

# CEDAR CLIFF HIGH SCHOOL

John Kosydar – Athletic Director

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2019-2020

Dear Parent or Guardian:

**\*\*A physical has been arranged by the district at a cost of \$25.00 per student. Athletes should plan to attend this physical, and should bring cash, check or money order made payable to Red Cedar in the amount of \$25.00. The physical is good for one full school year and covers all sports seasons of the 2019-2020 school year. The physical packet must be completed by the parent (excluding Section 6) prior to the physical.**

Your child has expressed an interest in participating in an athletic program at Cedar Cliff High School. These are programs for those students desiring a level of competition beyond that provided in the physical education program. An activity fee is required for participation in athletics and student activities. The fee will be assessed per sport and activity. There is a student cap of \$200.00 and a family cap of \$500.00. Checks or money orders are to be made payable to Cedar Cliff High School. Checks, money orders or cash are submitted to the main office only. Fees and the activity fee payment form **must be paid** and submitted within two (2) weeks of the start of practice and no later than the first (1<sup>st</sup>) competition date.

The winter sports season begins Monday, November 18, 2019. Individual coaches will let their players know at what time and place to pick up any required equipment. The individual coaches will let the athletes know where practice is and when it starts.

Physical examinations will be given at **Cedar Cliff High School (Main Gym)**. The physicals will be given at 3:00 P.M. on Thursday, November 7, 2019. Either a school-sponsored physical exam or one provided by the family doctor is required prior to participation in any sport. A physical packet is attached for this purpose. The PIAA physical form is the only paperwork accepted by the West Shore for a one (1) year physical.

**ALL PHYSICAL PAPERWORK IS DUE TO CEDAR CLIFF HIGH SCHOOL ONE (1) WEEK BEFORE THE OFFICIAL PIAA PRACTICE FOR THE SEASON BEGINS. ANY PHYSICALS TURNED IN AFTER THIS DATE WILL RESULT IN STUDENT MISSING AT MINIMUM THE FIRST DAY OF PRACTICE/TRYOUTS.**

## **DATE FOR PHYSICAL EXAMINATION**

**\*\* November 7, 2019    3:00 P.M.    All Sports    Cedar Cliff High School (Main Gym)**

**\*\*\*\*All physical paperwork must be turned into the athletic trainer no later than Monday, November 11, 2019.**

<b>FULL PHYSICAL PACKET</b>
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## Winter Sports Offered at Cedar Cliff High School

Boys Basketball	Head Coach	Tigh Savercool	(Grades 9-12)	<a href="mailto:tsave31@gmail.com">tsave31@gmail.com</a>
Girls Basketball	Head Coach	Scott Weyant	(Grades 9-12)	<a href="mailto:sweyant@wssd.k12.pa.us">sweyant@wssd.k12.pa.us</a>
Wrestling	Head Coach	Robert Rapsey	(Grades 9-12)	<a href="mailto:Robert17055@verizon.net">Robert17055@verizon.net</a>
Boys and Girls Swimming/ WSSD Diving	Head Coach	Joseph Chubb	(Grades 9-12)	<a href="mailto:coachchubb@gmail.com">coachchubb@gmail.com</a>

### Junior High/Freshman Winter Sports:

Boys Basketball (9 <sup>th</sup> )	Head Coach	Nathan Miller		<a href="mailto:natem1132@comcast.net">natem1132@comcast.net</a>
Girls Basketball (9 <sup>th</sup> )	Head Coach	Anita Uibel		<a href="mailto:auibel@verizon.net">auibel@verizon.net</a>
Boys Basketball (Junior High)	Head Coach	Chris Houser	(Grades 7-8)	<a href="mailto:chouser259@hotmail.com">chouser259@hotmail.com</a>
Girls Basketball (Junior High)	Head Coach	Frank Karli	(Grades 7-8)	<a href="mailto:fkarli@thsrocks.com">fkarli@thsrocks.com</a>
Wrestling (9 <sup>th</sup> )	Head Coach	Robert Lewis	(Grades 7-9)	<a href="mailto:lewisrw76@gmail.com">lewisrw76@gmail.com</a>

### Athletic Trainer:

Athletic Trainer	Head Trainer	Kristin Lyons		<a href="mailto:klyons@wssd.k12.pa.us">klyons@wssd.k12.pa.us</a>
Athletic Trainer	Asst. Trainer (Trainer B)			

**WEST SHORE SCHOOL DISTRICT  
HIGH SCHOOL AND MIDDLE SCHOOL**  
Physical Checklist



Submit checklist with completed packet materials. Please print information.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Sport: \_\_\_\_\_

Follow checklist per criteria listed below.

