

Columbia-Montour

Area Vocational-Technical School

**Student Athlete's Athletic Handbook
2022-2023**



RAMS

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Student-Athlete Handbook Acknowledgement Form

Please complete this form and return it to your designated coach.

The signature of this agreement form indicates that you have read and understand the contents of the Student-Athlete's handbook.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Statement of Philosophy

The Columbia Montour Area Vocational Technical School believes a dynamic program of student activities is vital to the student's educational development. The athletic program should provide various experiences to aid in the development of favorable habits and attitudes in the students that will prepare them for adult life in a democratic society. Emphasis should be placed on each participant's physical, mental, and social development. The athlete comes before winning. Athletics should function as an integral part of the total curriculum. It should offer opportunities to serve the institution, assist in developing fellowship and good will, promote self-realization and overall growth, and encourage learning the qualities of good citizenship.

Student activities are considered a supplement to the school's education program, which strives to provide experiences that will help students in their overall development.

1. The interscholastic athletic program shall be conducted by existing Joint Operating Committee policies, rules, and regulations. The athletic program must be completed in such a way as to justify it as an educational activity.

Athletic Chain of Command

2. Joint Operating Committee
3. CMAVTS Director, Mr. Ken Kryder (kkryder@cmvt.us)
4. High School Principal, Mr. Andrew Meyer (ameyer@cmvt.us)
5. Athletic Director, Mr. Anthony Melito (amelito@cmvt.us)
6. Head Coach
7. Assistant Coach

CMAVTS Athletic Objectives

1. To prepare students for the future

Students who participate in sports learn a sense of responsibility, self-discipline, motivation, and leadership skills that will contribute to a purposeful life in the community and career skills.

2. To increase academic achievement

Students who participate in high school athletics are more connected to school and community life, which results in stronger engagement in academics and achievement.

3. To increase and strengthen time management skills

Student-athletes develop time management skills by balancing academics, athletics, family, leisure, and social obligations.

4. To support a life of health and wellness

Participation in high school athletics teaches students the importance of physical and mental wellness. It promotes healthy habits that normally last beyond grade school.

5. To teach teamwork, collaboration, and compromise

Participating in team athletics teaches students the skills needed to peacefully, productively, and effectively collaborate with teammates, coaches, and their competition.

Student/Family Guidelines

Student-Athlete Code of Conduct

- A student who participates in interscholastic athletics at a school that is a member of the PIAA Inc. must adhere to the PIAA eligibility rules for student-athletes. If a student fails to comply with PIAA rules, the student will lose eligibility to represent the school in interscholastic athletics. If they participate while ineligible, the school or team may be penalized. It is therefore important to be aware of the requirements to which students are subject.
- PIAA rules and regulations must be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, use of school equipment, etc. Coaches have the responsibility to know, inform team members, and enforce school and PIAA regulations in these matters.
- A display of unsportsmanlike conduct toward an opponent or official or the use of profanity during practice or contest could be subject to ejection, suspension, or counseling.
- Unexcused absence(s) from scheduled practices or events could result in:
 1. Counseling by head coach and notification of parents
 2. Suspension from team or events
 3. Disputes or conflicts that arise in these cases make seek redress with the A.D.
- Violations of behavior policies presented in the CMAVTS Student Athletic Handbook and Student Handbook, which require administrative action, will be handed in accordance with the provisions set forth in the Discipline section of the Student Handbook or PIAA guidelines. For example, if a violation involved a 3-day suspension the said athlete will be suspended from the practice/contests of that team for those days.

Student-athletes must be aware that the same standard of behavior for the regular students shall also apply to all student-athletes, and violation of school policies and rules may result in forfeiture of the privilege to participate on an athletic team.

Before any suspension takes place for violations of the above regulations, the student shall be advised by the head coach of the alleged infraction and the student will have an opportunity to explain the action.

