



2019
Team-Coach-Athlete
Handbook

Our Mission:

To provide competitive and non-competitive athletic opportunities to individuals with physical disabilities.





Welcome and Thank You!

Thank you for volunteering your time to coach and manage one of RHI's adaptive sport teams and welcome to all participating athletes. First and foremost, our Mission: To provide competitive and non-competitive athletic opportunities to individuals with physical disabilities.

The RHI Adaptive Sports Program is a restricted fund within the RHI Foundation and is 100% funded by philanthropic support. The program is not just a specific team; there are monthly clinics of adaptive sport opportunities open to the public. The RHI Adaptive Sport Program helps individuals gain self-esteem, develop social skills, improve physical fitness and provide intrinsic motivation to re-enter the workplace.

The sustainability and integrity of the RHI Sports Program is all of our responsibility from properly maintaining athlete paperwork to collaborative fund raising efforts for the program. The handbook has tools to help maintain compliance with RHI's Risk Management and also proper status for a Paralympic Sport Club. RHI is one of only two Paralympic Sport Clubs in the entire state of Indiana.



Team-Coach-Athlete Requirements and Expectations

If you or your team are receiving funds from the RHI Sports Program, the following items are mandatory for participation and team/sport funding.

- 1. All athlete paperwork and fees must be turned in BEFORE athlete participation. Paperwork includes, Athlete Intake Form, Physician Release, Waiver and Code of Conduct (athlete, coach and parent). Athlete fee of \$100.00 plus \$25.00 Equipment Rental Maintenance Fee if using RHI equipment. Delay of this requirement can affect team funding.**
- 2. All coaches will undergo a background check and if working with minors, MUST complete SafeSport training. Send completion certificates to RHI Sports Program Staff member at Eagle Highlands Campus.**
- 3. Each team/athlete will be required to fill a table with a minimum of 7 guests at the RHI Sports Program Spirit of Sport Breakfast. Athletes are highly encouraged to attend to be a table host if schedule allows.**
- 4. Mandatory team/sport representation at the RHI Adaptive Sports Expo.**
- 5. Each team/sport will have a designated representative to be on the Athlete's Committee.**
- 6. RHI Sports must be represented by every team/sport (on uniforms, warm up gear, social media etc.) Contact RHI staff for proper logo. Designate a team member, friend, or family member to take pictures and write up competition summaries. For social media tag: #rhisp #rhisports**

Signature _____ Date _____

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Social Media Policy

Social Media Policy

Policy:

This policy provides guidelines for employees use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

Procedures:

The following principles apply to professional use of social media on behalf of the Rehabilitation Hospital of Indiana Sports Program (RHISP) as well as personal use of social media when referencing the Rehabilitation Hospital of Indiana Sports Program.

Team requirement: After an event, send to RHI one team photo, one action photo and a short summary.

- All social media entries need to be linked back to RHISP official media platforms, **#rhisp #rhisports**
- Employees, coaches, and volunteers need to know and adhere to the RHISP Code of Conduct, Coach Handbook, and other policies when using social media in reference to RHISP.
- Employees, coaches, and volunteers should be aware of the effect their actions may have on their images, as well as RHISP's image. The information that employees, coaches, and volunteers publish may be public information for a long time.
- Employees should be aware that RHISP may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to RHISP, its employees, coaches, and volunteers.
- Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
- Employees, coaches, and volunteers are not to publish post or release any information that is considered confidential or not public.
- If employees, coaches, or volunteers encounter a situation while using social media that threatens to become an antagonistic, employees, coaches, or volunteers should disengage from the dialogue in a polite manner and seek the advice of a supervisor.
- Employees, coaches, and volunteers should get appropriate permission before you refer to or post images of current or former employees, coaches, or volunteers.
- Social media use shouldn't interfere with employee's responsibilities at RHISP. RHISP computer systems are to be used for business purposes only. When using RHISP computer systems, use of social media for business purposes is allowed, but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.
- It is highly recommended that employees keep RHISP related social media accounts separate from personal accounts, if practical.



Coach / Liaison Forms

Training and Certification

If you obtain training or certification for your sport as a coach or volunteer, please report this to RHI Staff.

Coaches/Liaison Checklist Sheet

The coaches and liaison are in charge of contacting all their athletes and giving them all the paperwork they must fill out before the season starts. They are also in charge of gathering the information and sending it to the RHI Staff, along with all participant fees. The RHISP Coaches/Liaison Beginning of Season checklist allows for the coach/liaison to keep track of everything that must be completed in the beginning of the season for each individual.

