

Marple Newtown High School

Athlete – Parent Handbook



“Raising the Bar”



MARPLE NEWTOWN HIGH SCHOOL

120 Media Line Road
Newtown Square, Pennsylvania 19073-4696
(610) 359-4218 · FAX: (610) 356-2194

Welcome to Marple Newtown High School Athletics,

Congratulations on your participation in the Marple Newtown High School Athletic Program. You are about to enter a journey that will provide you with opportunities that stretch beyond the field of play. We are going to challenge you to become better people, students, and athletes.

Marple Newtown Athletics encompass a history of both team and individual successes. Year in and year out the Marple Newtown School District Community can be proud of the teams and athletes that represent us. Our tradition of excellence is a by-product of the dedication and commitment displayed by an outstanding group of coaches and inspired student athletes. We are proud to call MN our home!

Our “Raise the Bar Program” challenges student athletes to push the envelope in all they do. Each season the “Roar Award” recognizes the athletic program with the highest cumulative grade point average and the program that shows the most academic improvement from year to year. Motivational speakers are brought in to speak to our students athletes about the importance of developing the whole person. We want you to walk away from our program with a solid foundation that you can take with you into your future endeavors.

This handbook is to be used as a resource as you enter on this journey. Please familiarize yourselves with all the information provided in the pages that follow. Please do not hesitate to contact the athletic office should you have any questions or concerns.

Within the Marple Newtown Athletic Department we strive to “Raise the Bar” in terms of character and academics. We are challenging you to become all that you can be!
Good Luck and Go Tigers!

Dennis C. Reardon
Assistant Principal & Athletic Director

The School That Makes a Difference!

Athletics

Administration

Dennis Reardon.....Athletic Director
Christian Jaspersen.....Faculty Manager
Susan Becker.....Athletic Secretary
Erica Smrzley.....Athletic Trainer

Admission to Athletic Events

There will be an admission fee charged for all night games in the stadium during the fall and spring seasons. The season pass will afford you admission to all night events during that particular season. ****This will not include P.I.A.A. playoff games.**

Per Game Ticket Rate

Students \$3.00
Adults \$5.00

Season Tickets (must be purchased in the athletic office in advance)

	<u>Students</u>	<u>Adults</u>
Fall (17 home games)	\$20.00	\$30.00
Winter (24 home games)	\$25.00	\$35.00
Spring (Lax # TBD)	\$15.00	\$20.00

Reserved Seats (Football only) \$40.00

Reserved seats will afford you a seat directly in front of the press box along with reserved parking for each home football game. This will also allow for more convenient entrance to the stadium.

Head Coaches

<u>Season</u>	<u>Sport</u>	<u>Coach</u>	<u>Coach's email</u>
Fall	Football	Ray Gionta	rgionta@mnsd.org
Fall	Soccer (girls)	Ron Braverman	rbraverman@mnsd.org
Fall	Soccer (boys)	Brian McKinney	mnhssoccer@hotmail.com
Fall	Golf	Dave Locher	dlocher@mnsd.org
Fall	Volleyball	Herb Staquet	hstaquet@mnsd.org
Fall	Cross Country	Doug Killough	dkillough@mnsd.org
Fall	Tennis (girls)	Wendy Schenk	dreardon@mnsd.org
Fall	Field Hockey	Colleen Christie	cchristie113@hotmail.com
Fall	Cheerleading	Trish Dyal	dyal@havsd.net
Winter	Track (indoor-girls)	TBD	dreardon@mnsd.org
Winter	Track (indoor-boys)	Vince Clarke	vclarke@mnsd.org
Winter	Wrestling	Rich Graham	rgraham@mnsd.org
Winter	Basketball (girls)	Mike Colgan	mcolgan@picpa.org
Winter	Basketball (boys)	Jerry Doemling	gdoemling@mnsd.org
Winter	Girls Swimming Boys Swimming Diving	Andrew Kane John Gilleeny Eric Van Blunk	akane@mnsd.org jgilleeny@mnsd.org Eric.VanBlunk@nuveen.com
Winter	Ice Hockey	Larry Patrick	Lp2coach@comcast.net
Spring	Softball	Sue Salerno	ssalerno@mnsd.org
Spring	Baseball	Mark Jordan	sevej23@aol.com
Spring	Lacrosse (girls)	Cheri McMonagle	cmcmonagle@mnsd.org
Spring	Lacrosse (boys)	Dave Corrado	davelax2727@yahoo.com
Spring	Track (girls)	Jackie Distefano	jdistefano@mnsd.org
Spring	Track (boys)	Vince Clarke	vclarke@mnsd.org
Spring	Tennis (boys)	Wendy Schenk	dreardon@mnsd.org

A Parent's Guide to Dealing with Coaches

Sportsmanship Integrity Hard Work

Citizenship Respect Responsibility

Parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are able to accept the actions of the other and provide greater benefit to children.

