

Want to play a WINTER SPORT at SV?

YES

Did you play a FALL SPORT?

YES

1. Turn in PIAA CIPPE Section 7 by deadline of November 7th, 2024.
2. **NO Paperwork accepted after November 7th, 2024, for Winter Sports - absolute deadline.**
3. Student-athletes cleared for their respective sport season will have a **GREEN** check mark next to Winter Sports season in Parent Portal

NO

Did you complete ALL these steps in the summer or fall?

1. Registered in Parent Portal?
2. Had a Drug Test at one of summer/fall test dates?
3. Had a Concussion Test (if needed) at one of summer/fall test dates?
4. Turned in PIAA CIPPE Sections 1, 2, 5 & 6?

NO

1. Register in Parent Portal
2. Have a Drug Test on any of the advertised test dates.
3. Have a Concussion Test (if needed) on any of the advertised test dates.
4. Turn in PIAA CIPPE Sections 1, 2, 5 & 6 by deadline of November 7th, 2024, for Winter Sports.
5. **NO Paperwork accepted after November 7th, 2024, for Winter Sports - absolute deadline.**
6. Once ALL steps are completed, student-athletes cleared for their respective sport season will have a **GREEN** check mark next to Winter Sports season in Parent Portal

YES

1. You are set and should see a **GREEN** check mark next to Winter Sports season in Parent Portal



SENECA VALLEY ATHLETICS

Sports Participation Information 2024—2025



ATHLETIC OFFICE STAFF & CONTACT INFORMATION

Heather Lewis, Athletic Director — lewish@svsd.net
Nii Sowa-Doku, Assistant Athletic Director — sowadokuna@svsd.net
Eddie Kurtz, Assistant Athletic Director — kurtzew@svsd.net
Jamie Marcotte, Assistant — marcottejl@svsd.net
Julie Shearer, Assistant — shearerj@svsd.net
Office Phone: 724/452-6040, x1752

IMPORTANT DATES

July 9, 2024—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 10, 2024—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

- 60 physicals offered 8am—12pm; 30 physicals offered 1—3pm

July 30, 2024—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 31, 2024—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

- 60 physicals offered 8am—12pm

Aug. 1, 2024—DEADLINE—All FALL sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Aug. 5, 2024—Official start date for V/JV Football & Boys & Girls Golf

Aug. 12, 2024—Official start date for all other V/JV, Junior High, & Middle School fall sports

October 23, 2024—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- NO PHYSICALS offered

November 6, 2024—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Nov. 7, 2024—DEADLINE—All WINTER sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Nov. 15, 2024—Official start date for all winter sports

February 5, 2025—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

February 19, 2025—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Feb. 20, 2025—DEADLINE—All SPRING sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Mar. 3, 2025—Official start date for all spring sports

IMPORTANT INFORMATION

- Student must be in registration line 30 minutes prior to closing time (i.e. 6:30pm for 7pm close time)
- Physical cost = \$20.00
 - ✓ First come, first served; no reservations taken for physicals
- Drug Testing cost = \$32.00 (*Note: NEW fee for drug test in 2024-25*)
- Concussion Testing cost = no charge



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2024–2025



WINTER SPORT OFFERINGS & START DATE INFORMATION

Conditioning is optional. Tryouts & practices are mandatory.

Season Begins November 15, 2024

BASKETBALL, V/JV—Boys (Grades 9–12)

Head Coach Kevin Trost—kevin352@verizon.net
Conditioning plans—contact Coach Trost
Tryouts— Start November 15, 2024

BASKETBALL, JUNIOR HIGH—Boys (Grades 7–9)

Head Coach Rob Naylor—naylorr@svsd.net
Conditioning plans—contact Coach McCauley
Tryouts— Start November 15, 2024

BASKETBALL, MS—Boys (Grades 7–8)

Coach Eric Semega—semegaes@svd.net
Coach Tom Magill—magillte@svsd.net
Conditioning plans—contact Coach Semega or Coach Magill
Tryouts— Start November 15, 2024

BASKETBALL, V/JV—Girls (Grades 9–12)

Head Coach Dorothea Epps—Dmepps10@gmail.com
Conditioning plans—contact Coach Epps
Tryouts— Start November 15, 2024

BASKETBALL, MS—Girls (Grades 7–8)

8th Coach Megan Meeder—meedermm@svsd.net
7th Coach Ray Peaco—peacorf@svsd.net
Conditioning plans—contact Coach Meeder
Tryouts— Start November 15, 2024

BOWLING CLUB (Grades 9–12)

Head Coach Dave Miller—sparky0094@yahoo.com
Tryouts Information—contact Coach Miller

COMPETITIVE CHEER CLUB (Grades 9–12)

Head Coach Laura Wise—wiselm@svsd.net
Tryouts Info & Conditioning plans—contact Coach Wise
Competitive squad (Var and JH) practices Monday & Wednesday after school

FENCING CLUB—Coed (Grades 7–12)

Club Email for Information—svfc@zelie.com
Website: [www.https://svfencing.weebly.com](https://svfencing.weebly.com)
Head Coach Tim Yultchiev

WRESTLING, Var—Boys (Grades 9–12)

Head Coach Kevin Wildrick—wildrickkt@svsd.net
Conditioning plans—contact Coach Wildrick
Mandatory Practice— Starts November 15, 2024

SWIMMING & DIVING, Var—Coed (Grades 9–12)