Coaches' code of conduct

Coaches' code of conduct is a form that must be signed by all coaches, assistants, liaison, managers, and volunteers (Anyone who will be around the team helping them throughout the season). This ensures the safety of the sport area and making it a positive atmosphere to be in.

Background check / Safe Sport- Paralympic Sport Club requirement

If you are a coach, assistant coach, or team manager, RHI staff will run background checks and if working with youth/minors, all coaches MUST participate in Safe Sport training,

<http://safesport.org/authentication/register?token=48793f07-9a6b-4452-9376-64d1ecc25b4e>

Access Code*: LQ3F-7V67-ILZ7-GAGZ , use this code to waive training fee

Send completion certificates to RHI Sports Program Staff member at Eagle Highlands Campus

**Above is required by RHI Risk Management and to maintain Paralympic Sport Club status. For background checks send the RHISP Director your full name that is on your driver's license, S.S. #, and your birthdate for the background check to be completed. Any discretions on a background check will be submitted to RHI Staff for full review followed by proper action.

Coaches/Liaison Athlete Paperwork and Fees Checklist

All paperwork:

1. RHISP Team Information
 - RHISP will send email regarding paperwork 2 months prior and reminder 1 month prior to deadline
 - a. Provide date of first practice _____
 - b. Provide team roster (Names, Contact Info.) _____
 - c. Provide practice times and location _____
 - d. Provide tentative tournament schedule _____
 - e. Make sure all athletes/coaches have forms and turn in by deadline _____

2. Coaches/ Liaison Paperwork
 - a. Coaches Code of Conduct _____
 - b. Background Check _____
 - c. Safe Sport Training _____

3. Volunteer Paperwork
 - a. Code of Conduct (coaches) _____
 - b. Volunteer Form _____

4. Athlete Paperwork
 - a. Athlete Intake Form _____
 - b. Physician Release to be signed by doctor _____
 - c. Waiver _____
 - d. Photo Release _____
 - e. Athlete Code of Conduct _____
 - f. Parent / Guardian Code of Conduct _____

5. Athlete Dues
 - a. \$100.00 Athlete participation fee _____

6. Equipment Rental Maintenance Fee (RHI equipment)
 - a. \$25.00 Equipment Rental Maintenance fee _____

Deadlines for Paperwork:

*****All athletes must have the following completed in order to participate for an RHISP team*****

<u>Winter Sports</u>	<u>Summer Sports</u>
<u>September 1st</u>	<u>April 1st</u>
a. RHISP Team Information b. Coaches/ Liaison Paperwork c. Volunteer Paperwork d. All Athlete Paperwork e. Athlete Dues / Fees	f. RHISP Team Information g. Coaches/ Liaison Paperwork h. Volunteer Paperwork i. All Athlete Paperwork j. Athlete Dues / Fees

****All Paperwork/Dues/Fees are required at the beginning of each season****

RHISP COACHES CODE OF CONDUCT

Rehabilitation Hospital of Indiana Sports Program prides itself in providing quality coaches for competitive and non-competitive sports and recreation which includes establishing a coach-athlete relationship that provides an opportunity to maximize the athlete's development physically, mentally, socially and emotionally. All coaches are expected to abide by the Coaches Code of Conduct as established by the RHI Sports Program.

COACHES STANDARD OF BEHAVIOR

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I promise to review and practice basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will not cheat or engage in any form of unethical behavior that violates league rules.
- I will provide a safe sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will refrain from exhibiting behaviors that could develop into interpersonal relationships, or even create the perception of intimacy – or the desire for intimacy – with athletes.
- I will refrain from any violent or disruptive behavior, any unwelcome physical contact, and any possession of harmful weapons.

GUIDELINES FOR LIMITING OR DENYING A COACHES INVOLVEMENT

1. Admission or adjudication of involvement in abuse, neglect, sexual assault, or conduct involving violence or threat of violence.
2. Record of being charged with abuse, neglect, conduct involving violence or threat of violence, or sexual assault with corroborating information.
3. Extreme or repeated violation of the Code of Conduct.
4. Current use, possession or distribution of illegal drugs.

RHISP REQUIRES THAT ALL ADAPTIVE SPORTS COACHES REVIEW, UNDERSTAND, AND SIGN THE COACHES CODE OF CONDUCT BEFORE SPORT TRAINING BEGINS.

