypress-Bun. Co-op	Crab Orchard	Ewing	Evansville
Dongola	Creal Springs	Galatia	St.Andrew Co-op-M'boro
Egyptian	DeSoto	St.Burno-Tamaroa Co-op	St.John Luth.-Chester
Joppa	OLMC-Herrin	Opdyke Belle Rive	St.Mark's Luth.-Steeleville
New Simpson Hill	Unity Christian-Energy	Thompsonville	St.Mary's Cath.-Chester
Shawnee			

<u>REGION V</u>	<u>REGION VI</u>	<u>REGION VII</u>	<u>REGION VIII</u>
<b>**St.John Luth. Red Bud</b>	<b>**Waltonville</b>	<b>**Rome</b>	<b>**New Hope</b>
New Athens	Bethel-McClellan Co-op	Altamont Luth. Co-op	Bluford
Prairie DuRocher	Spring Garden	Central City	Cisne
St.John Cath.-RB Co-op	Hoyleton Co-op	Field	Clay City
St.Paul Cath.-Highland	St. Ann-TSJ Co-op	Odin	Grayville
St.Peter-Paul Cath.-Waterloo	St. Mary's Ca. Mt. Vernon	Raccoon	Iuka
Valmeyer	Summersville	Selmaville	Jasper-Geff Co-op
	Woodlawn	Willow Grove Co-op	West Salem

### STATE TOURNAMENT PAIRINGS

1 vs 4    Sat., Oct. 3 - 9:30 am

6 vs 7    Sat., Oct. 3 - 11:30 am

2 vs 5    Sat., Oct. 3 - 1:30 pm

3 vs 8    Sat., Oct. 3 - 3:30 pm



**Rain Date: Mon., Oct. 5**

**Semi-Finals: Wed., Oct. 6 - 1:00 pm & 3:00 pm**

**Finals: Fri., Oct. 8 - 1:00 pm & 3:00 pm**

**State Tournament Mgr.: Larry Harper - Coulterville Grade School**

**Ph: 618-758-2881 Cell: 618-713-7405 Fax: 618-758-2887**

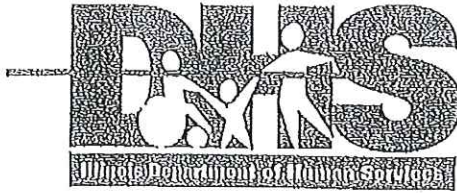
**E-Mail: [mustang202@sbcglobal.net](mailto:mustang202@sbcglobal.net) (mailto:mustang202@sbcglobal.net)**

**ALL GAMES ARE AT COULTERVILLE CITY PARK**

**Admissions: Students (8th grade & under) \$2 Adults \$5**

**REMINDER: MAXIMUM OF 25 IN THE DUGOUT**

**(Maximum of 20 players dressed)**



Pat Quinn, Governor      Michelle R.B. Saddler, Secretary

815/823 East Monroe Street | Springfield, Illinois 62701

October 26, 2012

Greg Hale  
Director  
Southern Illinois Jr. High School Athletic Association  
3887 Plok Road  
Pinokneyville, IL 62274

Dear Mr. Hale,

The Illinois Certificate of Child Health Examination form has previously contained the statement, "INTERSCHOLASTIC SPORTS (for one year)". This was included to accommodate athletic association bylaws which required a physical be on file which had been completed "not more than 365 days preceding any date of participation in any such practice, contest or activity."

Because some athletic associations have changed the rule to 395 days, we are removing the statement "(for one year)" from the Certificate of Child Health Examination form. The bylaws of the athletic association to which the school district belongs will specify the timeframe in which a physical must have been completed prior to any practice, contest, or activity. Attached is the newest version of the Certificate of Child Health Examination. This form must be used for school enrollment and can be used as a physical for sports. Please begin to use this form immediately.

