

**WATTSBURG AREA SCHOOL DISTRICT
COMPREHENSIVE ATHLETIC PHYSICAL PACKET
2019 - 2020**

Name: _____

Grade: _____

Sport: (Please check)

- Fall**
- _____ Cross Country
 - _____ Cheerleading
 - _____ Football
 - _____ Golf
 - _____ Soccer, Boys
 - _____ Soccer, Girls
 - _____ Volleyball

- Winter**
- _____ Basketball, Boys
 - _____ Basketball, Girls
 - _____ Cheerleading
 - _____ Wrestling

- Spring**
- _____ Baseball
 - _____ Softball
 - _____ Track & Field

Please include a copy of your insurance card. See p. 13 & attach a photo copy (front and back)

High School Activity Fee: \$40.00 (This is paid once per year and must be paid before blue slip is issued)

“BE A CHAMPION TODAY”

- 2013 GIRLS SOCCER REGION CHAMPIONS
- 2013 BOYS CROSS COUNTRY REGION CHAMPIONS
- 2013 GIRLS TRACK REGION CHAMPIONS
- 2014 GIRLS BASKETBALL HONORABLE MENTION ALL-STATE
- 2014 BOYS BASKETBALL PIAA PLAYOFFS
- 2014 GIRLS TRACK REGION CHAMPIONS
- 2014 BOYS TRACK REGION CHAMPIONS
- 2014 BOYS CROSS COUNTRY REGION CHAMPIONS
- 2014 PIAA SPORTSMANSHIP AWARD WINNER
- 2014 BOYS CROSS COUNTRY D-10 CHAMPIONS
- 2014 FOOTBALL PIAA PLAYOFFS
- 2015 BOYS BASKETBALL PLAYOFFS
- 2015 BOYS TRACK REGION CHAMPIONS
- 2015 Boys Cross Country Region Champions
- 2015 PIAA SPORTSMANSHIP AWARD WINNER
- 2015 BOYS CROSS COUNTRY DISTRICT CHAMPIONS

- 2016 BOYS CROSS COUNTRY DISTRICT CHAMPIONS
- 2016 PIAA 4X8 TRACK AND FIELD STATE CHAMPIONS
- 2016 GIRLS SOCCER D-10 RUNNER UP
- 2016 GIRLS SOCCER REGION CHAMPS
- 2017 GIRLS SOCCER REGION CHAMPS
- 2017 GIRLS BASKETBALL D-10 RUNNER UP
- 2017 PIAA 4X8 TRACK AND FIELD STATE CHAMPIONS
- 2017 BOYS TRACK AND FIELD REGION 4 CHAMPIONS
- 2017 BOYS TRACK AND FIELD ERIE COUNTY CHAMPIONS
- 2017 BOYS TRACK AND FIELD D-10 RUNNER UP
- 2017 PIAA TRACK AND FIELD 4TH PLACE
- 2017 FOOTBALL REGION UNDEFEATED
- 2018 GIRLS SOCCER REGION CHAMPION
- 2018 GIRLS SOCCER D-10 RUNNER UP
- 2018 GIRLS BASKETBALL DISTRICT 10 CHAMPIONS
- 2018 BOYS TRACK AND FIELD REGION CHAMPIONS

Student Athlete Responsibilities

1. See the Athletic Trainer for any injuries and illnesses that occur during Wattsburg Area School District school-sponsored practices, games and scrimmages.
2. The Athletic Trainer will confer with parents for permission and post-consultation of the athlete for the Sports Medicine Clinic or concussion management.
3. Be prepared for Pre-practice/post-practice rehab.
4. The Athletic Trainer will help with prevention and care of injuries/illnesses.
5. Athletes are responsible to follow all the rules of the athletic training room.
6. Athletes will be administered the baseline IMPACT test in 7th, 9th, and 11th grade contact/collision sports.
7. **Obtain a copy of the athlete's proof of insurance (please attach a copy to this packet).**