As parents, when your children become involved in the Marple Newtown athletic program, you have a right to understand what expectations are being placed on your child. It is also important for parents to understand that coaches are professionals and will need to make judgment decisions based on what they believe to be in the best interest of all students involved.

Parents must also encourage the student-athlete to communicate with the coach and their staff. A vast majority of communication lapses could easily be resolved if the student-athlete would first present these concerns to the coach and/or staff.

The following guidelines will be helpful in parent/coach communications.

Communication parents should expect from the coach:

- The coach's philosophy.
- The coach's expectations for your son or daughter, as well as other players on the team.
- Location and times of practices and contests.
- Team requirements, such as special equipment needed, school and team rules, and off season expectations.
- Procedures if your child suffers an injury during participation.

Communication coaches expect from parents:

- Notification of any schedule conflicts well in advance.
- Notification of illness that may result in an absence.
- Notification of injury.

Appropriate concerns to discuss with a coach:

- The mental and physical treatment of your child.
- What your child needs to do to improve.
- Aspects of your child's behavior.

Concerns that must be left to the discretion of the coach:

- How much playing time each athlete is getting.
- Team strategy.
- Play calling
- Any situation that deals with other student-athletes.



At Marple Newtown High School, we are committed to our student athletes “Raising the Bar” in regards to their character and academics. We have identified six pillars of character for our student athletes to strive towards.

Marple Newtown Student Athlete 6 Pillars of Character

Respect – to show admiration, honor and esteem for

Responsibility – accountability and ownership of one’s actions

Citizenship – to show loyalty and pride for your community and school, doing good for others

Sportsmanship – to play fair, to lose without complaint and to win without gloating

Hard Work – is the effort and perseverance you display to reach a goal

Integrity – your commitment to be honest, sincere and trustworthy

Guidelines for Behavior

Of the Coach:

- Exemplify the highest moral character, behavior and leadership, adhering to our six pillars of character: integrity, hard work, sportsmanship, respect, responsibility, and citizenship.
- Respect the integrity and personality of each individual athlete.
- Abide by and teach the rules of the contest in the letter and spirit.
- Set a good example for players and spectators to follow: refrain from arguments in front of players and spectators; no gestures which indicate officials or opposing coaches do not know what they are doing or talking about; no throwing of any objects in disgust. Shake hands with officials and the opposing coaches before and after the contest in full view of the public.
- Respect the integrity and judgment of the contest officials. Treat them with respect even if you disagree with them in some way.
- Display modesty in victory and graciousness in defeat in public and in talking with the media. Please confine your remarks to your team only.
- Instruct participants and spectators in proper sportsmanship responsibilities and demand they make sportsmanship the main priority.
- Develop a top program that rewards participants for displaying proper sportsmanship and enforces penalties on those who do not abide by sportsmanship standards.
- Be no party to the use of profanity or obscene language or improper actions.

Of the Student –Athlete:

- Live up to the standards identified by the athletic department with our six pillars of character: **respect, responsibility, citizenship, hard work, integrity and sportsmanship.**
- Live up to the privilege of representing your school and community.
- Live up to the standards of sportsmanship established by the school administration and coaching staff.
- Learn the rules of the contest thoroughly and discuss them with parents, fans and fellow students.
- Treat opponents the way you would like to be treated, as a guest or friend.
- Wish opponents good luck before the contest and congratulate them in a sincere manner following victory or defeat.
- Respect the integrity and judgment of officials. Treat them with respect at all times.
- Give encouragement and support to injured athletes at all times.
- Support only your team, no negative comments directed at the opposition.