Many schools will have physicals on file that were done on the old form which the health care provider has signed indicating "INTERSCHOLASTIC SPORTS (for one year)". In order to avoid potential liability for the school, if the sports season is extended due to participation in Spring sport state contests, request the child present a note to the school from the physician allowing participation up to 395 days from the date of the physical on file.

Please share this information with schools-participating in the Southern Illinois Junior High School Athletic Association.

Sincerely,

Victoria Jackson, RN, MSN, IL/NCSN  
School Health Program Coordinator  
Illinois Department of Human Services  
217-785-5368  
[victoria.jackson@illinois.gov](mailto:victoria.jackson@illinois.gov)



State of Illinois  
Certificate of Child Health Examination

FOR USE IN ILLINOIS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 12/2011



Student's Name			Birth Date			Sex			Race/Ethnicity			School/Grade Level/ID#						
Last First Middle			Month/Day/Year															
Address Street City Zip Code			Parent/Guardian			Telephone # Home			Work									
<p><b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/day/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</p>																		
Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
DTP or DTap																		
TDap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> TDap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus Influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
MMR Combined Measles Mumps, Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		
<p>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)</p>																		
Signature					Title					Date								
Signature					Title					Date								
<p><b>ALTERNATIVE PROOF OF IMMUNITY</b></p> <p>1. Clinical diagnosis is acceptable if verified by physician. (All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)</p> <p>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.</p>																		
Date of Disease			Signature			Title			Date									
3. Laboratory confirmation (check one)			<input type="checkbox"/> Measles			<input type="checkbox"/> Mumps			<input type="checkbox"/> Rubella			<input type="checkbox"/> Hepatitis B			<input type="checkbox"/> Varicella			
Lab Results			Date MO DA YR												(Attach copy of lab result)			

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN														
Date														
Age/Grade														
	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision														
Hearing														
<p>Code: P = Pass F = Fail U = Unable to test R = Referred C/C = Glasses/Contacts</p>														



Last Name	First Name	Middle Name	Birth Date <small>Month/Day/Year</small>	Sex	School	Grade Level/ID
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>						
<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis)			
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during night coughing?	Yes	No	Hospitalizations?	Yes	No	
Birth defects?	Yes	No	When? What for?			
Developmental delay?	Yes	No	Surgery? (List all)	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Bxplain.	Yes	No	When? What for?			
Diabetes?	Yes	No	Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No	TB skin test positive (past/present)?	Yes	No	If yes, refer to local health department.
Seizures? What are they like?	Yes	No	TB disease (past or present)?	Yes	No	
Heart problem/Shortness of breath?	Yes	No	Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No	
Eye/Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Ear/Hearing problems?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.			
Bone/Joint problem/injury/scoliosis?	Yes	No	Parent/Guardian Signature _____ Date _____			
<b>PHYSICAL EXAMINATION REQUIREMENTS</b> Entire section below to be completed by MD/DO/APN/PA						
HEAD CIRCUMFERENCE If < 2-3 years old		HEIGHT		WEIGHT		BMI
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypernatation, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>						
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)						
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____						
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>						
Skin Test Date Read / /		Result Positive <input type="checkbox"/> Negative <input type="checkbox"/>		mm _____		
Blood Test Date Reported / /		Result Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Value _____		
<b>LAB TESTS</b> (Recommended)		Date		Results		
Hemoglobin or Hematocrit				Sickle Cell (when indicated)		
Urinalysis				Developmental Screening Tool		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs	
Skin				Endocrine		
Ears				Gastrointestinal		
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Genito-Urinary	LMP	
Nose				Neurological		
Throat				Musculoskeletal		
Mouth/Dental				Spinal Exam		
Cardiovascular/HTN				Nutritional status		
Respiratory		<input type="checkbox"/> Diagnosis of Asthma		Mental Health		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. Inhaled corticosteroid)				Other		
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions		
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for orthotics, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup						
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check this: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal						
EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.						
On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)						
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>				INTERSCOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>		
Print Name _____		(MD, DO, APN, PA) Signature _____		Date _____		
Address _____		Phone _____				

(Complete Both Sides)