

STUDENT/ATHLETE HANDBOOK



JUNIOR-SENIOR HIGH SCHOOL

(FIRST-TIME PARTICIPANT)

PHILOSOPHY

The philosophy of the Western Beaver Athletic Program is to provide healthy, beneficial, and enjoyable physical activities for the students in our school. Through these activities, we hope that self-discipline; values of fair play, sportsmanship, and pride will be developed in our students.

The conduct of the student-athlete should exemplify the highest ideals of citizenship, leadership, and sportsmanship and should be characterized by an enthusiasm for these ideals that will inspire all with whom he/she comes into contact with to accept them as their own.

The athletic program should always conform to the general objectives of the school, and the athletic policies should align with the school policies. At no time should the program place the educational curriculum secondary in emphasis; the program should function as a part of the whole curriculum and should constantly strive for the development of a well-rounded individual, capable of taking his/her place in today's society.

CODE OF ETHICS

It is the duty of all student-athletes concerned with school athletics:

1. To emphasize the proper ideals of sportsmanship, ethical conduct, and fair play.
2. To eliminate all possibilities which tend to destroy the best values of the game.
3. To stress the values derived from playing the game fairly.
4. To show courtesy to visitors and hosts.
5. To establish a good relationship between visitors and hosts.
6. To respect the integrity and judgment of sports officials.
7. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
8. To encourage leadership, use of initiative, and good judgment by the players on the team.
9. To recognize that the purpose of athletics is to promote the physical, mental, social, and emotional well being of the individual players.
10. To keep in mind that an athletic contest is only a game – not a matter of life or death

STUDENT-ATHLETE ETHICS

1. The student-athlete should serve as an example of good sportsmanship and well roundedness that should be promoted through athletics.
2. There should be accord among student-athletes regardless of what sport/sports you are playing.
3. The coaches, not a student-athlete, will handle disagreements with officials.
4. Profanity by student-athletes will not be tolerated. It will in no way improve your performance.
5. Attire of student athletes:
 - a. Student-athletes should dress appropriately for all contests. The impressions you make reflect upon you, your team, and the school. Team members should all wear the same attire, i.e. uniform.
 - b. Suitable practice attire will, of course, depend upon the nature of the sport, weather conditions, etc.
 - c. Wearing spiked or cleated shoes in school buildings is prohibited. This is a matter of maintenance and safety.
 - d. Coaches will take responsibility for communicating the standards and expectations for dress to his/her team and enforcing them.
6. Team-Rivalry: A student-athlete should encourage pride within the team, but this should never be developed by belittling another team or sport. Every team should support every other team in the school.

BUS TRIP POLICY – RULES

- All students have assigned seats and the sponsor will keep a written record.
- Students should report damage done to their seat before leaving the bus. Students will be responsible for any damage that is found by the bus company.
- Students are to remain in their assigned seats for the duration of the trip.
- Male and female students should be kept in separate areas of the bus. The only exception to this rule is on extremely long trips where there are numerous chaperones that can sit among the students in appropriate places.
- Sponsors will sit in seats that allow them to make sure male and female students are separated.
- Students participating in a school-sponsored event must notify the sponsor if they are going home with their parents. The parent must provide this information in writing. The sponsor will keep a written record.
- Permission to use cell phones, CD players, etc, by the students should be determined by the sponsor prior to bus departure.
- All school rules apply on the bus (drugs, alcohol, tobacco, conduct, etc.)

TRAINING RULES AND PERSONAL CONDUCT OF TEAM MEMBERS

Physical, academic, and team training should rank high in our aims and objectives in athletics. Generally, it is the individual coach's job to establish training rules for his/her team. There are, however, certain basic factors that should be constant for all teams and participating members in the athletic program. Violation of these rules or conditions will result in penalties in accordance with the offense.