Print Coach's Name

Sport

Coach's Signature

Date



Athlete Forms

Athlete Forms

RHI Sports Program Pre-Season Athlete Requirements

The RHI Sports Program Pre-Season Athlete Requirement Checklist is for each individual to keep track of all the paperwork they must fill out before the first practice and by the first tournament.

Athlete Intake Form and Physician Release

The Athlete Intake Form (2 pages) is to be completed by the athlete. The Physician Release must be signed off by doctor in order to participate. No participant is allowed to participate without the medical form signed off by doctor.

Waiver, release of liability, and consent to medical attention

The waiver and photo release must be signed off on both sections of the sheet. One section is specific to the waiver and release of liability. The other section is consent to medical attention. If the waiver form is not signed then they will not be able to participate. If they do not wish to consent to pictures then they must write no picture in the signature line and do not sign it. The lines should not be left blank.

Code of Conduct

There are three different codes of conducts in the handbook. The Youth code of conduct is for individuals who are under the age of 18 and must have a parent signature as well. It is geared to youth specifically. The second code of conduct is for Adults 18 years and older, which is specific to adults. The third is a Parents code of conduct. These must be filled out by the first practice.

The RHI Sports Program Athlete Participation Fee

This form allows for the staff to keep track of who has turned in the athlete fee and should have the check attached to this form. The due date should have the day they turned it in on. This is due by the first practice.

The RHI Sports Program Athlete Participation Fee Scholarship Form

The RHI Sports Program Athlete Participation Fee Scholarship Form is for individuals who are experiencing financial hardship and are unable to afford the athlete fee. Each case will be reviewed by RHI Staff.

RHI Sports Program Pre-Season Athlete Required Checklist

Requirements:

Due Date

- | | |
|---|-------|
| 1. Complete Athlete Intake form | _____ |
| 2. Completed Physician Release | _____ |
| 3. Completed Liability Waiver/ Photo Release Form | _____ |
| 4. Completed Athlete Code of Conduct Form | _____ |
| 5. \$100.00 Athlete Participation Fee | _____ |
| 6. \$25.00 Equipment Rental Maintenance Fee | _____ |

Elite Athletes Only

- | | |
|---|-------|
| 1. Turn in Tentative Event Competition Schedule | _____ |
|---|-------|

All documents can be turned into team coach/liaison at first practice or can be sent into RHI Sports before the first practice. Send completed forms to:

**RHI Sports Program
4141 Shore Dr.
Indianapolis, IN 46254**

**Phone: 317-329-2212
Fax: 317-329-2063
Email: rhis@rhin.com**

Please notify your team coach/liaison if sending forms directly to RHI

Athlete Intake Form

This form is good for one calendar year

Date: _____

Name: _____ Parents: _____

Sex: M F Date of Birth: _____ Age: _____

Shirt Size: _____ Classification (If Applicable): _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____ Accept Text Y N

Email: _____

Preferred Method of Contact: Home Phone ____ Cell phone ____ Email: ____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Allergies: _____ Cardiac Issues: _____ Seizures Y N

School Aged Yes No If yes, what school/district: _____

Is participant a veteran? Y N If so, Branch or Service _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Referral Source (Circle one): Family Physician Therapist Internet Newsletter

Other _____

PLEASE NOTE:

The RHI Sports Program is a designated Paralympic Sports Club (PSC). The agency also participates and hosts events affiliated with state and national organizations; and RHI Sports is obligated to share the names, contact information, age and diagnosis of athletes in order to register competitive teams and individual athletes.

Functional Status:

- Ambulates Independently
- Ambulates with use of an Assisted Device
- Utilizes Power chair
- Utilizes manual chair
- Other

Physical Functioning (Circle the best answer; 1 being none, 5 being full control)

Trunk Stability	1	2	3	4	5
Lower Body	1	2	3	4	5
Upper Body	1	2	3	4	5
Fine Motor Control	1	2	3	4	5

Comments: _____

Communication:

- Verbal: Speaks clearly
- Verbal: Can be difficult to understand
- Unable to use verbal speech (utilizes communication board, pictures, or gestures)
- Utilizes sign language
- Utilizes hearing devices/aids

Behavior/Conduct:

- Follows directions independently
- Follows directions with Minimal supervision
- Needs verbal prompting/ supervision

Comments _____

Leisure Interest Survey (Please check all that apply)

Competitive Sports:

- W/C Basketball
- Power Soccer
- Wheelchair or Standup Tennis
- Water ski
- Beep Baseball
- Lacrosse
- Independent Athlete

