



SOUTH PARK

## DEPARTMENT OF ATHLETICS

Athletic Director: Thomas Kayda

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### ATHLETIC PACKET CHECKLIST

- ☐ 1. Section 1: Personal and Emergency Information
- ☐ 2. Section 2: Certification and (consent) of Parent/Guardian
- ☐ 3. Section 3: Understanding the Risk of Concussion and Traumatic Brain Injury. *\* both parent /guardian & student sign and date*
- ☐ 4. Section 4: Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs. *\* both parent /guardian & student sign and date*
- ☐ 5. Section 5: Health History *\* both parent /guardian & student sign and date*
- ☐ 6. Section 6: PIAA Comprehensive Initial Pre-Participation Physical Evaluation and Certification of Authorized Medical Examiner  
*\* must be dated by the physician no earlier than May 31, 2016*
- ☐ 7. UPMC/University of Pittsburgh Medical Center UPMC (Consent for Treatment, Payment and Health Care Operations Form)  
*\* both parent /guardian & student sign and date*
- ☐ 8. UPMC/University of Pittsburgh Medical Center (Authorization for release of Protected health Information)  
*\* both parent /guardian & student sign and date*
- ☐ 9. Parental/Guardian Release and Indemnification Agreement *\* both parent /guardian & student sign and date*
- ☐ 10. The Parent's Pledge Form *\* must be signed by parent/guardian*
- ☐ 11. Acknowledgement of Athletic Manual (available on the SPSHS Athletic Web Page) *\* both parent /guardian & student sign and date*

*!Students that participate in more than one sport during the school year, only need to submit a Section 7 form, if a signed and dated athletic packet for the current school year has already been submitted*



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



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

**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**

**EMAIL ADDRESS:** \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Prescription Medications \_\_\_\_\_

\_\_\_\_\_

## SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

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

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

Fall Sports	Signature of Parent or Guardian	Winter Sports	Signature of Parent or Guardian	Spring Sports	Signature of Parent or Guardian
Cheerleading		Basketball		Baseball	
Cross Country					
Football					
Golf				Softball	
Soccer				Boys' Tennis	
Girls' Tennis		Swimming and Diving		Track & Field (Outdoor)	
Girls' Volleyball				Boys' Volleyball	
Other/Dance		Wrestling		Other	
Other		Other			

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

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

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

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

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

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

**E. Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

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

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

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

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

#### What is a concussion?

A concussion is a brain injury that:

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

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

#### What are the symptoms of a concussion?

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

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

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

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

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

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

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

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

### What is sudden cardiac arrest?

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

### How common is sudden cardiac arrest in the United States?

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

### Are there warning signs?

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

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

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

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

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

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

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

#### *Information about SCA symptoms and warning signs.*

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

#### *Removal from play/return to play*

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

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

\_\_\_\_\_  
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
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<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"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<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"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur		
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection		
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<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"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<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"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<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"/>
Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest		
Upper back    Lower back    Hip    Thigh    Knee    Calf/shin		
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"/>

	Yes	No
23. Has a doctor ever told you that you have asthma or allergies?	<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"/>
25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever used an inhaler or taken asthma medicine?	<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"/>
28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>

**CONCUSSION OR TRAUMATIC BRAIN INJURY**

31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?
 ☐ | ☐ |

32. Have you been hit in the head and been confused or lost your memory?
 ☐ | ☐ |

33. Do you experience dizziness and/or headaches with exercise?
 ☐ | ☐ |

34. Have you ever had a seizure?	<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"/>
36. Have you ever been unable to move your arms or legs after being hit or falling?	<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"/>
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"/>
39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
40. Do you wear glasses or contact lenses?	<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"/>
42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY</b>		
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?	<input type="checkbox"/>	<input type="checkbox"/>
49. How many periods have you had in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_/\_\_\_\_/\_\_\_\_



UPMC/UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC)  
 CONSENT FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

\_\_\_\_\_ (print or type name) consent to the provision of care. I understand that this care may include medical treatment, special tests, exams, evaluation, treatment, and rehabilitation of athletic injuries. I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examination and/or treatment are kept confidential.

I understand and agree that others may assist or participate in providing care. This may include, but may not be limited to team physician, school nurse, and licensed physical therapists. Under the direction of a certified athletic trainer, college/university athletic training students and high school student aides may also provide care.

I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment.