Parent Athletic Code of Conduct and Expectations

Interscholastic athletics are an integral part of the total educational program of the Marple Newtown School District. The goal and purpose of the athletic program is to teach the student athletes the meaning and understanding of sportsmanship, commitment, fairness, sacrifice, teamwork, and hard work. Additional goals include knowing how to win and how to lose, increasing the knowledge of the sport, developing a healthy lifestyle and skill development. We ask all parents to support our efforts to help teach the goals of interscholastic athletics.

Listed below are the guidelines and expectations that we expect all parents to follow to ensure that our student athletes have a positive athletic experience. Parents who are unable to meet these expectations may be unable to attend future athletic contests.

1. Support your child by being a positive listener, especially after a tough loss.
2. Avoid putting pressure on your child to start, score or be the star of the team. Do not force an unwilling child to participate in sports. Children take part in organized sports for their own enjoyment, not yours.
3. Support the coach and administration in public around the other parents and fans.
4. Avoid speaking negatively about the coach in front of your child. It may create a barrier in the child's hope for improvement in the sport.
5. Understand the ultimate purpose of athletics; it exists as an integral part of the total educational mission of the school and participation in athletics is a privilege and not a right.
6. Serve as a good role model for the students, athletes and other fans. Children learn best by example.
7. Contribute to the booster clubs by volunteering to help with projects and committees.
8. Appreciate the educational opportunity that your athlete is receiving in the athletic program.
9. Display excellent sportsmanship at all times. Teach your child to always play by the rules and be fair and honest with you and their abilities.
10. Show respect to everyone involved in the athletic program – the coaches, athletes, fans, other parents, officials, security and administrators. Do not publicly question an official's judgment or integrity. Don't complain or argue about an official's calls or decisions during or after an athletic event.
11. Follow the chain of command when you have a concern. Your athlete should speak to the coach first. The next step would be for you to contact the coach to set up a meeting at a mutually convenient time. If you are not satisfied after meeting with the coach, please contact the Athletic Director to request a meeting to discuss your concerns.
12. Express your concerns and questions in a courteous and civil manner and please do it at the right time and proper setting.
13. Avoid constant and chronic complaining.
14. Abide by the Marple Newtown School District Code of Conduct, eligibility requirements and team rules.
15. Understand that the goals of the team and the athletic program are more important than the hopes and dreams you may have for your child.
16. Teach your child that hard work and honest effort are more important than winning.
17. Be loyal to the school and team; put the best interests of the team above your child's personal glory.
18. An athlete should be gracious in victory and accept defeat with dignity.
19. Support the concept of "being a student first." Commit your child to getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing sports at the professional level. Reinforce that college and universities will not recruit athletes who do not have a serious commitment to their education.

20. Keep athletics in perspective – family, education, and being a part of the high school experience and are far more important.
21. PIAA by-laws dealing with athletic courtesy provide that any spectator who continually evidences poor sportsmanship should be requested not to attend future contests.

Failure to follow these expectations and abide by this Code of Conduct may result in forfeiting the opportunity to attend future athletic contests.

Physical Examinations

No student shall be eligible to represent his/her high school in any interscholastic athletic contests unless he/she has been examined by a licensed physician of medicine before his/her first sports season of the academic year. Before each subsequent sports season of the same academic year, he/she will need to be re-certified by either a parent or physician in order to confirm that his/her condition is satisfactory before he/she begins to train or practice for the intended sport. All physical exam information will be kept on file in the athletic office.

Sections I-III of the physical form must be filled out by a parent prior to a physical being given by a physician. Section IV of the physical form is filled out by the physician. Physical exams will be offered at Marple Newtown High School each spring to cover the next school year.

Season 2 and/or season 3 participation requires re-certification by:

Re-certification by parent:

This option is afforded to student athletes who finish their previous season deemed healthy by our athletic trainer. A parent can fill out Section V of the physical form to certify that there has been no change in the medical condition of their child since the date of their last physical.

Re-certification by a physician:

This is required for any student athlete who finishes the previous season as an injured member of the team or any student who suffers an injury or change to their medical condition between seasons. Section VI must be filled out by a physician in order to certify that the student is deemed fit to participate in the new season.

Wrestlers will need to be certified by our athletic trainer and a physician prior to participating in the wrestling season. Section VII of the physical forms is to be used for this certification.

See appendix A for comprehensive physical exam forms.

