



PAPERWORK CHECKLIST

FOR

FALL-SPORT ATHLETES ONLY

Below you will find the list of items necessary to complete in order to register for the Haverford High School Swimming & Diving Team. This paperwork is for **FALL-SPORT ATHLETES ONLY** (i.e., you have already submitted a PIAA Physical Form to play your Fall Sport).

PIAA RE-CERTIFICATION FORM (SECTION 7)

*This form can be filled out by parent/guardian

ELIGIBILITY FORM

*This form can be filled out by parent/guardian

STUDENT CONTRACT

*Form must be completed by student-athlete and parent/guardian

ASSUMPTION OF RISK

*This form can be filled out by your parent/guardian

**PLEASE RETURN YOUR
COMPLETED PACKET
TO
MR. STEWART
IN
ROOM 332**

DEADLINE: WEDNESDAY, NOVEMBER 11th

SECTION 7: 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 8, 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 _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

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

Address _____ Telephone # () _____

SUPPLEMENTAL HEALTH HISTORY:

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

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <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 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 ____/____/____

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP
STUDENT ELIGIBILITY INFORMATION**

Date _____ Name of Sport _____
Name _____ Student ID Number _____
Date of Birth _____ 19____ Age ____ Place of Birth _____
Date of Enrollment in Haverford High School _____

Circle the NUMBER OF SEASONS in which you have participated in above named sport BEYOND the 8th grade – INCLUDING PRESENT SEMESTER: 9th 10th 11th 12th

Circle the NUMBERS OF SEMESTERS OF ATTENDANCE in high school beyond the 8th GRADE, INCLUDING present semester (there are 2 semesters per school year).

1 2 3 4 5 6 7 8
9th 10th 11th 12th

Number of times demoted from grade 9 to grade 12 _____
Demoted in which grade(s) (please check) 9 _____ 10 _____ 11 _____ 12 _____
Where did you attend school last year? _____

PARENT/GUARDIAN PERMISSION

_____ has my permission to participate in _____.
I understand that the school district does not assume responsibility for any injuries which may occur, and I will assume responsibility for equipment issued to the above student.

Signature of Parent/Guardian _____

EMERGENCY INFORMATION

SCHOOL YEAR _____ **SPORT** _____

NAME _____ M or F _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME _____

HOME ADDRESS _____

PARENT/GUARDIAN DAYTIME NUMBER #1: _____
#2: _____

EMERGENCY CONTACT, IF PARENT/GUARDIAN ARE NOT AVAILABLE:
NOTIFY: _____ PHONE: _____

DOCTOR'S NAME AND PHONE # _____ HOSPITAL _____

KNOWN ALLERGIES OR MEDICAL PROBLEMS _____

INSURANCE NAME _____

POLICY AND GROUP # _____

THE TEAM PHYSICIAN, TRAINER AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY PHYSICIAN CAN BE CONTACTED. YES _____ NO _____

WE GIVE OUR CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIAN TO USE THEIR OWN JUDGEMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE PARENT OR GUARDIAN CANNOT BE REACHED. YES _____ NO _____

PARENT/GUARDIAN SIGNATURE _____

STUDENT ATHLETIC CONTRACT HAVERFORD HIGH SCHOOL

Philosophy

Interscholastic athletics supplement and support the academic mission of the school and assist students in their growth and development. We want Haverford students to value their health and wellness and this contract is a reminder of our expectations towards that goal. Participation in athletics is a privilege, not a right. Dedication, desire, teamwork, effort, goals and commitment and good citizenship are essential personal characteristics, which are necessary for an athlete to successfully participate on any team. The goal of the athletic department is to nurture these traits. In so doing, each athlete should develop a sense of pride in herself/himself, the school and community. In order to assist the athlete to achieve these goals, the following "Athletic Policies" must be understood and agreed to between the school, student athlete, and the parents.

The School District of Haverford High School is a member of the Pennsylvania Interscholastic Athletic Association (P.I.A.A) and applies the rules outlined in the P.I.A.A. Constitution and the guidelines in Board Policy 123 Interscholastic Athletics and Co-Curricular Activities.

A. Academics

To be eligible for athletic competition a student must be passing a minimum of two full credit courses. Grades will be reported weekly and a student is not passing a minimum of two full credit courses the student will be ineligible for the week. Any student who is not passing a minimum of two full credit courses at the end of a marking period will be ineligible for three weeks (15 school days).

B. Attendance

Student athletes are expected to be in school on time everyday. A student is required to be in school by 10:46 in order to participate in practice or a game. If a student is repeatedly late the student may be ineligible to participate in sports after school. Students may not participate on the day a student has detention, out of school suspension, is completing a probationary period or has an early dismissal due to illness. Exceptions will be made if the student has an approved medical or educational excuse scheduled prior to the date of absence. If a student is absent on a day prior to a non school day, the student will have to present to the coach a parent or guardian note explaining the reason for the absence prior to participation in the event.