I understand that copies of the UPMC Notice of Privacy Practices document are available at the school, can be sent in the mail upon my request or viewed at <http://www.upmc.com/1ospitalsFacilities/hipaa/Pages/privacy-notice.aspx>. I give UPMC and its designees permission to use my information as described in the UPMC Notice of Privacy Practices. \_\_\_\_\_ Patient Initials

\_\_\_\_\_  
 Patient signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature/Identify on behalf of patient/relationship

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature/Identify on behalf of patient/relationship

\_\_\_\_\_  
 Date

For Office Use Only:

Sign here if patient failed to acknowledge receipt of Notice of Privacy Practices: \_\_\_\_\_

Reason given by patient for failure to acknowledge receipt of the Notice of Privacy Practices:  
 \_\_\_\_\_



**UPMC** | University of Pittsburgh  
Medical Center

**UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC)  
Authorization for Release of protected Health Information**

**RELEASE OF PROTECTED HEALTH INFORMATION**

- I authorize UPMC to provide information related to my care to be provided to the family/school/team physician, school nurse, coaches, athletic directors, school principals, EMS personnel, and such persons as needed for them to provide consultation, treatment, and establish a plan of care.
- I give authorization to UPMC to use my UPMC billing information for UPMC departmental internal reporting only.
- I give authorization to UPMC (including hospitals, other entities and programs) to access medical or other information maintained on electronic information systems or stored in various forms at individual UPMC affiliates related to treatment/or services provided to me by UPMC and/or any affiliate in connection with my care, health care operations, or payment for treatment and services. I also authorize information related to my care to be provided to my family/team/school physician and such persons as necessary for them to provide consultation, treatment, and/or services to me.
- I understand that my health record(s) will not be released or obtained by UPMC unless permission is provided for herein as evidenced by the signature on this Authorization for Release of Protected Health Information (Authorization)
- I understand that the release of my health record(s) will be for the purpose stated on this form.
- I understand that the health record(s) released by UPMC may possibly be re-disclosed by the facility/person that receives the record(s) and therefore (1) UPMC and its staff/employees have no responsibility or liability as a result of the re-disclosure and (2) such information would no longer be protected by the Privacy Rule.
- I understand that this Authorization is in effect for a period of the current scholastic sport season (fall, winter, or spring as designated by the school), or beyond in the event of the continued treatment of an injury from that designated sports season; however, no time frame specified shall go beyond one year from the date of signature.
- I understand that this Authorization is also in effect if I am treated for an injury during off-season workouts; however, no time frame specified shall go beyond one year from the date of signature.
- I understand that I have the right to revoke this Authorization form at any time by sending a written request to UPMC where the Authorization was provided.
- I understand that my decision to revoke the Authorization does not apply to any release of my health record(s) that may have taken place prior to the date of my request to revoke the Authorization.
- I understand that I am entitled to a copy of this completed Authorization form.

## PARENTAL RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned hereby request(s) South Park School District to permit the following "STUDENT" to participate in the following "ACTIVITY": \_\_\_\_\_

STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

The undersigned agree(s) to the following:

**FIRST: CERTIFICATE OF GOOD HEALTH** - The undersigned do/does accept the responsibility for STUDENT's physical examination. It is hereby CERTIFIED that STUDENT has no known physical condition which could be affected by participating in the above activity and that STUDENT is in good health at the present.

**SECOND: RELEASE IN FULL** - The undersigned releases the South Park School District and all of the members of its Board of School Directors, its Administration, teachers, instructors and coaches from all claims, and all consequential damages on account of, or in any way arising out of, ALL PERSONAL INJURIES AND OR DEATH which may result from STUDENT's participating in the activity program aforesaid.

**THIRD: ASSUMPTION OF RISK** - The undersigned have/has acknowledged and are/is aware that the above activity may require intense bodily contact and/or many unusual traumatic events, any of which are capable of causing injury and possible death. We/I do, therefore, ASSUME ALL RISK OF INJURY OR DEATH and acknowledge that we/I have explained said risks to STUDENT and that STUDENT is willing to participate in said activity program regardless of the aforesaid risks.

**FOURTH: INDEMNIFICATION** - That in the event of any claim, or suit arises on behalf of or by STUDENT, as a result of his/her participation in the aforesaid activity program, either before or after his/her attaining the age of 18, we the undersigned agree to indemnify, hold harmless and forever defend the South Park School District and all of the members of the Board of School Directors, the Administration, teacher instructors and coaches against all claims or payments, etc., arising from our/my STUDENT's participation in the aforesaid activity program as a result of personal injuries, death or other type of harm suffered by him/her or us/me.