Recreation/clinic Programs:

- Power Soccer
- Boccia
- Shooting (Archery and/ or Air Rifle)
- W/C Tennis
- Skiing
- Cycling
- Rowing
- Fencing
- Swimming
- Softball
- Bowling
- Sitting Volleyball
- Table Tennis
- Community Fitness
- Dance
- Kayaking (Clinic)
- Cooking
- Fishing
- Waterski
- Downhill skiing
- Sailing



PHYSICIAN RELEASE



This Form is good for one calendar year

Attention: RHI Sports
Fax: 317-329-2063
Email: rhisports@rhin.com

4141 Shore Drive
Indianapolis, In 46254
317-329-2212

Physician: _____ Phone: _____ Fax: _____

Participants Name: _____ Phone: _____ DOB: _____

Address: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Allergies: _____ Seizures: YES NO

This individual has expressed interest in participating in one or more of the following activities.

- Community Fitness (CF) Competitive Sport _____ Waterski Clinic
- (sport)
- During CF they are able to use standing frame.

Please indicate if this individual has medical approval to participate in the above specified activities.
YES _____ NO _____

Please list any contraindication or precautions:

If Patient is currently on any medication that will impact participating in the above listed activity please attach a copy of current medications.

Physician
Comments: _____

Date: _____ Physician Signature _____



RHISP ADULT ATHLETE CODE OF CONDUCT

Rehabilitation Hospital of Indiana Sports Program prides itself in providing quality competitive and non-competitive sports and recreation which includes establishing a high standard of athlete behavior, and ensuring the safety and well-being of all athletes involved in training and competition. All athletes are expected to abide by the Athlete Code of Conduct as established by the RHI Sports Program.

ADULT ATHLETE STANDARDS OF BEHAVIOR

The following athlete behavior is unacceptable while participating in RHI Sports Program training or competition, including, but not limited to, practice, transportation to and from competition, and the competition venue:

- Profanity, verbal abuse or physical abuse
- Tobacco use in restricted areas
- Use of Alcohol, illegal drugs or any controlled substance
- Physical or verbal sexual overtures
- Illegal or socially unacceptable behavior, which seriously disrupts or impedes the participation of athletes and others and/or reflects poorly on the RHISP
- Frequent unexcused absences from practices or tournaments (Less than 50% attendance)
- Poor sportsmanship
- Violent or disruptive behavior
- Any unwelcome physical contact
- Possession of harmful weapons

GUIDELINES FOR LIMITING OR DENYING AN ADULT ATHLETE'S INVOLVEMENT

1. Admission or adjudication of involvement in abuse, neglect, sexual assault, or conduct involving violence or threat of violence.
2. Record of being charged with abuse, neglect, conduct involving violence or threat of violence, or sexual assault with corroborating information.
3. Extreme or repeated violation of the Code of Conduct.
4. Current use, possession or distribution of illegal drugs.

RHISP will address each situation on a case-by-case basis following the above guidelines.

RHISP REQUIRES THAT ALL ADAPTIVE SPORTS ATHLETES REVIEW, UNDERSTAND, AND SIGN THE ADULT ATHLETE CODE OF CONDUCT BEFORE SPORT TRAINING BEGINS.

Print Athlete's Name

Date

Athlete's Signature

Sport

Coach's Signature



PARENTS CODE OF CONDUCT

1. I will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
2. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting or using profane language or gestures, etc.
3. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
4. I will teach my child to play by the spirit of the rules and to resolve conflicts without resorting to hostility or violence.
5. I will encourage my child to treat other players, coaches, officials and spectators with respect regardless of race, sex, or ability.
6. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
7. I will respect the officials and their authority during games and will never question, discuss, or confront coaches or referees at the game court. I will wait a period of 24 hours before contacting a coach with concerns and then speak with the coach at an agreed upon time and place.
8. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
9. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

1. Verbal warning by official, head coach, and/or member of league organization
2. Written warning
3. Parental game suspension with written documentation of incident
4. Parental season suspension

Parent signature _____

Date _____



Communicating with the Coaches

1. If you have a question or concern, please take the time to think about what your question is. If it ultimately has to do with playing time or game strategy, please wait 24 hours before approaching the coach.
2. If appropriate, talk with your son/daughter about your questions. What is your child's perspective? Can your child solve the problem? Encourage them to try.
3. Set up a meeting with the coach if you still have questions. These should be an informational meeting where you ask questions, listen, and have a discussion.
4. If questions remain, set-up a meeting with the correct board members, coach, and yourself.