C. Use or Possession of Alcoholic Beverages or Drugs

Use and/or possession of alcohol or narcotics or illegal controlled substances of any kind, at any time or place (24/7) is strictly prohibited and may result in a suspension from athletic activities. The 1st Offense will allow for denial of participation in and attendance at athletic events including practices for a period of 10 school days beginning on the day the athletic department applies discipline to the student. Return to the team following a suspension will occur in coordination with a referral to the H.E.A.R.T. for counseling. A second offense during an athletic school year could result in a 30 day suspension from the team for the current sports season. Additional offenses may result in removal from the team.

D. Criminal Offenses.

Students charged with and/or convicted of criminal offenses involving activities or behavior which in the judgment of the Administration and coaches represent a threat to the health, safety or morale of the student or other students on the team during a season may be suspended up to ten (10) days for a first offense and removed from the team for second or subsequent offenses, upon a determination that the student more likely than not engaged in the activities/behavior alleged or similar objectionable behavior.

E. Hazing

A person is guilty of hazing when, in the course of another student's entry into or affiliation with any team or club, she/he intentionally or recklessly engages in conduct which creates a risk of physical injury, emotional harm and/or creates excessive and/or intentionally cruel intimidation. Any form of "initiation or hazing" is prohibited. Athletes who violate the "hazing" rule will be subject to discipline under Board Policy 248 Unlawful

Harassment, the student discipline code and are subject to removal from the team along with possible criminal referral.

E. Code of Student Conduct

Participation in an athletic event, practice, games and travel to and from school are considered an extension of the school day and therefore all behavior is governed by the student code of conduct. Violations of the Student Code of Behavior that occur during athletic events will be disciplined by grade level Principals as if they were a classroom action. Unsportsmanlike behavior and any actions noted by the PIAA will result in a minimum suspension as outlined by the PIAA with an option of additional discipline as determined by the Athletic Department and Principal.

F. Team Rules

All students are required to travel to and from events in District supplied Transportation, exceptions are to be reviewed on an individual basis prior to the event. Coaches will establish and inform students of individual team rules, regarding practice and team expectations.

SIGNATURES ARE REQUIRED TO INDICATE YOU HAVE RECEIVED A COPY OF THIS CONTRACT. THIS MUST BE RETURNED BY STUDENTS TO THEIR COACHES.

HHS Athletic Policy Agreement Form

I, (The Athlete) _____ have read and understand the athletic policies, rules, regulations and the Student Athletic Contract of Haverford High School and agree to abide by their terms that have been displayed. I also understand that this contract is in effect for the entire school year and applies to the current and subsequent athletic seasons. By signing the contract, I will be responsible for my actions in and out of the school. I also agree to sign a Declaration each sport season indicating that I have signed and read the student code of conduct.

Athlete's Signature

Date

Sport

Grade

I, (The Parent) _____ have read and understand the athletic policies of Haverford High School and agree to abide by the standards that are set for both myself and that of my child. By signing this form, I will be responsible for the actions of myself and of my child. I also understand that as an adult I am a role model for other individuals around me at sporting events and agree to conduct myself in a sportsman-like manner at all times at both home and away events. I also understand that it is a privilege to watch my child participate in an athletic event and can be asked to remove myself from an event if I cannot abide by the expectations of the District and the PIAA regarding good sportsmanship.

Parent Signature

Date

Sport

Grade



The School District of Haverford Township
Haverford High School
200 Mill Road
Havertown, PA 19083

Assumption of Risk

Participation in the contact sport of _____ requires an acceptance of risk of injury. _____ has taken reasonable precautions to minimize the risk of significant injury by providing coaching and instruction, suitable equipment and facilities, proper conditioning and appropriate medical care.

The chances of an athlete sustaining a catastrophic sports injury are rare. However serious injuries could occur. Participation in contact sports could result in death, serious neck, and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to virtually all internal organs, and serious injury or impairment to all other aspects of the body, general health and well-being.

The use of protective equipment may be required or recommended for your child's sport. Please be advised that there is no piece of protective equipment that will completely protect your child from exposure to injuries. Do not use defective equipment in any way.

Therefore, student-athletes should feel free at any time to discuss with coaching or athletic training staff concerns about procedures in the athlete's particular sport that may include a greater risk of injury such as, head first slide, tackling techniques, difficult dives, etc. Reporting of student-athlete brain injuries to the Athletic Trainer and Athletic Directory is mandatory for coaches, players and parents.

I have read and understand the statements contained in this warning. As the parent of the student-athlete, I accept risk of injury associated with interscholastic sports.

Parent Signature

Date