All athletes with formal suspension have the right to due process as follows:

1. The violator and parent will be advised of the violation.
 2. The violation and suspension penalty will be set forth in writing.
 3. Suspensions may be appealed, in order, through the A.D., the Principal, the School Director, and JOC. During the appeal procedure, the suspension shall remain in effect until otherwise directed.
- All school-issued equipment must be returned in a timely manner or the student can be prevented from participating in the next season.
 - Completion of the sports season, including post-season playoffs, is required to be eligible for either team or individual awards. Exceptions may be made for an injury that prevents participation.
 - A student who has been injured and has had medical treatment cannot participate until released by the student's doctor (in writing).

- In regard to the use, possession, or sales of controlled substances, school athletes will adhere to the same policies and discipline procedures outlined in JOC Policy 227 and the Student Handbook.
- Any student absent for more than ½ day will be unable to participate that day in any extracurricular event, including practice. In the event of absence being on a Friday, it will preclude participating in a competition or performance on Saturday.
- A student can have an excused absence and be permitted to participate in extra-curricular activities for the following reasons:
 - a) Health appointment (generally expected to be in school 1/2 day and note is required)
 - b) Learners permit or driver's test (generally expected to be in school ½ day)
 - c) Funeral or death in the family
 - d) College visit (written verification required)
 - e) Educational travel (by prior approval)
 - f) Court appearance.
- The rules and regulations in this code shall apply to any violations, on or off school premises.

Student Academic and Curricular Requirements

- You must pursue a curriculum defined and approved by your principal as a full-time curriculum.
- You must maintain an acceptable grade in that approved curriculum throughout each grading period and for the school year. Your school will constitute an acceptable grade.
- You must have passed at least four (4), full-credit subjects or the equivalent during the previous grading period, except that eligibility for the first grading period is based on your final grades for the preceding school year. If you fail to meet these requirements, you will lose your eligibility for the first twenty (20) school days of the grading period.

Interscholastic Athletics (School Board Policies 122 and 123)

The following sports are part of the interscholastic athletic program:

Football	Baseball	Soccer	Track
Wrestling	Cross Country	Softball	Cheerleading
Basketball	Bowling		

Any student absent for more than ½ day, because he/she was not feeling well, will be unable to participate that day in any extracurricular event, including practice. In the event of absence being on a Friday, it will preclude participating in a competition or performance on Saturday.

A student can have an excused absence and be permitted to participate in extra-curricular activities for the following reasons:

- Health appointment (generally expected to be in school 1/2 day and note is required)
- Learners permit or driver's test (generally expected to be in school ½ day)
- Funeral or death in the family
- College visit (written verification required)
- Educational travel (by prior approval)
- Court appearance.

Weightlifting

While the CMAVTS encourages weightlifting as a tool to promote wellness and personal fitness, neither the school nor its staff nor coaches encourage or endorse the use of any substances, legal or illegal in conjunction with a weight training regimen, any supplements should be used under the care of a physician.

All-Star Competitions

You will lose eligibility in a sport for one (1) year if you participate in an All-Star contest in that sport.

Eligibility Requirements (all PIAA rules apply)

A student is eligible to compete in interscholastic sports if:

1. A certificate of consent signed by a parent or guardian is on file with the principal.
2. The student has been examined by the school physician or other regular physician and his/her condition is pronounced satisfactory before he/she begins to train or practice the sport in which he/she intends to participate a physical must be dated after June 1st of the 2022 -2023 school year. (Wrestlers must also obtain from the physician or certified school nurse practitioner, prior to the beginning of practice, a certification of minimum weight class at which they may wrestle for the entire season.)
3. The student does not reach the age of 19 before July 1st of the year of participation.
4. The student is an amateur.
5. If the student is regularly enrolled at the Columbia-Montour AVTS in full-time attendance.
6. The student has not been absent from school for more than twenty school days during a semester.
7. The student has not been enrolled in high school for more than eight semesters beyond 8th grade.
8. The student has not played four seasons beyond 8th grade in any form of athletics.
9. The student will not be eligible to participate if they are failing or have failed in the previous nine weeks: their training program and any academic course or more than any two academic courses.
10. A student may not be deficient in more than two credits.