Athletic Trainer
Angela Meeder
814-824-4124

PHYSICAL PACKET CHECKLIST

- _____ a. Cover – name, grade, and sports for the entire year
- _____ b. Page 1 - Student Athletic Responsibilities (Please read)
- _____ c. Page 2 - Physical Packet Checklist
- _____ d. Page 3 - Complete **ALL** of Section 1 and **PARENT** sign at the bottom
Page 4 & 5 - Explanation of Sections
- _____ e. Page 6 - All of it needs filled out
- _____ f. Page 7 - Section 2 – All needs filled out with **5 PARENT signatures**
- _____ g. Page 8 - Section 3 – **Student and Parent Signature**
- _____ h. Page 9 - Section 4 – **Student and Parent Signature**
- _____ i. Page 10 - Section 5 – All needs filled out and **Student and Parent Signature**
- _____ j. Page 11 - Section 6 – Completed and Signed by the Doctor after June 1st.
- _____ k. Page 12 - Section 10 – Filled out with **Student and Parent Signature**
- _____ l. Page 13 - **Copy of Insurance Card with Parent Signature**
- _____ m. Page 14 - Filled out with **Student and Parent Signature**
- _____ n. Page 15 - **Student and Parent Signature**
- _____ o. Page 16 - **Student and Parent Signature**
- _____ p. Page 17 - Filled out with **Student and Parent Signature**
- _____ q. Activity Fee – Paid 1 time/year. HS = \$40 WAMS = \$30

****If any of these are not complete, your child will not be able to participate until the issue is corrected.**

Section 1
Wattsburg Area School District
Consent to Treat Form

Please complete the information below prior to participation in each sport's season. This information is needed in case a coach/trainer needs to contact you or emergency help for your son/daughter if they should have an emergency while at practice or at a game.

Name _____ Sport(s) _____

Address _____ City _____ Zip _____

Telephone _____

Insurance Carrier _____

Date of Birth _____

In case of accident or emergency, please contact:

Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____ (Beeper) _____

Other Contact _____ Relationship _____ Phone _____

Pre-existing Heart/Lung Conditions _____

Diabetes _____

Inhalers _____

Allergies or Allergic Reactions _____

Medications Being Used _____

Date of Tetanus Immunization _____

Other Pertinent Information _____

Family Physician Name _____ Telephone _____

Consent to Treat and refer:

The Team Physician, Trainer and Coach may apply First Aid Treatment until the family doctor can be contacted.

Yes No Signed: _____

In case of extreme emergency, if the school is unable to contact you, which hospital do you wish the school to send your child?

Hospital _____

Signature of Parent _____ Date _____

Comprehensive Initial Pre-Participation Physical Examination

Please sign & date all Sections

Section 1 – Personal and Emergency Information:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office once per school year.

Section 2 – Certification of Parent/Guardian:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office once per school year.

Section 3 – Understanding of Risk of Concussion and Traumatic Brain Injury:

- This is a new section that defines and explains what a concussion is and its symptoms.

Section 4 – Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs:

- This is a new section defining Sudden Cardiac Arrest (SCA) and its symptoms.

Section 5 – Health History:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office once per school year.

Section 6 – PIAA Comprehensive Initial Pre-Participation Physical Evaluation & Certification of Authorized Medical Examiner:

- This section should be filled out by either your family physician or the district's school doctor. Please make sure there is an authorized signature and date at the bottom of this page. Your paperwork will not be accepted without both signature AND date.
- An "authorized physician" includes a licensed physician of medicine or osteopathic medicine, a certified registered nurse practitioner or a certified physician's assistant.
- With a valid physician's signature and date on this section within one (1) calendar year from the start of a fall, winter or spring sport season is all that is required unless there has been a change in the health of the student-athlete, or he/she has sustained an injury since the initial physical evaluation.
- If there has been an injury or change in health since the initial evaluation, before the student can be cleared to participate in a subsequent sport season, he/she must have his/her doctor fill out Section 6 of the CIPPE.

Section 7 – PIAA Re-Certification by Parent/Guardian:

- This section needs to be filled out by the student's parent/guardian and turned in to the Athletic Office EACH time the student is trying out his/her 2nd or 3rd sport season. It is not required for the initial sport.

Section 8 – PIAA Comprehensive Pre-Participation Physical Re-Evaluation and Re-Certification by Authorized Medical Examiners.

This form must be completed by a Dr., D.O. or P.A. for any athlete who sustained an injury and/or head injury. Section 8 forms are available in the office or on the website.

- This Section needs to be filled out by your family doctor ONLY IF the student-athlete has sustained an injury since the initial evaluation, concussion or season ending or his/her health has changed. If the student-athlete is in good health and has been since the initial physical evaluation, there is no need to have your doctor fill out this section.