The primary purpose of the athletic program in the Marple Newtown School District is to promote the physical, social, emotional, and moral well-being of the participants. The athletic program is an important and integral part of the total school program and is open to participation by all students regardless of individual differences. Through voluntary participation, athletes give time, energy and loyalty to the program. They also accept the selection process, training rules, regulations and responsibilities which are unique to an athletic program. In order to contribute to the welfare of the group, each athlete must willingly assume these obligations because the role demands that the individual make sacrifices not required of others. It is hoped that athletics in our school will be a positive force in preparing youth for an enriching and vital role in American life.

P. I. A. A.

All secondary schools in the Marple Newtown School District are members of the Pennsylvania Interscholastic Athletic Association. The PIAA by-laws that pertain to age, awards, attendance, health, transfers and residence, participation, representation, curriculum, and seasonal rules will be followed. Each coach is responsible to know the rules, inform team members and parents, and to enforce them.

SPORTSMANSHIP

Student-athletes in the Marple Newtown School District must keep in mind that they are always in the public eye and that their personal conduct will always be subject to the scrutiny of their fellow students, fans, officials, opponents, and the media. They, therefore, have an obligation to serve as positive role models by subscribing to the following:

1. Showing respect for authority and property;
2. Maintaining academic eligibility and training rules;
3. Emphasizing the ideals of sportsmanship, loyalty, ethical conduct, and fair play;
and;
4. Understanding that striving to win is important to success in athletics just as in every facet of life.

Any display of unsportsmanlike behavior toward an opponent, official or spectator during the season will result in counseling by the coach and possible suspension from the team.

PARENT CONSENT

A student shall be eligible for practice or participation in each sport only when there is on file with the athletic office a signed athletic consent form by a parent or guardian. **SEE APPENDIX A.** Those forms may also be obtained in the athletic office.

ACADEMIC ELIGIBILITY

Academic eligibility for athletic activities is based on the premise that academic performance is the keystone of the curriculum and the standard against which participation is measured.

ELIGIBILITY REQUIREMENTS

1. To be eligible for interscholastic athletics, a student must pursue a minimum four year roster as outlined in the Marple Newtown School Program of Studies.
2. Eligibility shall be cumulative from the beginning of a grading period and shall be reported on a weekly basis.
3. Students who are failing 2 or more subjects that meet at least 5 periods weekly during a marking period would be deemed ineligible.
4. Students who meet the criteria but are having academic difficulties are required to seek help class in order to improve their grades.

Enforced 3 different ways:

- Weekly
- End of Marking Period
- End of School Year

Weekly – students may not participate in games or practices, loss of privileges from Sunday through the following Saturday

Marking Period Eligibility – Loss of participation privileges for 15 school days from the date the report cards are issued.

End of School Year – Loss of participation privileges for 15 school days upon the beginning of the new school year, unless the credit is made up through summer school. Participation in pre-season practices is allowed.

REPORTING PROCEDURES

1. Coaches must submit an accurate list of all team members to the athletic department prior to the first scrimmage. No additions can be made without the consent of the athletic director.
2. The athletic department will provide all staff members of a list of all student athletes for that particular season.
3. Teachers will submit to the Athletic Director's Office the names of all students who are doing failing work by Thursday at 12 pm. each week.
4. The Athletic Office will compile athletic eligibility reports and contact the coaches to notify them of their particular team members' status.
5. In the event that a student does not meet the eligibility requirement, see "enforced" above.
6. These academic eligibility requirements are applicable to all students participating in the athletic program in grades 7-12 in the Marple Newtown School District.

SCHOOL ATTENDANCE

A student must be in school by 9:00 a.m. in order to participate in an athletic contest/practice that day. An exception will be made if the student has an approved medical appointment, in which case, the student must present to the building administrator a signed statement from the doctor regarding the absence. A note from the parent/guardian for illness will also be acceptable.

If a student is absent the last school day of the week, and the competition is on a non-school day, the student must have administrative and parent permission to participate. It is recommended that the coach call the parent regarding the absence.

*** Coaches must refer to the daily absentee list as it pertains to their players.**

A student who has been injured and has had medical treatment cannot participate again until medical clearance has been granted. All medical clearances must first go through the athletic trainer and then the athletic office.

PRACTICES AND CONTESTS

Each member of any team is required to make a commitment to that sport during the season. Part of the commitment involves attending every scheduled practice and contest throughout the season. Unexcused absence from scheduled practices/contests will result in:

1. Counseling by the head coach and notification of parents, if necessary; and
2. Suspension from the team and possible dismissal for the remainder of the season if subsequent violations occur.