School Accident Insurance (School Board Policy 211)

The school does not provide medical coverage for students. A school accident insurance policy is available for purchase by all students. Insurance applications are given to students on the first day of school and should be returned to homeroom teachers as soon as possible. All students are urged to participate. When purchased, the insurance policy insures against expenses incurred as a result of accidental bodily injury. Coverages may vary from year to year so it is important to review the coverage section. Any student who has school insurance and has an accident must file an insurance claim with the Business Office within 48 hours. It is your responsibility to secure forms and process the claims. Claim forms may be obtained from the Business Office. In the event of an accident, the school nurse will make arrangements to get the injured student to a medical facility.

Accident/Injury Procedures

Participation in interscholastic athletic competition is intended to develop and strengthen the body and character of the participant. Participation can also be, and often is expected to be, demanding and stressful. Participation in contact sports may further provide heightened exposure of the athlete to communicable diseases, illnesses, and/or injuries. While injuries are an inherent risk of any physical activity, and the avoidance of all illnesses is not realistic, PIAA believes that the risk of such injuries and illnesses can be minimized through proper Coaching, training, and supervision. PIAA further believes that all students should have a thorough pre-participation physical evaluation, by an Authorized Medical Examiner, to ensure that there are no present or obvious illnesses and/or injuries, which would place the student or others at enhanced risk or injury through the student's participation in interscholastic athletics. Finally, PIAA believes that a review and re-certification of some students is necessary prior to their participation in their next sports season.

Procedures for Accident/Injury/Illness

1. Make the student-athlete as comfortable as possible
2. Contact the trainer and parent/guardian
3. Contact Principal, Andrew Meyer at 724-624-0900
4. In the event of a major accident, injury or illness- contact 911 immediately.

5. Follow procedures outlined in JOC Board Policy 123.2 and 123.1 for Sudden Cardiac Arrest and Concussion Management
6. Accompany the student to the hospital if needed and communicate all relevant details

Varsity Lettering

- An athlete must have played in 1 or more than half of all quarters, matches, or innings of varsity activities.
- A cheerleader must participate in 80% of all games throughout the year and can only letter once per year.
- The coaches must submit the names of the lettering candidate(s).
- First letter will receive a letter and pin indicating the sport
- A bar represents all other letters
- An athlete must have earned a varsity letter and purchase their own jacket
- Eligible Sports: Football, Soccer, Boys' and Girls' Basketball, Wrestling, Baseball, Softball, Cheerleading, Bowling, Cross Country, Track, Swimming, and Field Hockey

Amateur Status

To be eligible to participate in a sport, you must be an amateur in the sport. You will lose your amateur status in a sport for a least one (1) year if:

1. You, your school, or an organization which you represent or your parent or guardian receive money or property for or related to your athletic ability, performance, participation, or services.
2. You accept compensation for teaching, training, or coaching a sport. You may receive normal customary compensation for acting as an instructor in or officiating recreational activities, or for serving as a lifeguard at swimming areas. You may receive awards only from your school, the sponsor of an athletic event, the news media, or a non-profit organization approved by your school principal. Permissible awards are a sweater, jacket, blazer, blanket, shirt, jersey, watch, ring, scroll, photography, medal, plaque, or similar trophy, which must bear appropriate organizational insignia or comparable identification.

Out-of-Season Participation

Almost all PIAA sports have a defined season. If your team conducts practice and/or plays a contest after the concluding date for the PIAA season in a sport, you will lose your eligibility for one (1) year in that sport.

Period of Attendance, Participation, and Grade Repetition

1. You will lose your eligibility when you have been in attendance more than eight (8) semesters beyond the eighth (8th) grade. If you repeat a grade after eighth (8th), you will be ineligible as a senior.
2. You may participate only one season in each sport during each school year.
3. A junior high/middle school student may not participate in any sport for more seasons than there are grades in school above sixth (6th) grade.

Athletic Award Guidelines

- Athletes must attend all practices unless excused by the head coach.
- Athletes must always conduct themselves in a manner that respectfully and positively represents our school and communities.
- Athletes must abide by the training rules as set forth by the coaches, A.D., and school administrators.
- The A.D. and Principal must approve all outside awards.