Section 9 – CIPPE Minimum Wrestling Weight Classification:

- All student-athletes participating in wrestling must complete this section no earlier than six (6) weeks prior to the first practice date of the winter sports season.

Section 10 – Insurance Waiver Form:

- This Section needs to be filled out and signed by the student-athlete and his/her parent/guardian before EACH participating sports season. If the student is participating in a fall, winter and spring sport, three of these forms should be on file in the Athletic Office.
- This form is under a separate attachment on our website from the CIPPE Information.

Explanation of Sections Needed for Each Sport Physical

INITIAL SPORT PHYSICALS (Represents the first sport an athlete intends to play in a school year.)

Must include: Section 1

Section 2

Section 3

Section 4

Section 5

Section 6

Section 9 – For wrestlers only (to be completed six (6) weeks prior to start of season.)

Section 10 – Insurance Waiver Form

RE-CERTIFICATION PHYSICALS – WITHOUT INJURIES (Represents all subsequent sports seasons in a school year provided there have been no injuries to the athlete from the initial evaluation.)

Must include: Section 7

RE-CERTIFICATION PHYSICALS – WITH INJURIES (Represents all subsequent sports seasons in a school year when the athlete has sustained an injury or change in health since the initial evaluation.)

Must include: Section 8

Section 7 (Requires a doctor's signature and updated form.)



**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 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st 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, 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.

- | | |
|--|--|
| <ul style="list-style-type: none">• Headache or "pressure" in head• Nausea or vomiting• Balance problems or dizziness• Double or blurry vision• Bothered by light or noise | <ul style="list-style-type: none">• Feeling sluggish, hazy, foggy, or groggy• Difficulty paying attention• Memory problems• Confusion |
|--|--|

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

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

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

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

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

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

Student's Signature _____ Date ____/____/____

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

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

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

What is sudden cardiac arrest?

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

How common is sudden cardiac arrest in the United States?

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

Are there warning signs?

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

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

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

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

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

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

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

Information about SCA symptoms and warning signs.

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

Removal from play/return to play

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

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

Signature of Student-Athlete

Print Student-Athlete's Name

Date ___/___/___

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ___/___/___

SECTION 5: HEALTH HISTORY

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

	Yes	No		Yes	No					
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<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"/>					
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<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"/>					
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever passed out or nearly passed out DURING 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"/>					
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<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"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY							
<input type="checkbox"/> High blood pressure			31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart murmur			33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart infection			34. Have you ever had a seizure?	<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 been disabled from heart disease or died of heart problems or 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, which 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	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<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"/>	22. Do you regularly use a brace or assistive device?	<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"/>

#'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 ____/____/____

WATTSBURG AREA SCHOOL DISTRICT
Section 10 – INSURANCE WAIVER FORM

Insurance Waiver and Release Form

This form must be completed for each sport season:

Dear Parent,

Your child, _____, has indicated an interest in participating in Seneca High School by trying out for _____ (sport). We know that it is your will as well as ours that every possible precaution be taken to protect our students from injury. We do our utmost to promote this by proper training, by the use of good protective equipment, by supervising all activities, and by encouraging good safety habits.

Despite all our efforts, accidents do happen occasionally in athletics as elsewhere. The school is not legally liable for medical or hospital expenses, damages related to pain and suffering, loss of earning capacity or any other expenses or damages resulting from athletic injuries incurred in interscholastic sports.

We, the undersigned parent or guardian, intending to be legally bound, do hereby release, discharge, and waive the Wattsburg Area School District from any liability for any injury to our child (above named) resulting from any cause whatsoever in connection with our child participating in _____ (sport) or any other interscholastic activity. We further hereby agree to indemnify and hold harmless the Wattsburg Area School District from any expenses that we may incur in connection with the participation of our child in the above mentioned activity.

Student Signature

Date

Parent/Guardian Signature

Date

**WATTSBURG AREA SCHOOL DISTRICT
PARENT OR GUARDIAN STATEMENT
INSURANCE WAIVER**

I certify that I have the proper insurance protection for my child as required by the district, and that the insurance coverage will be in force as long as the child is involved in interscholastic athletics or cheerleading.

Please complete the waiver below stating that you have proper insurance and do not want to purchase school insurance.