Meeting Guidelines

1. Meetings must not occur on game days, but rather by appointment.
2. Conversations must be in a professional manner with regard to both language and conduct.
3. Everyone gets a chance to talk, but everyone must listen as well
4. Emotional control by all parties is imperative.

Guidelines for Appropriate Questions

1. It is fine to ask about the treatment of your child.
2. You may ask about how your child can improve.
3. You may ask about your child's attitude or behavior.
4. Casual conversations about non-team related information is also acceptable.

Athlete playing time and participation is based on current expectations listed in the handbook.

Player Name (Please Print)

Parent/Guardian Signature

Player signature



**RHI Sports Program
Athlete Participation Fee / Equipment Rental Maintenance Fee**

Full Name: _____

Team Name: _____

Address/City/Zip: _____

Telephone: _____ **Email:** _____

Due Date: _____

Participation Fee

_____ Athlete \$100.00

Equipment Rental Maintenance Fee (RHI equipment)**

_____ \$25.00

**Required for people who participate in RHI Sports Program as an athlete on a team and needs to use RHI loaner equipment

One \$100 fee per athlete, not per RHI sport.

**Please make your check payable to RHI Foundation
Notate in memo field on check the athlete's name, sport and athlete fee
Paperwork and fees can be turned into team coach / manager or
mailed to:**

**RHI Foundation
Attn: Sports Program
4141 Shore Drive
Indianapolis, Indiana 46254**



RHI Sports Program Athlete Participation Fee Scholarship Form

Athlete Name _____

Address _____ **City** _____

State _____ **Zip Code** _____ **Phone Number** _____

Email _____ **Team Name(s)** _____

Please check one of the following:

Full scholarship (\$100.00) **Partial Scholarship (Enter Amount: \$_____)**

Please explain why you're requesting a scholarship from RHI Sports to cover the yearly athlete participation fee of \$100.00 or part thereof. Provide any evidence or comments that will help us in making our decision.

Please continue on the back of the sheet if more space is needed. (Any questions, call 317-329-2212.)

Requested by: _____ **Date:** _____

Approved/Denied by: _____ **Date:** _____

Please return this completed form via mail, email or fax to:
RHI Sports Program, 4141 Shore Dr, Indianapolis, IN 46254
Fax to 317-329-2063 or Email to: rhisp@rhin.com



Tournament/ Game Forms

Hosting a Tournament

When deciding to host a tournament, contact the RHI Sports Program Director to discuss open days and possible locations that the sports program may have a relationship with and more. Once this meeting is completed start making connections with individuals and complexes. Keep in mind that every tournament needs to be completed in enough time for the other teams to sign up and prepare for it. All information below needs to be completed 2 months in advanced. Once the information is completed present to director to make sure everything has been covered. Then information and sign-up sheet can be sent out to teams and volunteers.

- Name
- Date
- Location
- Number of teams invited
- Number of officials and volunteers needed
- Cost of tournament (including: officials, location, food, etc.) Create a budget
 - o Are you having shirts, concessions, awards, etc.?
- Tournament sponsors
- Tourney director and contact info
- Tournament info sheet
- Tournament sign-up sheet
- Volunteer info sheet
- Volunteer sign-up sheet

Hosting a Tournament

When deciding to host a tournament, contact the RHI Sports Program Director to discuss budget and possible locations that the sports program may have a relationship with and more. Once this meeting is completed start making connections with individuals and complexes. Keep in mind that every tournament needs to be completed in enough time for the other teams to sign up and prepare for it. All information below needs to be completed 2 months in advanced. Once the information is completed present to director to make sure everything has been covered. Then information and sign-up sheet can be sent out to teams and volunteers.

Name: _____ Date: _____

Location: _____ Number of Teams Invited: _____

Number of officials and volunteers needed: _____

Cost of Tournament:

What	Cost
Venue	
Officials	
Concessions	
Apparel	
Awards	

Type of Awards: _____

Tournament Sponsors: _____

Tournament Director: _____

Director Email: _____ Director Phone #: _____

Checklist of other sheets:

___ Tournament Info Sheet

___ Tournament Sign-up Sheet

___ Volunteer Info Sheet

___ Volunteer Sign-up Sheet



Hotel Forms

Hotels

Hotel worksheet

The liaison is responsible for booking the rooms for travel and sending the information to a RHISP staff member for them to put partial payment down. Fill out the given hotel excel sheet with names, type of room, arrival date, departure date, payment, and fill in the top part about the hotel. The rate and group name should be placed at the top under the hotel information.