TRAVEL

Athletes must travel to and from contests, away from Marple Newtown, in transportation provided by the school. The only exceptions are:

1. Injury to participant which would require alternate transportation;
2. Prior arrangement made in writing between the participant's parent/guardian and the Athletic Director for the student to ride with the parent/guardian due to special situations which may arise. This notice is kept on file in the athletic office.
3. When school transportation is not provided and alternative means are approved.

EQUIPMENT AND UNIFORMS

Equipment and uniforms are issued to students on a loan basis and are to be worn only when authorized by the coach. If any of the equipment is not returned at the conclusion of the season, an obligation will be issued to the student for the fair cost of replacing it. Until the obligation is resolved, the student will not be eligible for athletic awards and will not be permitted to participate in any future season.

COMPLETION OF SPORTS SEASON

In order for the student-athlete to be eligible for a letter, team and/or individual awards, it is required that he complete the sports season including post-season playoffs, tournaments and exhibitions. The only exception will be illness and/or injury which limits participation. No awards will be given to any student athlete suspended and/or dismissed for the remainder of the season for "Student Conduct Policy" violations.

SUBSTANCE ABUSE

The use and/or possession or selling or providing of alcohol, tobacco products, other drugs, and steroids on school property, or within the school authority, is a violation of school board policy 218 student discipline, and a violation of the law.

POSSESSION OR USE

1. If a student is known to be unlawfully possessing, using or under the influence of drugs or narcotics classified as controlled substances or alcohol, while in school, on school property, or the school bus, he/she will be suspended for ten(10) days and he/she will forfeit the privilege of participating in athletic activities for the same period of time.

2. If a student receives a citation for unlawfully possessing, using or under the influence of drugs or narcotics classified as controlled substances or alcohol in the community, he/she will be suspended for ten (10) days and he/she will forfeit the privilege of participating in athletic activities for the same period of time.

3. The Principal can dismiss the student from the team, and he/she will forfeit the privilege of participating for the remainder of the season.

4. The Principal may request a Due Process Hearing before the Board of School Directors for the purpose of expulsion from school.

5. The police will be notified and will take appropriate action.

SELLING OR DISTRIBUTION

1. If a student is found selling or providing drugs, narcotics or alcohol on school property, in the community or on the school bus, he/she will be suspended immediately for ten (10) school days, and forfeit all rights and privileges for further participation in athletic activities for the remainder of the school year.

2. The Principal will request a Due Process Hearing before the School Directors for the purpose of expulsion from school.

3. The police will be notified and will take appropriate action.

ANABOLIC STEROID USE/ABUSE

The use of anabolic steroids, except for a valid medical purpose, by any student involved in school related athletics is prohibited. Disciplinary action could include:

1. Ten(10) day suspension from school per drug policy.

2. suspension from school athletics for the remainder of the season

3. suspension from school athletics for the remainder of the season and for the following season

4. permanent suspension from school athletics. No student shall be eligible to resume participation in school athletics unless there has been a medical determination that no residual evidence of steroids exists.

PIAA Board of Control policy prohibits the use of tobacco products by participating and non-participating team personnel, including coaches, during any level of interscholastic athletic competition.

Violation of the Marple Newtown School District "Student Conduct Policy" which requires administrative action will be handled in accordance with the provisions of the specific sections as outlined in the manual. For example, if a violation involves a suspension, then said athlete will be suspended from practices/contests of that team for those days. It should be clearly understood that the same standard of behavior and discipline for the regular student shall also apply to the student athlete and any violations of the "Student Conduct Policy" may result in forfeiture of the privilege to participate on a Marple Newtown athletic team.

Consistent with the recent U.S. Supreme Court Decision, the school district reserves the right to require lab testing if a student athlete is suspected of substance abuse.

Any additional rules and regulations developed by the head coach of any sport must be approved by the Principal and Athletic Director prior to the season. These additional rules and regulations must be in writing and on file in the Athletic Office.

-
1. Student athletes should leave all valuables at home or with coaches, not in the locker room.
 2. Student athletes should be neatly groomed and properly dressed when traveling to any contest.
 3. No athlete may quit one sport and try out for another after the season has begun without mutual consent of both coaches.
 4. Any civil law infraction or conduct by a student athlete that occurs during a sport season that is determined by the administration and head coach to be detrimental to the athletic program, or the school district, will result in counseling by the school administration and head coach and possible suspension/dismissal from the team.