Transfers

You are treated as having transferred whenever you change schools, even if you are out of school for a period of time before entering the new school. If you transfer from one school district to another, you are eligible immediately at the new school:

- When you live with your natural or adoptive parents in the new school district.
- When you live with a court-appointed legal guardian in the new school district, upon approval by the PIAA District Committee.
- When you transfer from a public junior high/middle school to a private high school, or private school districts overlap, and the transfer occurs upon your completion of the highest grade in the junior high/middle school. If you transfer from one school to another in whole or part for athletic purposes, or you were recruited, you will lose your athletic eligibility for one (1) year. This requirement applies even if you would otherwise be eligible at the school to which you transferred.
- Most students who are not eligible immediately will be ineligible for one (1) year from the date of transfer.

Student Transportation

1. All athletes driving themselves to and from events will need a signed permission slip from a parent or guardian for each event.
2. Permission slips must be presented to the coach or assistant coach (in person) the day of the event.
3. The athlete will only be allowed to drive if they will not be traveling back to the school after the event.
4. Athletes cannot under any circumstances transport another student/teammate TO the event.
5. Departing from away events athletes who wish to ride home with another student or parent, and not ride the bus will need a signed permission slip from their parent or guardian stating who they will be riding with.
6. All student-athletes departing from away events with parents will also have to present a signed permission slip before being allowed to leave.
7. Students and parents can find permission slips online, in the main office, or in the A.D.'s office.

Permission slips must be in hand and properly completed for students to use any of the alternative transportation scenarios listed above. Once turned in, all slips should be kept for the remainder of the season.

Outside Participation

You will lose your eligibility in a sport for the remainder of the season if, while a member of your high school team, you participate in an athletic contest as an individual or a member of another team in the same sport during the same season., unless your school principal waives this rule by sending an appropriate letter to the PIAA Executive Director. If you participate as an individual or a member of a team in a non-school athletic program, while enrolled at a school that has a team in that sport, you will be eligible for the playoffs in that sport only if you are a bona fide member of your school team for at least 75% of its regular season.

Parent/Guardian and Coach Communication

Both parenting and coaching are 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 children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach(es) of your child's program.

Parent/Guardian Expectations:

1. Parents are expected to be punctual when picking up/dropping off players for practices, games, or events.
2. Participation in fundraising, concessions, or other team-related activities is encouraged and appreciated.
3. Family members and/or friends are not permitted to be behind the bench at any time during a game unless approved by the coaching staff.
4. Fans are encouraged to cheer and observe from the designated bleachers/seating during events.
5. Positive observations, encouragement, and positive displays of sportsmanship are encouraged and beneficial to the team's well-being.

Communication Coaches Expect from Parents

1. Concerns about student-athletes
2. Notification of scheduling conflicts
3. Concerns regarding coaching philosophies or expectations
4. Direct and prompt communication to coaches regarding concerns listed above
5. Parents are not permitted to approach any member of the coaching staff before, during, or after a game for any reason.

Appropriate Concerns to Discuss with Coaches

1. The mental and physical treatment and well-being of your child
2. Ways to help your child improve
3. What Concerns of you have about your child's behavior

Issues Not Appropriate to Discuss with Coaches

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

Communication You Should Expect from Your Child's Coach:

1. Coaching philosophy and expectations (in writing)
2. Locations and times of practices, scrimmages, and contests
3. Team requirements (fees, equipment, off-season conditioning schedules)
4. Accident procedures
5. Disciplinary issues and/or actions
6. **Direct and prompt communication to parents/guardians regarding concerns listed above**

There are situations that may require a conference between the coach and the parent. These are to be encouraged, but it is important that both parties have a clear understanding of the other's position. If you have a concern to discuss with a coach please call Athletic Director, Anthony Melito (amelito@cmvt.us), at CMAVTS to set up an appointment. Please do not attempt to confront a coach

before or after practice or games. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

HAZING POLICY (School Board Policy 247)

The purpose of this policy is to maintain a safe, positive environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the school (center) and are prohibited at all times.