Call the hotel and book the rooms under the group name and ask for a Credit Card Authorization form to be sent to you. Then send the designated staff member at RHISP the CC Authorization form and the hotel spreadsheet with confirmation numbers. The staff member will take care of putting the credit card down on the rooms.

Please see page 35 to see how the new budget structure is set for team fund allocation. Each team can determine how much hotel reimbursement can be for each athlete.



Reimbursements
and
Budget Information

Reimbursements

Check request

Check requests are for individuals who need to be reimbursed for hotel, coach's mileage, tournament registration, equipment, and other approved expenses pertaining to the team, tournament or event. **See following pages with examples of reimbursement forms and list of team code numbers and cost center codes.**

Check request – circle the words “check request”

Date – date form is being filled out.

Pay to – fill in your name and address.

Check request distribution – the department number is the five-digit team number. The account number is the six-digit revenue code.

Amount – list cost of item(s)

Team name/committee – enter team name.

Reason for Request – **this section needs to be detailed.** Fill in why you are requesting reimbursement, the cost you are requesting and if applicable how it comes to that dollar amount. EX: Bolingbrook beep baseball tournament mileage, (250 miles * 2[round trip]) * \$0.20/mile = \$ 100.

Date Needed – **only fill this out if there is a specific due date for a fee to be paid.**

Special instructions - this only needs to be filled out if the check were to go someplace other than the address indicated at the top of the document.

Request by – person requesting reimbursement

Approved by – leave blank.

Check Request: Credit Card Request:

RHI FOUNDATION CHECK REQUEST - SPORTS FUND



Date: _____

Pay To:
Address:
City/ST/Zip:

CR
CASH ACCOUNT: AMOUNT
Sports Fund 12.107020 \$ _____

Receipt

Check Request Distribution:

	<u>Corp #</u>	<u>Dept #</u>	<u>Acct #</u>	<u>Amount</u>	<u>Total Amount</u>
1.	12	-	-	\$ _____	\$ 0.00
2.	12	-	-	\$ _____	
3.	12	-	-	\$ _____	

Distribution Sum: \$ 0.00

Team Name/Committee: _____
Reason for Request: _____
Date Needed: _____
Account No: _____ Special Instructions: _____

Requested By: _____ Approved By: _____
Credit Card Approval: _____
For Accounting Use Only:
Inv #: _____ Inv Date: _____
Date Paid: _____ Check #: _____

Departments	Description
88110	Grants - Donors
88150	Gala Event
88200	Community Awareness
88280	Sports -Admin
88300	Sports -Clinics Other
88310	Sports -Beep Ball
88340	Sports -Tennis
88350	Sports -Fencing
88360	Sports -Indy Cruisers
88390	Sports -Inferno
88400	Sports -Awards Banquet
88420	Sports -Prep Basketball
88430	Sports - WC Lacrosse
88440	Sports - Sports EXPO Fundraiser
88450	Sports - Triathlete
88500	Sports - Power Lifting
88550	Sports -Adult Basketball
88600	Sports -Water Ski
88610	Sports -Golf
88650	Sports -Sudden Impact
88670	Sports -Basketball Racers

Expense Accts		
604150	Non-chargeable Medical Sup	Expense
604160	Gift Shop Expense	Expense
604800	Minor Equipment	Expense
605000	Supplies Office Supplies	Expense
605001	Supplies - General	Expense
605002	Supplies - Promo Items	Expense
702300	Consulting Fees	Expense
706105	Purchased Svc Contracts	Expense
707700	Misc Expense/Offset	Expense
806500	Repairs & Maint-General	Expense
806710	Advertising	Expense
806740	Bank Fees	Expense
806815	Late Payment & Interest F	Expense
806825	Licenses And Fees	Expense
806830	Postage	Expense
907400	Depreciation Movable Equipment	Expense
907650	Rent/Lease Expense	Expense
908100	Insurance - Liability	Expense
918400	Donation/Contribution	Expense
918600	Dues & Subscriptions	Expense
918700	Training & Seminars	Expense
918705	Educational Materials	Expense
918800	Travel	Expense
918900	Meals & Entertainment	Expense
919000	Printing	Expense
919050	Marketing Materials	Expense

Check Request: Credit Card Request:

RHI FOUNDATION CHECK REQUEST - SPORTS FUND



Date: 5/19/2019

Pay To: RHI Athlete
4141 Shore Dr
Indianapolis, IN 46254
Address:
City/ST/Zip:

CR
CASH ACCOUNT: AMOUNT
Sports Fund 12.107020 \$ \$100.00

Receipt

Check Request Distribution:

	<u>Corp #</u>	<u>Dept #</u>	<u>Acct #</u>	<u>Amount</u>	<u>Total Amount</u>
1.	12	-	88310 - 918800	\$ \$100.00	\$ \$100.00
2.	12	-	-	\$	
3.	12	-	-	\$	

Distribution Sum: \$ \$100.00

Team Name/Committee:	Indy Edge - Beep Baseball
Reason for Request:	Hotel room Bolingbrook Tournament 5/5/19 Hotel receipt attached
Date Needed:	Regular Processing
Account No:	Special Instructions:

Requested By: RHI Athlete Approved By:

Credit Card Approval:

For Accounting Use Only:

Inv #:	Inv Date:
Date Paid:	Check #:

Budget Information

The RHI Sports Program budget calculation and distribution amount process was overhauled and approved by the RHI Board late 2017 and went into effect with the 2018 calendar year budget. The new distribution allows a more equitable process and empowers each team to determine their use of individual monies. Outlined below is the simplified process:

1. RHI Staff request each team's roster in the fall.
2. Money raised from sports program fundraisers determines budget amount available for distribution.
3. Budget monies are distributed equally by number of athletes named on the fall rosters for each team. Team budget numbers will be capped based on the number of players needed for actual play and the necessary alternates. Each team is empowered to allot monies for their team's activities, equipment, hotel reimbursement amounts etc.

Each coach/liaison should have a general idea each year of the upcoming tournaments they plan on entering. It is highly encouraged for each team to put together a simple spreadsheet to calculate and track expenses.



Equipment Rental Agreement
And
Grant information for equipment

Equipment

Rental log

Any loaner equipment from RHI will be recorded on the rental log form. **The coach must keep track of the team rental log throughout the season. Lengthening the rental time is up to discretion of the RHI staff. Any equipment not returned must be replaced by the individual who has signed out it out.**

******See following Equipment Rental Agreement form. Any athlete using RHI equipment must fill out and pay Equipment Rental Maintenance Fee of \$25.00 each season******

Grant information

The RHI Sports Program has limited equipment to loan.

There are several foundations that offer grants to individuals to obtain sports equipment. If you are an adult, we encourage you to apply. Below is a list of foundations:

www.teamusa.org/us-paralymics/resources/athletes-and-coaching-support/non-usoc-grant-and-scholarship

Challenged Athletes: **www.challengedathletes.org/programs/grants**

United Spinal Association: **www.unitedspinal.org/resource-center/askus**

Powered to Move: **www.poweredtomove.org/programs**

Kelly Brush Foundation: **<https://kellybrushfoundation.org/theactivefund/>**

High Fives Foundation: **<https://highfivesfoundation.org/grant-application/>**

Im Able Foundation: **<https://imablefoundation.org/grant-application/>**

Travis Roy Foundation: **<https://www.travisroyfoundation.org/sci/grants/>**

Disabled Sports USA.org: **<https://www.disabledsportsusa.org/?s=grants>**



Equipment Rental Agreement Form

In consideration for the commitment to loan (participant's name) _____
On (date) _____, the undersigned recipient of (type of equipment and item #, asset tag#)
_____ from the Rehabilitation Hospital of Indiana, Inc. ("Hospital") hereby
releases the Hospital from any losses, expense, charge, judgment, or damage incurred by the recipient, its
employees, or agents arising from its or their use and application of said above described equipment with or
for participants, employees, or other persons. The undersigned clearly understands that said equipment is
on loan; and the undersigned hereby accepts responsibility for replacement of cost of said item if not
returned undamaged by (date) _____. Replacement cost of this item is \$ _____. The
recipient further promises and agrees to hold harmless and indemnify the Rehabilitation Hospital of Indiana
and RHI Foundation, Inc. for all losses, damages, judgments, attorney fees, or expenses incurred by the
recipient resulting from any claim arising from the use or application of any of said described equipment by,
on or for any person or persons.

By (Recipient): _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Equipment Rental Maintenance Fee \$25.00 date paid: _____



Injury Protocol

****Any athlete sustaining an injury after the initial signing of the Physician Release MUST AGAIN obtain Physician Release authorization to resume activity. See following Incident Report to document injury****

Severe Weather

In the event of severe weather involving lightning, seek immediate shelter. Do NOT shelter under trees, tents, metal buildings. Suitable shelter can be inside a vehicle. If an individual is struck by lightning, call 911.