Appendix A



MARPLE NEWTOWN HIGH SCHOOL
120 Media Line Road

Newtown Square, Pennsylvania 19073-4696
(610) 359-4218 · FAX: (610) 356-2194

TO: Parents/ Guardians of Students Participating in Activities

FROM: Dennis C. Reardon, Athletic Director

SUBJECT: Insurance for Interscholastic Athletics

The Marple Newtown School District students who participate in interscholastic athletics will be covered by an accident insurance policy during the season(s) in which they participate. This coverage will apply to girls and boys, grades 6 through 12, in the middle school and the high school.

The insurance company will reimburse the first \$100.00 of covered expenses without regard to other insurance. Thereafter, benefits will be payable only for covered expenses above \$100.00 which are not recoverable from other insurance which students or parents may have. In the event there is no other medical insurance, benefits will be payable to the limits of the school district policy.

In the event of an injury, please contact the athletic director if you need information on the coverage and claim forms.

Please keep this for your records and return the attached form to your child's coach.

Keep this for your records

The School That Makes a Difference!



MARPLE NEWTOWN HIGH SCHOOL
120 Media Line Road

Newtown Square, Pennsylvania 19073-4696
(610) 359-4218 · FAX: (610) 356-2194

ATHLETIC CONSENT FORM

We are aware there are inherent risks in all sporting activities and agree not to hold Marple Newtown High School, Marple Newtown School District, or any of their coaches or staff liable for personal injuries or property damage sustained by my child in connection with such participation.

Date _____ Sport _____

Student Participant

Signature of Parent/ Guardian

Sign and return to your child's coach

The School That Makes a Difference!

Sport _____

Marple Newtown High School

Athletic Department Student Information Sheet

Name of Athlete _____ Student # _____

Address _____

City & State _____

Phone # _____

Email address: _____

Birth Date: _____

Current Age: _____

Mother's name: _____

Father's name: _____

Date enrolled in school this year: _____

Current Grade: _____

Year of Graduation: _____

Indicate the number of semesters you have attended Marple Newtown High School. Please include the present semester. (There are 2 semesters per year.)

9th _____ 10th _____ 11th _____ 12th _____

How many semesters have you competed in this sport? Please circle the grades in which you have participated, including this year.

9th 10th 11th 12th Total _____

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 the student's first sport in a school year, the student is required to complete a physical evaluation. Those students who choose to undergo a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) must have the appropriate person(s) complete the first four Sections of the CIPPE Form. Upon completion of Sections 1, 2, and 3 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, 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 shall be performed no 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: A student completing a CIPPE, and seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 5 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, of the student's school will then determine whether Section 6 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Physical Address _____

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

EMERGENCY INFORMATION

Primary Emergency Contact Person'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 _____

(please turn page over)

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.

Sport	Signature of Parent or Guardian
Baseball (Spring)	
Basketball (Winter)	
Bowling (Winter)	
Cross Country (Fall)	
Field Hockey (Fall)	
Football (Fall)	
Golf (Fall)	
Gymnastics (Winter)	
Lacrosse (Spring)	
Rifle (Winter)	
Soccer (Fall)	
Soccer-Girls (Spring)	
Softball (Spring)	
Swimming & Diving	
Tennis-Girls (Fall)	
Tennis-Boys (Spring)	
Track-Indoor (Winter)	
Track & Field (Spring)	
Volleyball-Girls (Fall)	
Volleyball-Boys (Spring)	
Water Polo (Fall)	
Wrestling (Winter)	
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: 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. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>				
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>				
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>				
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>				
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>				
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>				
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>				
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> High blood pressure			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Heart murmur			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> High cholesterol			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Heart infection			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>				
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>				
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>				
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>				
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>				
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, that caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>				
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>				
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>				
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest		
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes		
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY				47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
							48. How old were you when you had your first menstrual period?	_____	_____
							49. How many periods have you had in the last 12 months?	_____	_____
							50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

No(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 ____/____/____

(please turn page over)

**SECTION 4: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation 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) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

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		
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) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____/____/____