DEFINITIONS

For purposes of this policy, hazing is defined as any action or situation which recklessly or intentionally endangers the mental or physical health or safety of a person or which willfully destroys or removes public or private property for the purpose of initiation or admission into or affiliation with, or as a condition of continued membership in, any organization. The term shall include, but not be limited to:[1]

- *Any brutality of a physical nature, such as whipping, beating, branding;*
- *Forced calisthenics;*
- *Exposure to the elements;*
- *Forced consumption of any food, liquor, drug, or other substance;*
- *Any other forced physical activity which could adversely affect the physical health and safety of the individual and shall include any activity which would subject the individual to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct that is intended to or could result in humiliation, extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual; or*
- *Any willful destruction or removal of public or private property.*

COMPLAINT PROCEDURE

When a student believes that s/he has been subject to hazing, the student shall promptly report the incident, orally or in writing, to the building administrator. The building administrator shall conduct a timely, impartial, thorough, and comprehensive investigation of the alleged hazing. The building administrator shall prepare a written report summarizing the investigation and recommending the disposition of the complaint. The school (center) shall document the corrective action taken.

CONSEQUENCES FOR VIOLATIONS

If the investigation results in a substantiated finding of hazing, the building administrator shall recommend appropriate disciplinary action up to and including expulsion, as circumstances warrant, in accordance with the Code of Student Conduct. Additionally, the student may be subject to disciplinary action by the coach, up to and including removal from the activity.[2][4][5][6] If the investigation results in a substantiated finding that a coach, or volunteer affiliated with the student activity or organization engaged in, condoned or ignored any violation of this policy, s/he shall be disciplined in accordance with Joint Operating Committee policy and applicable laws and regulations.

Discipline could include, but is not limited to, dismissal from the position as coach, or volunteer, and/or dismissal from school employment. If a student activity or organization authorizes hazing in blatant disregard of this policy or other applicable school rules, penalties may also include rescission of permission for that organization to operate on school property or to otherwise operate under the sanction or recognition of the school. Any person who causes or participates in hazing may also be subject to criminal prosecution.

Additional Applicable JOC Board Policies

Interscholastic Athletics Code 123

Extracurricular Activities Code 122

Sudden Cardiac Arrest Code 123.2

Concussion Management Code 123.1

Nondiscrimination in School and Classroom Practices Code 103

Extracurricular Participation by Charter/Cyber Charter Students Code 140.1

Controlled Substances/Paraphernalia Code 227

Tobacco Code 222

Student Discipline Code 218

Hazing Code 247



**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 seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 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 8 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 9 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 # () _____

Parent/Guardian E-mail Address: _____

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 7 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) occurs when the heart suddenly and unexpectedly stops beating. 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 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

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

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, 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 experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. 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 this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

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

Section 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student’s school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "**Releasees**"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student’s participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student’s school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student’s school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student’s school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student’s school athletic plan.

Date: _____

Signature of Student

Print Student’s Name

Signature of Parent/Guardian

Print Parent/Guardian's Name

SECTION 6: 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):</p> <p><input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</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: <input type="checkbox"/> Yes <input type="checkbox"/> No</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>CONCUSSION OR TRAUMATIC BRAIN INJURY</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>FEMALES ONLY</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 7: 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 ____/____/____

SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

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

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

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

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):

Parent's/Guardian's Name _____ Relationship _____

Parent/Guardian E-mail Address: _____

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 # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

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

- | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below. | | | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 6. Do you have any concerns that you would like to discuss with a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

#s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

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 9: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 7 of that student's CIPPE Form.

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

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 7 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

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

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

Section 10: CIPPE MINIMUM WRESTLING WEIGHT

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) 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 (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME 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 (OPC) (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 student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

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 OPC, and have determined as follows:

Urine Specific Gravity/Body Weight _____ / _____ Percentage of Body Fat _____ MWW _____

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 certified to wrestle at the MWW of _____ during the 20____ - 20____ wrestling season.

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

Address _____ Phone () _____

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

For an appeal of the Initial Assessment, see NOTE 2.

NOTES:

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.