1. The coach is responsible for disciplining inappropriate athlete behavior:
 - a. Proper conduct on buses, locker rooms, practice fields, etc. is essential. Athletes who act inappropriately will be disciplined by the coach and possibly in-school as well.
 - b. The student-athlete represents the coach, the school and their individual families.
2. Drug Abuse and Drinking: Drinking and drug abuse are direct violations of the school district rules. Any violations of this nature may result in suspension from athletics for the remainder of the season, if not longer. In addition, further punishment in school may be appropriate. The head coach, in cooperation with school administration will decide the appropriate punishment.
3. The Western Beaver County School District will prohibit the use of anabolic steroids or any other performance enhancing drug that has been deemed illegal or unsafe, by anyone involved in school related athletics, except for a valid medical purpose as prescribed by a physician. Violations of this code may result in suspension from athletics for the remainder of the season, if not longer. See the School Board Policy for further information.
4. The use of tobacco or tobacco products is strictly prohibited by student-athletes. Coaches will set the standard for the following of this rule.
5. The rules and regulations in this code shall apply to any violations on and off school premises during the season of participation. Any violations during the off-season could result in disciplinary action at the discretion of the head coach.
6. Personal Conduct: The athlete should exemplify an outstanding school student in all ways. Some areas to be considered are:
 - a. Classroom-school building behavior
 - b. Mode of dress
 - c. Conduct at social and school functions
 - d. Class cutting by an athlete
 - e. Habitual tardiness to school (See Athletic Director)
 - f. Be a Leader: set a positive tone for your peers and teammates

STUDENTS WHO VIOLATE THE CODE OF CONDUCT OF THE WESTERN BEAVER COUNTY SCHOOL DISTRICT WILL BE DISCIPLINED ACCORDING TO ITS POLICY. ANY STUDENT WHO IS SUSPENDED FROM SCHOOL WILL NOT BE PERMITTED TO PARTICIPATE (PLAY OR PRACTICE) IN ANY EXTRACURRICULAR ACTIVITY FOR THE DURATION OF THE SUSPENSION.

INSURANCE

Western Beaver County School District does not provide insurance coverage nor will it assume or pay medical or hospital expenses for injuries incurred as a result of participation in school-sponsored athletics, practice or preparation, or in transportation to/from such events.

The school district will, however, provide catastrophic insurance coverage that would take effect after the exhaustion of benefits from hospitalization insurance and major medical coverage. The catastrophic insurance coverage has a \$3,500 deductible feature.

Student Accident Insurance is also available to purchase through Guarantee Trust Life Insurance Company. Please note: Varsity Football is NOT covered under this insurance. Any student planning to participate in athletics must be covered by an insurance program. Please consult the nurse or main office for details.

WESTERN BEAVER ATHLETIC POLICY

Each student of the Western Beaver Jr.-Sr. High School will be in compliance with all regulations of the P.I.A.A. and W.P.I.A.L.. The players must pass an athletic physical examination given prior to the opening of the season, and must return the parent certificate signed by the parent/guardian. Each participating student must return the insurance waiver furnished by the school signed by his/her parent/guardian. **See Eligibility.**

In order to participate in athletics or cheerleading, a student must be passing the equivalent of four full-credit subjects. If you do not pass four full-credit subjects, you will not be able to participate or practice for 20 days of the next grading period.

Each week during the season, a student must be passing four full-credit subjects. A student who is not passing four full-credit subjects will be removed from the team for one week. The second time a student will be removed for two weeks, and the third time that student is deemed to be ineligible, he/she will be removed from the team/squad for the remainder of the season.

ELIGIBILITY

Academics

Student-athletes and participants in extracurricular activities must pursue a curriculum defined and approved by the principal as a full-time curriculum. Students must have passed four (4) full-credit subjects during the previous grading period. Eligibility for the first grading period in the fall is based upon final grades from the preceding school year. In essence, if a student failed three or more major subjects the preceding grade period, that student will lose the privilege of participating in interscholastic athletics per Western Beaver policy.

The principal and athletic director provides a roster of all student-athletes to all classroom teachers. Each week teachers will refer to the athletic director, those student-athletes who have a cumulative failing grade for the current grading period in their course. This information is then given to the athletic director who checks the grades of all students who are failing any courses. If the student-athlete is not passing four full-credit subjects, that student-athlete will be rendered ineligible on a week-to-week basis until said student has raised his/her grades.

