



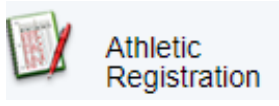
# SALAMANCA WARRIORS ONLINE ATHLETIC REGISTRATION

**1** Navigate to <https://sccsps.powerschool.com/public>  
Enter your email address and password

**2** From the left menu bar, scroll down and find the “Athletic Registration” button.

- Navigation**
- Grades and Attendance
  - Grade History
  - Student Transcript
  - Attendance History
  - Email Notification
  - Teacher Comments
  - School Bulletin
  - Balance
  - Teacher Email/Phone
  - Access Logs
  - Graduation Progress
  - Athletic Registration
  - Honor Roll

**3** If you have more than one child, click on the appropriate child's name in the blue menu bar. Scroll down to find the icon “Athletic Registration”



**Salamanca City Central School District**  
**Home of the Warriors**

Athletic Office, 50 Iroquois Drive, Salamanca, New York 14779  
Telephone: 716-945-2404 ext. 6092 E-mail: [rmorton@salamancany.org](mailto:rmorton@salamancany.org)

Welcome to the Salamanca City Central School District Online Athletic Registration Process.  
Salamanca City Central School District has moved our athletic registration process to a convenient online registration program offered through PowerSchool and located here on the Parent Portal. This is a secure registration platform that is an easy, user-friendly way to register for athletics.  
To register your student for sports simply click on the appropriate links below to begin. In order for our records to be completely accurate, please be sure that all of your information in PowerSchool is accurate including ALL emergency contact information. This is the information that will be used to contact you in case of an emergency. If you need assistance with Parent Portal, please contact your son/daughter's guidance office.  
**If you are playing more than one sport in a season please contact the Athletic Director for the two sport athletic form.**  
Thank you for your cooperation in streamlining our athletic registration process.

**██████████ last physical was 4/23/19**

If the physical date is more than 30 from the start of the season, you will need to complete the physical update form. Click on link below.

[Information for Sports Physical](#)

[Link to sport start info](#)

Varsity = 11/12 grade; JV = 9/10 grade; Mod = 7/8 grade

4

Click the **sport** you would like to register for and the **level** of play.

Todays Date: 09/21/2020

Gender: **Female** Sport Season: **Winter**

Sport	Level
Select a Sport ▼	Select a sport first ▼

[Proceed to Registration](#)

5

Read through all the agreements and click yes on the far right

### Athletic Policies and Regulations

Click the Student Athlete Handbook link below so you and [redacted] can read and view our Policies and Forms  
[SHS Student/Athlete Behavioral Code](#)

#### District Policy in regards to Insurance for athletes

I have read and understand the District Policy in regards to insurance for athletes. (Appendix B) I certify that our son may participate in interscholastic athletics in the Salamanca City Central School District, knowing full well the School District does not assume responsibility in paying for the cost of injury. I realize there is a risk to my son being injured that is inherent in all sports. I realize the risk of injury may be severe, including the risk of fracture, brain injury, paralysis or even death.

#### Eligibility Rules

I have read and understand the eligibility rules and understand the expectations of Salamanca student athletes. I understand that athletic participation is a privilege (not a right). I understand that if the district believes it appropriate, the district may limit, prevent, or halt my child's athletic participation, provided my child fails to meet or abide by school/eligibility rules, the student code of conduct or if my child poorly represents his/her team by displaying inappropriate student athlete conduct in the school/community. I agree to do everything possible to help my son abide by these Salamanca City Central School student athlete expectations, including the expectation of appropriate conduct.

#### Consent for Treatment

I understand when an injury occurs and insurance is needed the parent's insurance policy is to be used first and the district carries a non-duplication type insurance policy with which is a secondary type of insurance that is used after the parent's initial insurance policy. Any costs not covered by insurance will be the responsibility of the parent. I understand that the District provides a basic student accident policy. The coverage of this policy has special limitations and restrictions. The parent's insurance must be used first. After that, the district's insurance provides limited coverage and usually does not cover all expenses.

#### Concussion Management

I understand that all athletic events, including non-contact sports carry some risk of participants sustaining impact to their head which can result in a mild traumatic brain injury commonly referred to as a concussion. This can be a potentially serious condition with significant health implications. I have reviewed the included head injury and concussion information ("Heads-Up Fact Sheet for Parents") and provide informed consent for my child to participate in athletics.

#### Salamanca Athletic Eligibility Rules and Code of Conduct

I, [redacted] have read the Salamanca Athletic Eligibility Rules and Code of Conduct. I understand that participation in school athletics is a privilege. Given this, I agree to observe all school rules and further, I agree to represent my team well in the school and community by displaying appropriate conduct.

Parent Agree  
-Select- ▼

Parent Agree  
Select ▼

Parent Agree  
Select ▼

Parent Agree  
Select ▼

Student Agree  
Select ▼

6

Answer all the questions pertaining to Physical Update Questionnaire (*information will be updated with the nurse*)

**Physical Update Questionnaire**

Any injuries or illness requiring medical attention.

Any feeling of faintness, dizziness, fatigue after heavy exertion.

Taking any medicine or under a physician's care at this time.

Treated in a hospital or emergency room.

Any illness lasting more than 5 days.

Wears glasses/contact lenses.

If "yes" to any of these explain

Any concussion.

Any surgery or fractures.

Any chronic disease.

Any abnormalities.

Any known allergies.

**Males Only**

Does he have only one testicle?

**Family History**

Has any relative been diagnosed with a heart condition or developed hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?  
Has any relative died suddenly before the age of 50 from unknown or heart related cause?

MUST BE SUBMITTED PRIOR TO FIRST PRACTICE

When done—click the

[Complete Registration](#)

### PowerSchool Support

Call (716)945-2400 Ext. 5552 (M-F, 7:00am—3:00pm)

Email: [PowerSchoolHelp@salamancany.org](mailto:PowerSchoolHelp@salamancany.org)

If you have any questions, please visit [www.salamancany.org/powerschool](http://www.salamancany.org/powerschool)