



PAPERWORK CHECKLIST

FOR

NEW STUDENT-ATHLETES

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 **NEW STUDENT-ATHLETES** (i.e., you are NOT currently playing a Fall Sport).

PIAA PHYSICAL FORM (SECTIONS 1 – 6)

*This form **MUST** be completed by a Physician; complete Sections 1 – 6

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

ImPACT TESTING PERMISSION FORM

*This form is for 9th and 11th Grade Students ONLY

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

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

DEADLINE: FRIDAY, NOVEMBER 9^h





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



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

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

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

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

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

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

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

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

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

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

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

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

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

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

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

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

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

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

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

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

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

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

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

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

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

What is a concussion?

A concussion is a brain injury that:

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

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

What are the symptoms of a concussion?

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

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

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

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

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

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

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

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

Student's Signature _____ Date ____/____/____

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

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

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

What is sudden cardiac arrest?

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

How common is sudden cardiac arrest in the United States?

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

Are there warning signs?

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

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

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

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

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

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

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

Information about SCA symptoms and warning signs.

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

Removal from play/return to play

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

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

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

SECTION 5: HEALTH HISTORY

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

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</p> </div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Head</td> <td style="width: 12.5%;">Neck</td> <td style="width: 12.5%;">Shoulder</td> <td style="width: 12.5%;">Upper arm</td> <td style="width: 12.5%;">Elbow</td> <td style="width: 12.5%;">Forearm</td> <td style="width: 12.5%;">Hand/ Fingers</td> <td style="width: 12.5%;">Chest</td> </tr> <tr> <td>Upper back</td> <td>Lower back</td> <td>Hip</td> <td>Upper Thigh</td> <td>Knee</td> <td>Calf/shin</td> <td>Hand/ 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	Upper Thigh	Knee	Calf/shin	Hand/ 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	Upper Thigh	Knee	Calf/shin	Hand/ Ankle	Foot/ Toes										

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____/_____/_____ (_____/_____, ____/____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/____ L 20/____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

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

Address _____ Phone () _____

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

**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





**THE SCHOOL DISTRICT OF HAVERFORD
TOWNSHIP**

Haverford High School
200 Mill Road
Havertown, PA 19083

Dear Parent/Guardian,

Premier Orthopaedic Sports Medicine, while providing Athletic Training services to School District of Haverford Township also offers innovative concussion management for our student-athletes. We utilize a system called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), an online, computerized exam administered to athletes prior to the athletic season.

Developed by doctors at the University of Pittsburgh Medical Center's Sports Concussion Program, this software system is used throughout professional and amateur sports. Currently 28 NFL teams, 18 MLB teams, Major League Soccer, US Lacrosse, Professional Hockey, Major/Minor League Baseball Umpires, USA Olympic Hockey, USA Ski Team, USA Hockey, Swedish Soccer, Ontario/Western Hockey Leagues, South African Rugby, New Zealand Rugby, USA Rugby, US Army, US Navy, US Air Force Academy, 350+ Clinical Centers, 350 Colleges and Universities, and 1200+ High Schools and Middle Schools across the country administer ImPACT. It is fast becoming the "Gold Standard" in recognizing and managing head injuries. Additional information can be found at www.impacttest.com.

The exam takes about 25-30 minutes and is non-invasive. The program is set-up in a "video-game" type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the test. **We are asking student-athletes to take the baseline test in the computer lab here at the high school beginning the first week of preseason. All student athletes will be administered the exam.**

If an athlete is believed to have suffered a concussion during competition or practice, the exam is repeated and the data is compared to the baseline test. This information is used as a tool to assist the athletic training staff and team/treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions. If an injury of this nature occurs, we will contact you. **Post-concussion tests will be taken under our supervision at school or a Premier Orthopaedic Sports Medicine office.**

One of the reasons concussions are so dangerous is a condition called **Second Impact Syndrome**. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. At Haverford High School, we understand the competitive nature of sports, but we always hold the athlete's health and safety as our top priority. This program will help eliminate the subjectivity associated with return to play decisions.

Please sign and return the bottom portion of this form indicating permission for your son/daughter to take the baseline test. We have included the test instructions also for your information.

If you have any questions regarding this program, please feel free to contact us. Additional information regarding *Premier Orthopaedic Sports Medicine*, its physicians and programs can be obtained from its website at

_____.

Sincerely,

(please cut here and return to the Athletic Training Room)

PERMISSION SLIP

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT Concussion Management Program.

Name of Athlete (print) _____ SPORT _____

Signature of Athlete _____ DATE _____

Signature of Parent _____ DATE _____



**THE SCHOOL DISTRICT OF HAVERFORD
TOWNSHIP**

Haverford High School
200 Mill Road
Havertown, PA 19083

To ensure a valid test, please follow these instructions. It is very important that you are able to fully concentrate during the entire test. Poor performance will result in an invalid test and will require repeated testing!

- ▶ You will be given 30 minutes without distraction in the computer lab. Please be respectful of other testers.
- ▶ No headphones or cell phone use during the test.
- ▶ Note the test will begin by asking you background questions called the “demographic” section.
- ▶ There are 6 test sections called “modules.” These include word memory, design memory, Xs and Os, symbol match, color word match and three letters.
- ▶ Take your time to read each section’s instructions very carefully. Each module is self explanatory.
- ▶ It is common to perform the color word match module incorrectly, please read that section’s instructions thoroughly.
- ▶ Other than the initial demographic section, do not ask anyone to help you with your performance during the test, such as assistance with memory questions, etc. Do not write anything down during the test to aid memory.
- ▶ You must use a standard external mouse. You may not use a finger mouse pad (ie: laptop mouse), a Track Mouse, or anything other than a standard mouse.
- ▶ Minimum computer requirements:
 1. Make sure you are using Internet Explorer 6.0 and above, or Firefox 1.5 or above, and Safari for the MAC running OSX 10.2 and above.
 2. You must have Macromedia FLASH PLAYER 8.0 or newer installed. You can download FLASH PLAYER at www.adobe.com
 3. If you have a pop up blocker installed you must turn it off for the duration of the test.
 4. Close all other programs on your computer before taking the test.
 5. You need a broadband internet connection
- ▶ Make certain to select Haverford High School when asked for “school/organization” in the demographic section.
- ▶ Your test results are not displayed once you are finished (all results are password protected). See **the high school athletic trainer** if you are interested in your baseline score.
- ▶ Please note our test contract with Impact does not allow for unlimited baseline tests. Please do not allow others to take an additional test.
- ▶ Thank you for participating in our ImpACT Concussion Management Program.