**FIFTH: LACK OF INSURANCE** - The undersigned have/has acknowledged and are/is aware that the South Park School District and all of its members of its Board of Directors, its administration, teachers, instructors and coaches will not and do not provide any health and/or accident insurance for the STUDENT in relation to his/her participation in the aforesaid activity or activity program.

Intending to be legally bound hereby, having read the above AGREEMENT, we I do hereby fix our/my hand(s) and seal(s).

\_\_\_\_\_  
(Parent/Guardian) (SEAL)

\_\_\_\_\_  
(Parent/Guardian) (SEAL)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Student \_\_\_\_\_

SOUTH PARK SCHOOL DISTRICT

\_\_\_\_\_  
Date  
Approving Official

## SOUTH PARK HIGH SCHOOL ATHLETICS

## "The Parent's Pledge"

Cooperation among coaches, athletes, parents, and school personnel is essential if students are to realize the values of athletic participation. Like coaches and athletes, parents must make commitments to the athletic program to assure these values. We ask that you read, sign and return the following "PLEDGE" and as needed, discuss your reactions with your child's coach or the school's Athletic Director as outlined below.

Thank-you!

As the parent of an athlete of this school, I promise.....

- To work closely with all school personnel to assure an appropriate academic, as well as athletic experience for my child while he/she is in school.
- To assure that my child will attend all scheduled practices and athletic contests.
- To require my child to abide by the athletic department's training rules.
- To acknowledge that the coach has the ultimate authority to determine strategy and player selection and that playing time is **NOT GUARANTEED**. Coaches have the responsibility to put the most competitive team in the contest.
- To promote mature behavior from students and parents during athletic contests.
- To work closely with coaches and other school personnel to identify a reasonable and realistic future for my child as a student athlete.

**If you have a concern with a coach, you should.....**

- Call the coach to set up an appointment. If the coach cannot be reached, call South Park High School's Athletic Director, Thomas Kayda at 412-655-3111 and he will be happy to arrange a meeting for you. *Please contact the athletic director if you have any unresolved concerns.*
- *Most importantly and in the spirit of good sportsmanship*, please do not attempt to confront a coach or engage in discussion with a coach immediately before or after a contest, practice or on game day. These can be highly emotional times for both the coach and the parent. Discussions under times of high emotions do not promote the best outcome in the resolution of issues.

**Appropriate Concerns for Parents to Discuss with Coaches:**

1. Treatment of their child
2. Ways for their child to improve
3. Concerns about their child's behavior

Issues **NOT** appropriate to discuss with coaches:

1. Playing time/positions/assignments
2. Team Strategy
3. Play calling
4. Other students

Pledge endorsed: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_  
(Date) (Pledge group)



## **DEPARTMENT OF ATHLETICS**

*Athletic Director: Thomas Kayda*

2005 EAGLE RIDGE ROAD SOUTH PARK, PA 15129-8885

(412) 655-3111 (VOICE) (412) 655-4505 (FAX)

### **ACKNOWLEDGEMENT OF ATHLETIC MANUAL**

Please visit [www.sparksd.org](http://www.sparksd.org) on the athletic homepage, under "Links" to access the Athletic Manual

I \_\_\_\_\_ have read the South Park High  
(Name of Athlete)  
School Athletic Manual. I pledge that I will **NOT** participate (even willingly), in  
**ANY** hazing activities. I fully understand the responsibilities of becoming a  
participating South Park School District Athletic Team Member.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*And*

We/I as the parent/guardian of \_\_\_\_\_  
(Name of Athlete)  
have read the Athletic Manual for student athletes and fully understand the  
responsibilities of our son/daughter and ourselves, while he/she is participating as a  
South Park School District Athletic Team Member.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **INFORMATIVE WEBSITES**

**WWW.SPARKSD.ORG** – On the athletic webpage: Directions, Schedules, NCAA information (on page 7 of Guidance Handbook) and other information on athletic programs.