Extra Forms

Incident Report

An incident report should be filled out when an accident/injury occurs or any violation of conduct from a player, coach or parent occurs.

Volunteer enrollment form

The volunteer enrollment form is for individuals who are volunteering their time with the sports program for a sport clinic, game practices, games, tournaments, fundraisers, events etc.

Incident Report

REPORTED BY: _____ DATE OF REPORT: _____
TITLE / ROLE: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____ DATE OF INCIDENT: _____
LOCATION: _____
EMS NOTIFIED: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SPECIFIC AREA OF LOCATION (if applicable): _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

POLICE REPORT FILED? _____ PRECINCT: _____
REPORTING OFFICER: _____ PHONE: _____

FOLLOW-UP ACTION

RHI STAFF NAME: _____ RHI STAFF SIGNATURE: _____ DATE: _____



Participant	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Veteran	<input type="checkbox"/>

Event Participation Waiver
(To process, form must be complete. Please print.)

Name: _____ Phone: _____ D.O.B _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Would you like to be added to our email database for future RHISP events and volunteer opportunities? Yes No

WAIVER, RELEASE, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate as a volunteer in the RHI Sports Program ("Program"), I, and if I am not 18 years, old my parent or legal guardian, agree to be bound by each of the following:

1. Identification of Risks. I understand that participation in the Program may involve risk of injury, disability or death.
2. Assumption of Risks. I assume all risks connected with my participation in the Program. I accept personal responsibility of any liability, injury, loss or damage in any way connected with my participation in the Program.
3. Waiver of Release. I release and discharge RHI and Program, and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Program. I acknowledge that the Program is not liable for injury arising out of participation in the activities, even if caused by the ordinary negligence or otherwise of RHI and Program, and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue and legal action or claim for such liability, injury, loss or damage.
4. Consent for Medical Treatment. I agree that RHI and Program may, but have not duty to provide me, through medical personnel of their choice, medical assistance, transportation, and emergency medical services.
5. Hold Harmless. I agree to indemnify and hold harmless RHI and Program for all claims arising out of my participation in the activities.
6. Health and Lack of Impairment. I, or my parent/legal guardian, represent that, to my/their knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in volunteer activities.

I understand this waiver is intended to be as broad and inclusive as permitted by the laws of the state of Indiana and agree that if any portion of the agreement is invalid, the remainder will continue in full legal force and effect.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

Signature: _____ Date: _____

Parent/Legal Guardian Name if volunteer is under 18: _____ Cell or Home # _____

CONSENT TO PHOTOGRAPH, RECORD AND/OR ILLUSTRATE

- I hereby grant permission to Rehabilitation Hospital of Indiana and the Program to use photographs and/or video of me, my child, or legal guardian taken at Program events in publications, news releases, online, and [social media](#), in other communications related to the Program.

With regard to the above selections, I restrict such procedures as follows:

Signature of participant (if over 18): _____ Date: _____

Signature of Parent/Guardian (if under 18): _____

Relationship to Participant: (if under 18) _____



RHI Sport Program Participant Reminders

- Paperwork and fees are to be completed and turned in to RHI staff at Eagle Highlands Campus BEFORE each individual sport season begins. Forms are: Athlete Intake, Physicians Release, Waiver, Code of Conduct, plus participation fee
- Unsportsmanlike and unprofessional conduct can jeopardize RHI, a team's participation or lose practice facilities. Everyone must fill out a Code of Conduct, Coach, Athlete and Parent
- All coaches will have a background check done and if coaching minors, **MUST COMPLETE SafeSport Training**
- Traveling team sports are competitive, players are classified and teams have national membership. Practice attendance is important to build individual and team skills working towards a division goal. Please respect coaching decisions. If a concern arises, contact RHI 317-329-2212 and the RHISP Athlete Committee Member will contact you
- **The RHI Sports Program is funded solely through donor gifts and sponsorships. Teams / athletes are expected to help with the programs two fundraising events, Spirit of Sport Breakfast, fill a table of 8 with friends, co-workers etc. And the RHI Adaptive Sport Expo, attend with your team / sport and help spread the word of the event, social media etc.**
- Each athlete is responsible for the maintenance and upkeep of any borrowed RHI equipment
- **HAVE FUN!!**