If a student is rendered ineligible for any reason, the principal or athletic director will advise the head coach and the participating student of the reason for ineligibility. The head coach will, in turn, advise the student's parent/guardian concerning the performance of the student and possible remedies. Students who are ineligible on a week-to-week basis will NOT be permitted to practice, play, or participate in any way in that week's activities. The extra time allotted is to be utilized by the student to improve his/her work or to make up any missing tests and/or assignments. Students may be permitted to observe practices so as not to miss valuable lessons; the individual coach will decide this.

Attendance

Students participating in any athletic event or extracurricular activity, including practice, must be in attendance the day on which the activity takes place. Tardiness will not be tolerated. Any student who is tardy must have special clearance through the principal's office in order to be eligible to partake in any activity that day. The student should discuss the reason for tardiness with the head coach. The head coach will, in turn, discuss the reason with the Athletic Director or principal to determine whether or not the student will be able to participate in the event that day. Students, who are legally tardy due to a doctor or dental appointment, funeral, etc., must produce a legal excuse and also must be cleared through the principal's office. At the beginning of each season, the athletic director and/or principal will address these issues with the athletes and their coaches.

A student who violates the attendance policy will lose eligibility in the interscholastic sports program until such a time when said student has attended sixty days of school after the twentieth (20th) day of absence. **There are very few exceptions to this rule.** (This is a WPIAL-PIAA ruling.)

Discipline

If a student is suspended (TOC or OSS) they are ineligible to participate in any extra-curricular event during that suspension. Student-athletes may be subject to discipline from coaches as well.

Age

There is an age limit in interscholastic sports competition. Students may not have reached their 19th birthday by June 30 immediately preceding the school year. (16th birthday for Junior High sports)

Physical Examination

Every student must have a physician's certificate and parental certificate signed by a licensed physician and a parent/guardian before he/she is permitted to practice or compete in any interscholastic sport or in cheerleading. **No student may practice or compete until the physical exam has been given.** The school physician at no cost gives physical examinations for sports to the student, if given at the school on the days provided. However, the proper forms must be completed and returned to the nurse by the announced deadline for students to receive this privilege.

Amateur Status

Student-athletes must be amateurs in order to participate in any P.I.A.A. sponsored contest. Athletes may not have received any form of prize money or merchandise or play on teams that do not receive such compensation.

Athletic Training

Western Beaver has on its staff a full-time licensed trainer who works in cooperation with our school nurse to provide treatments of routine athletic problems. The trainer will be available daily from approximately 2:00 p.m. until the completion of all athletic programs scheduled for the day. The trainer will address individual groups of athletes at the beginning of each season to inform all student-athletes of his/her services.

Awards

A student will receive an athletic award at the end of a sport season if he/she has fulfilled the requirements set forth by the coach of that sport in which he/she is participating.

Each sport has its own guidelines for quarters/periods specifically needed to earn a letter in the sport. Each coach/sport will/may have his/her own guidelines or policies specific to the sport.

Equipment

Students participating in interscholastic activities are responsible for returning school equipment at the completion of the season or upon demand by a school official. If the equipment is lost or otherwise unavailable, students will be placed on the debt list until reimbursement is made for equipment as determined by the athletic director.

College Eligibility

Eligibility requirements for N.C.A.A. Division I and II Institutions "Prop 48" Legislation:

-One must attain a grade point average of 2.00 (based on a 4.00 scale) in a successfully completed core curriculum of at least 14 Academic Courses (Grades 9-12).

-One must achieve a 700-combined score on the SAT verbal and math sections or an 18 composite score on the ACT.

See the Guidance Counselor or www.ncaa.org for further information.

Transfer Students

You are treated as having transferred whenever you change schools, even if you are out of school for a period of time before entering the new school. There have been several changes by the P.I.A.A. regarding transfer rules and eligibility. Contact the athletic director if you are a transfer student or you have any question concerning your eligibility.