PLACE COPY OF INSURANCE CARDS:

[Empty box for insurance cards]

Parent or Guardian Signature

**WATTSBURG AREA SCHOOL DISTRICT
STUDENT AUTHORIZATION
To Permit Use and Disclosure of Health Information**

Re: _____ / / _____
Student Name / ID Number Date of Birth

I am either the student named above or the student's Parent/Guardian/Legally Authorized Representative.
By signing this form, I authorize: **St. Vincent Medical Group or**

Name of Examining Physician

Address Phone

to use or disclose to **Wattsburg Area School District the results of my school physical.**
The reason for the exam is so that I may participate in athletics at the Wattsburg Area School District.
I understand that, with certain exceptions, I have the right to revoke this Authorization at any time. If I want to revoke this authorization, I must do so in writing.
I am aware that my revocation is not effective to the extent that the Persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.
I understand that, once information is disclosed pursuant to this Authorization, it is possible that it will no longer be protected by the federal medical privacy law and could be re-disclosed by the person or agency that receives it.
I understand that I may refuse to sign this Authorization. I also understand the **St. Vincent Medical Group** cannot deny or refuse to provide treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign this Authorization.
This authorization expires automatically upon the end of this school year.
I have read and understand the information in this authorization form.
I certify that I have received a copy of this authorization.

Signature of Student

Please print name _____ Date

—AND—

Signature of Parent/Guardian/Authorized Representative

Please print name _____ Date

Please explain Representative's authority to act on behalf of the student.

**WATTSBURG AREA SCHOOL DISTRICT
RULES PERMISSION SLIP FOR ATHLETES**

**ALL STUDENTS WHO ARE MEMBERS OF AN INTERSCHOLASTIC TEAM
ARE EXPECTED TO ABIDE BY THE RULES SET DOWN BY THE P.I.A.A.,
THE WATTSBURG AREA SCHOOL DISTRICT AND THE COACH.**

ATHLETICS/EXTRA-CURRICULAR ACTIVITIES

The term extra-curricular activities shall be interpreted to include but not necessarily be limited to the following activities:

1. Interscholastic athletics, intramural athletics, cheerleading and lifetime sports activities.
 2. Drama, music and all other related school activities.
- Participation in extra-curricular activities is believed to be an important part of a pupil's education. Thus, the Wattsburg Area School District Board of Education encourages all students to participate. However, such encouragement is predicated on the belief that students should exhibit the appropriate behaviors and attitudes while participating. Participation in any extra-curricular activity is a privilege. Failure to abide by district policies in addition to the rules and regulations stipulated by the supervisor, coach and/or advisor of the activity shall result in appropriate disciplinary measures, including suspension or dismissal from the official events of the sport or activity and from practices.

School Attendance

1. When a student is absent from school he/she may not participate in any extra-curricular activity (including practices) on that day, unless approval is given by the administration at the request of the coach or advisor before 2:20 p.m.
2. If a student is tardy to school on a given day or reports to school after 11:00 a.m., he or she will be denied participation in extra-curricular activities that day by school administration. The basis for such decisions will be made on the legitimacy of the tardiness.

Behavior

1. Athletic team members and extra-curricular activity participants are representatives of our school and, therefore, shall set a superior standard of behavior at all times.
2. Student athletes are required to strive for academic excellence. The P.I.A.A. regulations regarding scholastic eligibility shall govern SHS and WAMS eligibility.

Team Rules

1. Each coach and advisor shall be required to establish team (or activity) rules that regulate the behavior of team members (or activity participants). Rules for the team or activity must be in writing and given to each student participant when he/she becomes a member of the team or activity. Both the participant and parent must sign a statement indicating that they have read and understood the team rules and this policy before the student can participate in any event.

Uniforms and Equipment

1. All uniforms and equipment issued to student athletes, musicians, or other extra-curricular activity participants, are the property of Wattsburg Area School District. Students are to return all such items at the end of the season. Any student still having equipment and uniforms will not be allowed to start a new sport until the matter has been cleared to the satisfaction of the school staff. Any item checked back in will be checked for normal wear and tear. If there is excess wear and tear, or the item is missing, the issuing advisor/coach will

2. complete a Student Obligation Debt Sheet and turn it in to the office. The advisor/coach will inform the student of the debt owed (see also: Debt Policy).
2. Students will be cleared of the debt only by paying for it at the main office, or turning in items owed to the coach reporting the debt.