**WWW.SOUTHPARKWPAL.ORG**- See rSchoolToday for schedules, postponements and cancellations. Parents can sign up to be notified of the most current schedule changes. This is extremely helpful during the spring sports season, when postponements and cancellations occur almost daily. South Park School District reserves the right to postpone or move an athletic event when circumstances dictate the need, including but not limited to the last minute of an event. Web –based scheduling provides the most up to date version of particular athletic events. *Please remember that it is more than likely that these changes will not be reflected on printed hard copies of previous schedules.*

**WWW.THECOACHES CIRCLE**- Very important for the potential college athlete. Provides information that you may need to help an athlete play at the next level.



## 2016 Division I Academic Requirements

Initial-eligibility standards for NCAA Division I college-bound student-athletes are changing.

College-bound student-athletes first enrolling at an NCAA Division I school on or after August 1, 2016, will need to meet the following academic rules to practice, compete and receive athletics scholarships during their first year.

Full Qualifier	Academic Redshirt
<ul style="list-style-type: none"> <li>• Complete 16 core courses: <ul style="list-style-type: none"> <li>▪ Ten of the 16 core courses must be completed before the seventh semester (senior year) of high school</li> <li>▪ Seven of the 10 core courses must be in English, math, or science</li> </ul> </li> <li>• Earn a core-course GPA of at least 2.300</li> <li>• Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page)</li> <li>• Graduate high school</li> </ul>	<ul style="list-style-type: none"> <li>• Complete 16 core courses</li> <li>• Earn a core-course GPA of at least 2.000</li> <li>• Earn the ACT/SAT score matching your core-course GPA on the Division I sliding scale (see back page)</li> <li>• Graduate high school</li> </ul>

**Full Qualifier:** College-bound student-athletes may practice, compete and receive athletics scholarship during their first year of enrollment at an NCAA Division I school.

**Academic Redshirt:** College-bound student-athletes may receive athletics scholarships during their first year of enrollment and may practice during their first regular academic term but may NOT compete during their first year of enrollment.

**Nonqualifier:** College-bound student-athletes cannot practice, receive athletics scholarships or compete during their first year of enrollment at an NCAA Division I school.

### After August 1, 2016

1. A college-bound student-athlete completes nine core courses prior to the seventh semester of high school. However, he/she is an **academic redshirt** because only nine of the 10 required courses were completed before the seventh semester. He/she would be permitted to practice and receive scholarships, provided he/she presents 16 core courses and meets the minimum core-course GPA and test-score requirement at the time of graduation.
2. A college-bound student-athlete completes 16 core courses in the required coursework with a 2.300 core-course GPA and a 79 sum ACT. The college-bound student-athlete is **full qualifier** under the new sliding scale because the minimum GPA requirement is 2.300 with an ACT sum score of at least 75.
3. A college-bound student-athlete completes 15 core courses with a 2.500 core-course GPA and an 820 SAT score (critical reading and math). The college-bound student-athlete is a **nonqualifier** because only 15 core courses were completed, not the required 16 core courses.



DIVISION I			
FULL QUALIFER SLIDING SCALE			
Use for Division I beginning August 1, 2016			
	Core GPA	SAT	ACT Sum
		Reading/Math	
	3.550	400	37
	3.525	410	38
	3.500	420	39
	3.475	430	40
	3.450	440	41
	3.425	450	41
	3.400	460	42
	3.375	470	42
	3.350	480	43
	3.325	490	44
	3.300	500	44
	3.275	510	45
	3.250	520	46
	3.225	530	46
	3.200	540	47
	3.175	550	47
	3.150	560	48
	3.125	570	49
	3.100	580	49
	3.075	590	50
	3.050	600	50
	3.025	610	51
	3.000	620	52
	2.975	630	52
	2.950	640	53
	2.925	650	53
	2.900	660	54
	2.875	670	55
	2.850	680	56
	2.825	690	56
	2.800	700	57
	2.775	710	58
	2.750	720	59
	2.725	730	60
	2.700	740	61
	2.675	750	61
	2.650	760	62
	2.625	770	63
	2.600	780	64
	2.575	790	65
	2.550	800	66
	2.525	810	67
	2.500	820	68
	2.475	830	69
	2.450	840	70
	2.425	850	70
	2.400	860	71
	2.375	870	72
	2.350	880	73
	2.325	890	74
	2.300	900	75
ACADEMIC REDSHIRT	2.299	910	76
	2.275	910	76
	2.250	920	77
	2.225	930	78
	2.200	940	79
	2.175	950	80
	2.150	960	81
	2.125	970	82
	2.100	980	83
	2.075	990	84
	2.050	1000	85
	2.025	1010	86
	2.000	1020	86

## ELIGIBILITYCENTER.ORG

If you want to play NCAA sports at an NCAA Division I or II school, you need to register with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org). The Eligibility Center works with you and your high school to certify your initial eligibility.