SPORTS AT WESTERN BEAVER

Fall:

Football:	Varsity	Junior Varsity	Junior High
Cheerleading:	Varsity (9-12)		Junior High (7-8)
Golf:	Varsity		
Girls' Volleyball:	Varsity	Junior Varsity	
Girls' Basketball:			Junior High (7-8)

Winter:

Girls' Basketball:	Varsity	Junior Varsity	
Boys' Basketball:	Varsity	Junior Varsity	7 th , 8 th , & 9 th Teams
Cheerleading:	Varsity		Junior High

Spring:

Girls' Volleyball:			Junior High (7-8)
Boys' Baseball:	Varsity	Junior Varsity	
Girls' Softball:	Varsity	Junior Varsity	
Girls' Track:	Varsity		
Boys' Track:	Varsity		

CUTTING POLICY

In accordance with our beliefs at Western Beaver, it is our goal to see as many students as possible participate in the athletic program; therefore, we encourage coaches to keep as many students as possible while maintaining the integrity of their sport. Time, space, facilities, equipment, and other factors will place limitations on the most effective team size for any particular sport. Coaches are encouraged to strive to maximize the opportunities for our students without sacrificing the quality of the program.

1. Choosing the members of athletic teams is the sole responsibility of the coaches of those teams.
2. Cheerleading squads will be chosen in the spring by an impartial panel not associated with the school.
3. Non-varsity coaches shall take into consideration the policies established by the head coach in that particular program when selecting final team rosters.
4. Prior to team selection, the coach shall provide the following information to all candidates for the team:
 - a. Extent of try-out period
 - b. Criteria used to evaluate and select the team
 - c. Number or range of numbers to be selected
 - d. Practice commitment if they make the team
 - e. Game commitments

SPORTSMANSHIP

We at Western Beaver are deeply concerned with good sportsmanship. No matter what contest we are engaged in, we want to always exhibit the best possible sportsmanship. In playing the game, we should:

1. Regard the rules of the games as mutual agreements that no person would break.
2. Seek no advantage over others except those in which the game is understood to show superiority.
3. Never use unsportsmanlike or unfair means.
4. Treat visiting teams as honored guests of the home team.
5. Request any spectator who continually shows poor sportsmanship not to attend future contests.
6. Abide by the decisions of officials, even when they seem unfair; let coaches handle these situations
7. Regard the practice of booing as discourteous and unsportsmanlike.
8. Remember that a student-spectator represents the school in the same way an athlete does.

TRANSPORTING PLAYERS FROM AWAY GAMES

~~All student athletes, cheerleaders, and managers are encouraged to return from away athletic events on the bus provided by the school district. There are circumstances that may require a student to return with their parent/guardian after the event; in these instances, the following guidelines will be in effect:~~

1. On the day of an athletic event, a note must be presented to the office, signed by the parent/guardian, stating with whom the child will return home. (Only parents, or guardians, will be permitted to take the student.) Please put a telephone number on the note where the parent can be reached that day. The note will be signed and returned to the student.
2. The student will present the permission form to the coach prior to leaving for the away event.
3. Before the student is released, the parent/guardian who is taking the student home must present him/herself to the coach.
4. Many parents attend all away games and may sign a form to release their child(ren) for the entire season for that particular sport.

PARENT/COACH COMMUNICATION

Parent/Coach Relationship

Both parenting and coaching are extremely difficult tasks. By establishing an understanding of each position, we are better able to accept the actions of the other and provide even greater benefit to the student-athletes. As parents, when your child(ren) become involved in our program, you have a right to understand the expectations placed on your child(ren). This begins with clear communication from the coach of that program.

The Coach is Responsible for:

1. Locations and times of practices and games
2. Special team requirements (i.e. equipment, off-season training)
3. Discipline that results in the denial of participation

Appropriate Concerns to Discuss with Coaches

1. Treatment of your child(ren): both mentally and/or physically
2. Concerns and/or questions regarding strengths/weaknesses/behavior of YOUR child
3. Ways to assist your child(ren) to improve
4. Notification of schedule conflicts well in advance (these will be reviewed on an individual basis)

Issues NOT APPROPRIATE to Discuss with Coaches

1. Playing time
2. Team strategy
3. Play calling
4. Other student-athletes

If You Have a Concern to Discuss with the Coach, You Should:

1. Please do not attempt to confront the coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promise a resolution.
2. Call to set up an appointment with the coach. (Western Beaver's main number at the Jr.-Sr. High School is (724) 643-8500.) The Athletic Director's extension is 1013.