Calling for Rides

Having all students call for a ride at the conclusion of any activity is time consuming and impractical. Therefore, if your parents are to pick you up after you return from an activity, ask them to be waiting for you at a specific time at the school. This can be estimated fairly accurately. Ask your advisor/coach ahead of time for an approximate return time. Failure to do this may result in the student's inability to participate in future school activities.

ELIGIBILITY

1. Ineligible students are not permitted to participate or practice with the team or activity. Students in this category will not be permitted to travel to events outside the district.
 - a. Students can be ineligible for academics, debts, and/or attendance.
2. Students failing two or more classes will not be eligible to practice or participate in athletics or activities.
 - a. Teachers report grades every Thursday. An eligibility sheet is then sent out to all coaches and/or advisors on Friday.
 - b. If a student is failing two or more classes, they are ineligible to compete in interscholastic athletics or other competitions beginning on Sunday through the following Saturday.
 - c. Students become eligible the following Sunday if they are failing less than two subjects when the teachers turn in the grades for that week. Coaches will inform students if they are ineligible.
 - d. Students will not be able to have grades changed during the week.
 - e. Questions regarding eligibility status should first be discussed with the teacher(s) and then the principal.
3. In order to be eligible, a student must not have failed more than two subjects during the previous grading period. In cases where a student's work does not meet these standards, the student shall be ineligible to participate for at least fifteen school days beginning on the first day report cards are issued (PIAA regulation).
 4. At the end of the year, the student's final grades in his/her subjects shall be used to determine his/her eligibility for the next grading period (PIAA regulation).
 5. A student who has been absent from school during a semester for a total of twenty or more school days, shall not be eligible to participate in any athletic contest until he/she has been in attendance for a total of forty-five school days following his/her twentieth day of absence (PIAA regulation).

I understand and agree to the above regulations.

Date: _____

Student Signature

Date: _____

Parent Signature

**THIS FORM MUST BE RETURNED TO THE OFFICE BEFORE YOUR CARD PERMITTING YOU TO
PRACTICE IS ISSUED.**

PARENT/COACH COMMUNICATION

Parent/Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. As parents, when your child becomes involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

Communication you should expect from your child's coach

1. Philosophy of the coach.
2. Expectations the coach has for your child as well as all the players on the squad.
3. Locations and times of all practices and contests. (Parent attendance at practices should be minimal and only with the approval of the Athletic Director in conjunction with the coach.)
4. Team requirements, i.e., special equipment, off-season conditioning.
5. Procedure should your child be injured during participation.
6. Discipline that results in the denial of your child's participation.

Together building better programs for the students of Wattsburg Schools.

WATTSBURG AREA SCHOOL DISTRICT "HOME OF THE BOBCATS"

Communication coaches expect from parents

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts well in advance.
3. Specific concern in regard to a coach's philosophy and/or expectations.

As your children become involved in the programs at Seneca, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way your or child wishes. At these times, discussion with the coach is encouraged.

Appropriate concerns to discuss with coaches

1. The treatment of your child, mentally and physically.
 2. Ways to help your child improve.
 3. Concerns about your child's behavior.
- It is difficult to accept your child's not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. Other things, such as those listed next, must be left to the discretion of the coach.

PARENT/COACH COMMUNICATION

Issues NOT appropriate to discuss with coaches

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

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern.

If you have a concern to discuss with a coach, the procedure you should follow is:

1. Call to set up an appointment.
2. If the coach cannot be reached, call the Athletic Director. He/she will set up the meeting for you.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

Student Name: _____

Parent Name: _____

Date: _____

WATTSBURG AREA SCHOOL DISTRICT

Consent to Test Form

In accordance with the Wattsburg Area School District Policy 227.1, all student and their parents/guardians must complete this form and return it to the Seneca High School office prior to student participation in any school district or PIAA sanctioned sport for the 2019-2020 athletic year.

I, the undersigned, have read and understood Wattsburg Area School District's Policy 227.1 regarding student athlete drug and alcohol testing. I agree to comply with all aspects of this policy and understand that any non-compliance will result in the sanctions as outlined in the policy.

Student Name (printed)

Student Signature

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Please list the sport(s) in which you plan to participate.

Fall: _____

Winter: _____

Spring: _____