**Physical Packet (Full)**

- Complete PIAA Physical Packet
  - Section 1 – Personal and Emergency Information
  - Section 2 – Certification of Parent/Guardian
  - Section 3 – Understanding Risk of Concussion
  - Section 4 – Understanding Risk of Cardiac Arrest
  - Section 5 – Health History
  - Section 6 – PIAA Comprehensive Initial Pre-Participation Physical Evaluation and Certification of Authorized Medical Examiner **(If not dated within 6 weeks prior to first (1<sup>st</sup>) official PIAA day of practice, then also must submit a Re-Certification Packet)**
- West Shore School District - Waiver of School Insurance, Acknowledgement of Risk & Consent to Participate, Authorization for Release of Medical Information Form
- Medical Release/Insurance Form
- Submit Completed Packet to High School Athletic Trainer**
- Submit Activity Fee Payment Form or Request for Waiver of Activity Fee Form **to High School Athletic Director** (due by first competition date for your activity).
- FOR HOMESCHOOL, CYBER SCHOOL AND CHARTER SCHOOL STUDENTS ONLY**  
Submit Intent to Participate Form  
Available on the District website [www.wssd.k12.pa.us](http://www.wssd.k12.pa.us) on the Cedar Cliff and Red Land High School Athletics Department Webpages



**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 six 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 authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> or the conclusion of the spring sports season.

**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 or Other Medical Personnel Should be Aware \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

**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](http://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 video broadcasts and re-broadcasts, webcasts and 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. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

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.

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

**SECTION 5: HEALTH HISTORY**

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

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):  <input type="checkbox"/> High blood pressure    <input type="checkbox"/> Heart murmur  <input type="checkbox"/> High cholesterol    <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>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:</p> </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/ Toes</td></tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b></p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>FEMALES ONLY</b></p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes										

#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 \_\_\_\_/\_\_\_\_/\_\_\_\_



## 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 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) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_

## **West Shore School District Waiver Of School Insurance**

I, the undersigned, being a parent or guardian of \_\_\_\_\_, hereby represent to the West Shore School District that the above-named student is covered by medical and hospitalization insurance which will be kept in force throughout the school year: \_\_\_\_\_. Therefore, I do not wish to subscribe to the plan available through the District by private carrier. I hereby waive any claim against the School District for injuries incurred by the above-named student while participating in a school-sponsored activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/ Guardian)

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### **Acknowledgement of Risk and Consent to Participate**

I/We hereby acknowledge that participation in athletics involves a risk of injury. I/We understand that this risk includes severe injuries possibly involving paralysis, permanent mental disability, or death, and that these injuries may occur, in some instances, as the result of unavoidable accidents. I/We assume these risks and give consent to participate in athletic activities during the current school year by the undersigned athlete and parent/guardian.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Athlete)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

---

### **Authorization for Release of Medical Information**

I grant permission for the WSSD appointed Physician(s) and Nurse(s), Student Athlete's Primary Physician, any Physician serving a WSSD Student Athlete and Certified Athletic Trainer(s), at their discretion, to disclose all medical and individual identifiable Protected Health Information relating to any sports injury, including but not limited to diagnosis, treatment, prognosis, likelihood and timing of recovery, and recommendation concerning ability to play competitively and safely to the WSSD appointed Physician(s) and Nurse(s) , Certified Athletic Trainer(s), Coach(s) and Athletic Director. It is my understanding that the purpose of disclosure about the extent and nature of any sports-related injury is for the purpose of rehabilitation, training, recovery, and ability to play competitively and safely.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

## Medical Release/Insurance Form

*Please Print: To be completed and signed by student's parent or guardian.*

School \_\_\_\_\_ School Year \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Parent/Guardian's Phone #s 1. ( \_\_\_\_\_ ) \_\_\_\_\_ 3. ( \_\_\_\_\_ ) \_\_\_\_\_

*Please list in order of preference for calls.*

2. ( \_\_\_\_\_ ) \_\_\_\_\_ 4. ( \_\_\_\_\_ ) \_\_\_\_\_

Person to contact in an emergency if unable to reach parent/guardian:

Contact Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

### Medical Insurance

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Employing Company \_\_\_\_\_

Company Address \_\_\_\_\_

### Medical Record

*Complete all lines even if only with the words "None" or "Not Applicable"*

Allergies to Medication \_\_\_\_\_

Other Allergies \_\_\_\_\_

Serious Illnesses \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Other Health Problems \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

### Parental Consent

I hereby give consent for my child, \_\_\_\_\_ to participate in \_\_\_\_\_ and declare that we have either school insurance or family insurance to cover any accidents, and in consideration of my child's participation in said school activity. I hereby release the West Shore School District, its directors, agents, and employees of all responsibility and liability, for loss or injury to his/her person or property.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I consent for a qualified physician to perform any medical or surgical procedures he deems advisable to the welfare of this applicant while he/she is participating in school-supervised events. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for this applicant. The undersigned does hereby assume and agree to pay any indebtedness or physician's and surgeon's fees and hospital charges for such services.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

# ONE OPPORTUNITY. LIMITLESS POSSIBILITIES.

If you want to play sports at an NCAA Division I or II school, start by registering for a Certification Account with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org). If you want to play Division III sports or you aren't sure where you want to compete, start by creating a Profile Page at [eligibilitycenter.org](http://eligibilitycenter.org).