HAZING

Western Beaver School District does not sanction "hazing" of students in any way. Hazing, whether instituted by one person or by a group of persons directed against a person or group of persons, is not permitted by the school district and is not condoned by any staff member. The school district recognizes that hazing may endanger the physical or mental health or safety of a student against which the hazing has been directed.

Hazing will result in school district disciplinary action against those administering, participating in, and/or responsible for the hazing. This will mean suspension and/or expulsion. In addition, legal charges may be filed with the police department that can include: disorderly conduct, harassment, reckless endangerment, or any other appropriate charges.

WHAT IS HAZING?

- Any type of activity that intimidates or threatens a student with ostracism, which subjects a student to extreme mental stress, shame, or humiliation, or that adversely affects the student's mental or physical health, safety, or dignity.
- Any type of physical activity that subjects a student to an unreasonable risk of harm or adversely affects the student's mental or physical health or safety, such as: exposure to the elements, confinement in a small space, calisthenics, or carrying objects not normally associated with the individual's activity.

- Any type of physical brutality, such as whipping, beating, striking, branding, electronic shocking, or placing a harmful substance on the student.
- Any activity that discourages someone from entering or remaining in the organization or that may reasonably be expected to cause someone to leave the organization rather than submit to such activity.
- Any activity that induces, causes, or requires someone to perform a duty or task that involves a violation of the Penal Code.

WHAT ARE SOME EXAMPLES OF HAZING?

- Requiring calisthenics such as sit-ups, push-ups, etc.
- Requiring the carrying of items such as: rock, helmets, books, horns, etc.
- Preventing or restricting class attendance
- Forcing someone to eat or drink against their will
- Placing items or substances on a person's body such as Ben-Gay, etc.
- Forcing a student to wear inappropriate garments
- Throwing items at an individual
- Paddling or striking in any manner
- Marking or branding

Hazing is not an educational experience. Victims do not learn worthwhile outcomes from hazing. There is no value to an activity that takes advantage of an individual. Hazing incidents cannot stand up in a court of law.

Individuals that know of hazing incidents should step forward and make the sponsor and administration aware of the situation.

In no way is the district trying to curtail any activity that will, in fact, develop leadership or promote scholarship. These are facets of student involvement that will grow through healthy participation in activities. Failure to follow this policy could result in removal from the team or squad.

DISCRIMINATION

TITLE IX STATEMENT

Western Beaver County School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex or handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504.

PROTECTED HANDICAPPED STUDENTS

The Western Beaver County School District will not discriminate against protected handicapped students as defined in Chapter 15 or the regulations of the State Board of Education. The Western Beaver County School District will provide each protected handicapped student enrolled in the district, without cost to the student or family, those related services of accommodations which are needed to participate in and obtain the benefits of the school program and extracurricular activities without discrimination and to the maximum extent of the student's ability. For information regarding civil rights, grievance procedures or handicapped students, please contact: Mr. Eric Palmer, Title IX, Section 504 and Support Programs Coordinator, 216 Engle Road, Industry, PA, 15052, Phone (724) 643-8500; Fax: (724) 643-8504.

REVISED – October 15, 2012

APPENDIX

**Western Beaver Jr.-Sr. High School
Student-Athlete Handbook**

**Parent/Guardian and Student-Athlete
MUST READ AND SIGN**

**I have read the Student-Athlete Handbook
and understand its contents.**

Student-Athlete Signature and Date

Parent/Guardian Signature and Date

PLAYING TIME CONTRACT

Although participation is encouraged by all levels of athletes, coaches are expected to compete at the highest level with players that, in the coaches' opinion, produce the most competitive team necessary to win!!