SECTION 5: PIAA RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed by the parent/guardian of any student who (1) previously participated in PIAA interscholastic athletic competition pursuant to a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year. The Principal, or Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY and make a determination as to whether the student should be re-evaluated and re-certified by an Authorized Medical Examiner pursuant to Section 6.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Age _____ Grade _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

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

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Primary Emergency Contact Person'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 # () _____

SUPPLEMENTAL 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. Have you sustained an illness and/or injury related to sport(s) since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you experienced dizzy spells, blackouts, and/or unconsciousness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you sustained an illness and/or injury NOT related to sport(s) since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been confined to an institution and/or at home as a result of an illness and/or injury since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you experienced any new health problems since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had surgery since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>
			9. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

No(s).	Explain "Yes" answers here:

SUBSEQUENT SPORT(S) TO BE PLAYED: _____ **SEASON:** Fall Winter Spring (circle one)

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 ____/____/____

NOTE: If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the Principal, or Principal's designee, of the herein named student's school shall require the student to complete Section 6 prior to being eligible to participate in sport(s) identified above.

(please turn page over)

**Section 6: PIAA COMPREHENSIVE PRE-PARTICIPATION PHYSICAL RE-EVALUATION
AND RE-CERTIFICATION BY AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by an Authorized Medical Examiner and turned in to the Principal, or the Principal's designee, of the student's school prior to participation in second and subsequent sport in the same school year.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School _____ Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

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		
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 SUPPLEMENTAL HEALTH HISTORY, performed a physical re-evaluation of the herein named student, and, on the basis of such re-evaluation and the student's SUPPLEMENTAL 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 5 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) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____ / ____ / ____

Section 7: CIPPE MINIMUM WRESTLING WEIGHT CLASSIFICATION

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the minimum weight classification at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner, and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season. This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the minimum weight classification, the Authorized Medical Examiner shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator, Scholastic Edition (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the Authorized Medical Examiner may require that the student wrestle at a minimum weight classification one or more weight classifications above what would otherwise be appropriate based upon the student's Minimum Wrestling Weight, as established by the Initial Assessment. Under these circumstances, the Authorized Medical Examiner may NOT allow a wrestler to participate at a minimum weight classification below that determined by the Initial Assessment.

For all wrestlers, the certified minimum wrestling weight class shall be certified to by an Authorized Medical Examiner. The Authorized Medical Examiner shall initial the minimum wrestling weight class, pursuant to the Initial Assessment.

Student's Name _____ Age _____ Grade _____
Enrolled in _____ School _____

INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA Optimal Performance Calculator, Scholastic Edition, and have determined as follows:

Urine Specific Gravity/Body Weight _____ / _____ Percentage of Body Fat _____ Minimum Wrestling Weight _____

Assessor's Name (print/type) _____ Assessor's I.D. # _____

Assessor's Signature _____ Date ____ / ____ / ____

CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is allowed to wrestle at the following minimum weight classification during the 20____ - 20____ wrestling season (the Authorized Medical Examiner may initial only one of the following senior high or junior high/middle school weight classes):

SENIOR HIGH SCHOOL (14 Weight Classifications):

103 lbs. _____ 112 lbs. _____ 119 lbs. _____ 125 lbs. _____ 130 lbs. _____ 135 lbs. _____ 140 lbs. _____
145 lbs. _____ 152 lbs. _____ 160 lbs. _____ 171 lbs. _____ 189 lbs. _____ 215 lbs. _____ 285 lbs. _____

JUNIOR HIGH/MIDDLE SCHOOL (18 Weight Classifications):

75 lbs. ____ 80 lbs. ____ 85 lbs. ____ 90 lbs. ____ 95 lbs. ____ 100 lbs. ____ 105 lbs. ____ 110 lbs. ____ 115 lbs. ____
122 lbs. ____ 130 lbs. ____ 138 lbs. ____ 145 lbs. ____ 155 lbs. ____ 165 lbs. ____ 185 lbs. ____ 210 lbs. ____ 250 lbs. ____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone () _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP Date ____ / ____ / ____
(circle one)

NOTE: Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment performed. The second assessment must utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. Results obtained at the second assessment shall supersede the Initial Assessment and are automatically accepted; no further appeal by any party is permitted. All costs incurred in the second assessment are the responsibility of those appealing the Initial Assessment. The urine specific gravity testing will be conducted and the athlete will need to have a result of less than or equal to 1.025 in order for the second assessment to proceed.