## ACADEMIC REQUIREMENTS

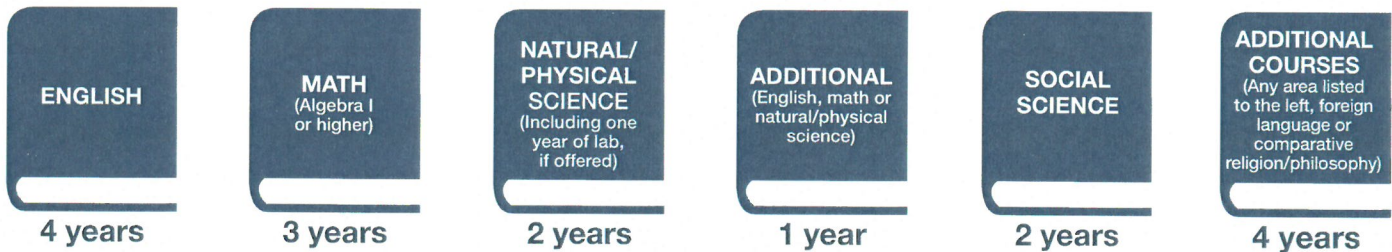
To play sports at a Division I or II school, you must graduate from high school, complete 16 NCAA-approved core courses, earn a minimum GPA and earn an ACT or SAT score that matches your core-course GPA.

## CORE COURSES

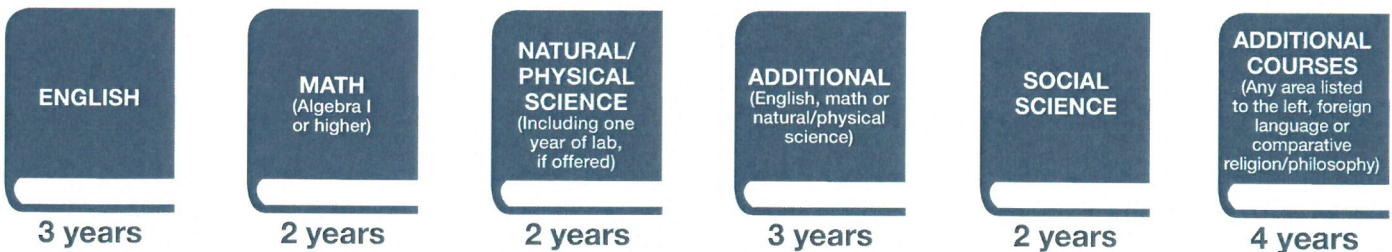
Visit [eligibilitycenter.org/courselist](http://eligibilitycenter.org/courselist) for a full list of your high school's approved core courses. Complete 16 core courses in the following areas:

### DIVISION I

Complete 10 NCAA core courses, including seven in English, math or natural/physical science, before your seventh semester.



### DIVISION II



## GRADE-POINT AVERAGE

The NCAA Eligibility Center calculates your grade-point average (GPA) based on the grades you earn in NCAA-approved core courses.

- DI requires a minimum 2.3 GPA.
- DII requires a minimum 2.2 GPA.

## SLIDING SCALE

Divisions I and II use sliding scales to match test scores and GPAs to determine eligibility. The sliding scale balances your test score with your GPA. If you have a low test score, you need a higher GPA to be eligible. Find more information about sliding scales at [ncaa.org/student-athletes/future/test-scores](http://ncaa.org/student-athletes/future/test-scores).

## TEST SCORES

Take the ACT or SAT as many times as you want before you enroll full time in college, but remember to list the NCAA Eligibility Center (code 9999) as a score recipient whenever you register to take a test. If you take a test more than once, send us all your scores and we will use the best scores from each test section to create your sum score. We accept official scores only from the ACT or SAT, and won't use scores shown on your high school transcript.



# HIGH SCHOOL TIMELINE

## GRADE 9

### Plan

- Start planning now! Take the right courses and earn the best grades you can.
- Ask your counselor for a list of your high school's NCAA core courses to make sure you take the right classes. Or, find your high school's list of NCAA core courses at [eligibilitycenter.org/courselist](http://eligibilitycenter.org/courselist).

## GRADE 10

### Register

- Register for a Certification Account or Profile Page with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org).
- If you fall behind on courses, don't take shortcuts to catch up. Ask your counselor for help with finding approved courses or programs you can take.

## GRADE 11

### Study

- Check with your counselor to make sure you are on track to graduate on time.
- Take the ACT or SAT, and make sure we get your scores by using code 9999.
- At the end of the year, ask your counselor to upload your official transcript.

## GRADE 12

### Graduate

- Take the ACT or SAT again, if necessary, and make sure we get your scores by using code 9999.
- Request your final amateurism certification after April 1.
- After you graduate, ask your counselor to upload your final official transcript with proof of graduation.

---

### Core Courses

This simple formula will help you meet Divisions I and II core-course requirements.

$$4 \times 4 = 16$$

- + 4 English courses (one per year)
- + 4 math courses (one per year)
- + 4 science courses (one per year)
- + 4 social science courses (one per year)
- = 16 NCAA CORE COURSES

### For more information:

[ncaa.org/playcollegesports](http://ncaa.org/playcollegesports)  
[eligibilitycenter.org](http://eligibilitycenter.org)

### Search Frequently Asked Questions

[ncaa.org/studentfaq](http://ncaa.org/studentfaq)

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