Playing time is NOT GUARANTEED. Coaches have the responsibility to put the most competitive team in the contest. The range of the athlete's ability from the first to last players is usually very significant. Athletes and parents need to discuss the non-guaranteed playing time policy.

I have read and understood the playing time contract.

Athlete's Signature

Parent/Guardian Signature

Date

Date

**Western Beaver Junior-Senior High School
Athletic Permission Form**

**The following form must be completed if a student is to return home
with his/her parent instead of riding the bus.**

Name of Student: _____

Who will be taking the student?: _____

Date of Athletic Event: _____

Place of Athletic Event: _____

Approved By: _____

**Western Beaver Junior Senior High School
Athletic Permission Form for the Entire Season**

**The following form must be completed if a student is to return home
with his/her parent instead of riding the bus.**

Name of Student: _____

Sport: _____

Parent Signature/Date: _____

This form will be kept on file with the Athletic Director and the coach of your child. This allows your child to go home with you or the child's guardian during this sport season only. It is YOUR responsibility to see the coach after each game that you will drive your child home.

**WESTERN BEAVER JR.-SR. HIGH SCHOOL
PARENT ACKNOWLEDGEMENT OF RISK**

We/I, the parent(s) of _____, do hereby acknowledge

Student Name

that we have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of the Western Beaver School District that our/my child named above, may suffer serious injury, including, but not limited to, sprains, fractures, brain damage, paralysis, even death, by participating in the sport of _____ notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result. We/I give our/my consent to _____ participating in the sport of _____.

Name of child

WITNESSES:

Name of Parent

Name of Parent

Date

STUDENT ACKNOWLEDGEMENT OF RISK

I, _____ hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative and coaching personnel at Western Beaver School District that by participating in the sport of _____, I am exposing myself to the risk of serious injury, including, but not limited to, sprains, fractures, ligament and/or cartilage damage which could result in temporary/permanent, partial/complete impairment in the use of my limbs; brain damage or paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself participating in the above sport.

WITNESSES:

Name of Student

Date

Western Beaver School District

Policy: Athletic Injury

Due to the prohibitive cost and relative scarcity of athletic insurance, and in consideration of the fact that virtually all parents and guardians have high quality hospitalization and major medical insurance coverage available to them and their children, the Western Beaver County School District will not provide insurance coverage nor will it assume or pay usual medical or hospital expenses for injuries incurred as a result of participation in school-sponsored athletics, practice, or preparation thereof or in transportation to or from such events.

The school district will, however, provide catastrophic insurance coverage that would take effect after the exhaustion of benefits from hospitalization insurance such as Blue Cross/ Blue Shield and major medical coverage. The catastrophic insurance coverage has a \$3,500 deductible feature.

Please complete the form below so that we may have the proper information on record.

I hereby certify that my son/daughter is covered by medical and hospitalization insurance carried by me which provides benefits and protection against injuries and accidents while playing, practicing, traveling, or otherwise participating in any interscholastic or intramural athletic activity including medical treatment and hospitalization. I understand that I am, as a parent/guardian, responsible for expenses resulting from injuries to the student athlete participating in school-sponsored athletics.

I hereby waive any claim against the Western Beaver County School District by myself or my son/daughter/ward for any injury, accident, or expense that he/she may sustain as a result of participation in interscholastic and/or intramural athletics for the 20__-20__ school year.

STUDENT: _____ GRADE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____

INSURANCE (NAME, GROUP #, AGREEMENT #):

SIGNATURE/DATE: _____



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first five Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be performed earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/_____ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician Should be Aware _____

Student's Prescription Medications _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:

The right equipment for the sport, position, or activity;
Worn correctly and the correct size and fit; and
Used every time the student Practices and/or competes.

- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete	Print Student-Athlete's Name	Date ___/___/___
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date ___/___/___

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No		Yes	No
1.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CONCUSSION OR TRAUMATIC BRAIN INJURY 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	38.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	44.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FEMALES ONLY		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	48.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	49.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

Revised: July 26, 2012

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input checked="" type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date of CIPPE ____/____/____