## CORE COURSES

Not all high school classes are NCAA core courses. A core course prepares you for a four-year college and is taught at or above your high school's regular academic level. Visit [eligibilitycenter.org](http://eligibilitycenter.org) for a full list of your high school's core courses.

## GRADE-POINT AVERAGE

Only classes on your high school's List of NCAA Courses will be used for your core-course GPA.

## TEST SCORES

Division I schools match test scores and core-course GPA on a sliding scale. After August 1, 2018, Division II schools will also use a sliding scale. Find the sliding scales at [eligibilitycenter.org](http://eligibilitycenter.org).

An SAT combined score is calculated by adding your reading and math scores. An ACT sum score is calculated by adding English, math, reading and science scores. You may take the SAT or ACT as many times as you like before you enroll full time in college. If you take either test more than once, the best sub score from each section is used for initial-eligibility purposes.

When you register for the SAT or ACT, use the NCAA Eligibility Center code of 9999 so your scores are sent directly from the testing agency. Test scores on transcripts will not be used in your academic certification.

## DIVISION I GUIDELINES

### Before August 1, 2016

- Graduate high school.
- Complete 16 high school core courses in four academic years.
- Earn at least a 2.000 GPA in your high school core courses.
- Earn the SAT or ACT score that matches your core-course GPA (minimum 2.000) on the Division I sliding scale.

### After August 1, 2016

- Graduate high school.
- Complete 16 high school core courses in four academic years. Ten core courses, with at least seven in English, math or science, must be completed before you start your seventh semester.
- Earn at least a 2.300 GPA in your core courses.
- Earn the SAT or ACT score that matches your core-course GPA (minimum 2.300) on the Division I sliding scale.

### Core Courses

To play sports at a Division I school, you must complete these core courses:

- 4 years of English;
- 3 years of math (Algebra 1 or higher);
- 2 years of natural or physical science (including one year of lab science if your high school offers it);
- 1 additional year of English, math or natural or physical science;
- 2 years of social science; and
- 4 additional years of English, math, natural or physical science, social science, foreign language, comparative religion or philosophy.

## DIVISION II GUIDELINES

### Before August 1, 2018

- Graduate high school.
- Complete 16 high school core courses.
- Earn at least a 2.000 GPA in your high school core courses.
- Earn a combined SAT score of 820 or an ACT sum score of 68.

### After August 1, 2018

- Graduate high school.
- Complete 16 high school core courses.
- Earn at least a 2.200 GPA in your core courses.
- Earn the SAT or ACT score that matches your core-course GPA (minimum 2.200) on the Division II sliding scale.

### Core Courses

To play sports at a Division II school, you must complete these core courses:

- 3 years of English;
- 2 years of math (Algebra 1 or higher);
- 2 years of natural or physical science (including one year of lab science if your high school offers it);
- 3 additional years of English, math or natural or physical science;
- 2 years of social science; and
- 4 additional years of English, math, natural or physical science, social science, foreign language, comparative religion or philosophy.

## YOUR CHECKLIST

If you want to play sports at a Division I or II school, register with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org).

### FRESHMEN

- Ask your counselor for a list of your high school's NCAA core courses and make sure you take them.
- Study hard and earn good grades.

### SOPHOMORES

- Register at the beginning of the year at [eligibilitycenter.org](http://eligibilitycenter.org).
- Make sure you take core courses on your high school's List of NCAA Courses.

### JUNIORS

- Check with your counselor to make sure you are on track to graduate on time.
- Take the ACT or SAT and submit your scores to the NCAA using code 9999.
- At the end of the year, ask your counselor to send your official transcript to the Eligibility Center.

### SENIORS

- Take the ACT or SAT again, if necessary.
- Request amateurism certification after April 1.
- After you graduate, ask your counselor to submit your final official transcript with proof of graduation to the Eligibility Center.

# GO

# GET READY

For more information:  
[eligibilitycenter.org](http://eligibilitycenter.org)

[2point3.org](http://2point3.org)

[@NCAA\\_EC](https://twitter.com/NCAA_EC)



# WANT TO PLAY COLLEGE SPORTS?