Head Coach Brian Blackwell—blackwellbd@svsd.net
Dive Coach Nancy Laslavin—laslavin@zbzoom.net
Conditioning plans—contact Coach Blackwell
Tryouts— Start November 15, 2024

WRESTLING, Var—Girls (Grades 9–12)

Head Coach Jessica Leighty—jess@etfarchitect.com
Conditioning plans—contact Coach Leighty
Mandatory Practice— Starts November 15, 2024

WRESTLING, JUNIOR HIGH—Coed (Grades 7–9)

Head Coach Kevin Holman—holmankm@svsd.net
Conditioning plans—contact Coach Holman
Mandatory Practice— Starts November 15, 2024

INDOOR TRACK CLUB—Coed (Grades 9–12)

Head Coach Dan Dickey—dickey@svsd.net
Registration & Conditioning Info—contact Coach Dickey



SENECA VALLEY ATHLETICS

Sports Participation Information 2024—2025



So, you want to play a sport at Seneca Valley? ~ [Here are the steps to take.](#)

1. REGISTER for PARTICIPATION in Seneca Valley PARENT PORTAL SYSTEM

Starting **May 1, 2024** parents and student(s) may register in the S.V.S.D. parent portal system for all sports the student(s) intends to tryout for or compete in. The following sections, found under “Athletic Forms” in the parent portal system, shall be completed for each student: Indicate which (and ALL) sports you intend to tryout/compete for; CIPPE Section 3-Understanding the Risk of Concussion & Traumatic Brain Injury; CIPPE Section 4-Understanding of Sudden Cardiac Arrest Symptoms; Student-Athlete Manual Verification; Travel Release; Release from Liability; Injury Risk. **(NOTE: NEW date of May 1st—not previous date of June 1st.)**

2. COMPLETE PIAA CIPPE FORM – Sections 1, 2, 5, & 6

Print off the Pennsylvania Interscholastic Athletic Association (PIAA) Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) form from the Seneca Valley Parent Portal or Seneca Valley Athletics Website.

Parents and athlete(s) complete sections 1, 2, & 5 – including all required signatures.

An authorized Medical Examiner (AME) must complete, sign and date Section 6. The CIPPE may not be authorized by the AME earlier than **May 1, 2024**. However, the date of the actual physical may occur earlier than May 1, 2024—it is the discretion of the AME as to whether or not he/she will provide authorization (signature) after May 1, 2024. **(NOTE: NEW date of May 1st—not previous date of June 1st.)**

Turn ALL forms in at once to the **ATHLETIC OFFICE**—in Senior H.S.

- For **subsequent sports** (i.e., winter and/or spring sports), a parent/guardian must complete **PIAA CIPPE Section 7** (available in the parent portal or District athletics website) no earlier than six weeks prior to the first practice date of the subsequent season. **PIAA CIPPE Section 8** needs completed only if any box in Section 7 was marked “yes” or if student received medical treatment following the completion of PIAA CIPPE Sections 1, 2, 5, & 6. Forms should be turned into the Athletic Office.
- Club Sports** (Bowling, Competitive Cheer, Fencing, Ice Hockey, Inline Hockey, Indoor Track, Boys Lacrosse, Slow Pitch Softball, Ultimate Frisbee) - **REMINDER for 2024-25: Turn in ALL paperwork to the Athletic Office!**

3. DRUG TEST COMPLETION

Any student-athlete interested in trying out or competing on an athletic team must have a drug test prior to participation. The drug test must be done through the Seneca Valley School District and NOT at a physician’s office. The drug test is required only one time per school year. Keep the receipt after the drug test and turn it into the Athletic Department with all other paperwork. The following must be brought to the drug testing date:

- Completed Seneca Valley School District Drug Test Consent Form (available on parent portal or Athletics website)
- Payment (**\$32**) in form of cash or check made payable to **S.V.S.D.** **(NOTE: INCREASED Drug Test Fee to \$32. Physical fee remains \$20.)**

4. CONCUSSION BASELINE TEST

Student-athletes must take a Concussion Baseline test every other academic year and it must be completed through the Seneca Valley School District. Multiple test dates are offered prior to each sport season. If a student did NOT have a baseline test in 2023-24, they must have a baseline test in 2024-25. There is **no fee & no paperwork** required. **IF you are unsure of concussion status, you may ask at the time of sport registration.**

5. PAY TO PARTICIPATE

Any student-athlete (grades 7–12) who is named to a District-sponsored sport roster must meet the Pay to Participate obligation prior to the first contest. Practice is permitted in the interim until payment is received; however, if no payment is on record by the first contest, the student-athlete will be withheld from competition.

Payments may be accepted at the Athletic Office or any secondary school main office. For convenience, one check may be written to include drug testing, physicals and/or participation fees.

This fee requirement does not apply to club sports (i.e., Bowling, Competitive Cheer, Fencing, Ice Hockey, Inline Hockey, Indoor Track, Boys Lacrosse, Girls Slow Pitch Softball, Ultimate Frisbee).

2024-25 PAY TO PARTICIPATE FEES

Mandatory—\$125/sport
Family Cap—\$375/year



SENECA VALLEY ATHLETICS

Sports Participation Information
2024–2025



PARENT PORTAL GUIDE

How to Register Your Child for Sports

1. Log onto District website: www.svsd.net

2. Click SV Portal Logo – upper right



3. Enter Parent Portal using Code as provided by District.

If missing code, please call District office at 724/452-6040, x1642 (Speak with Front Desk Receptionist) and she'll walk you through how to obtain your code.





SENECA VALLEY ATHLETICS

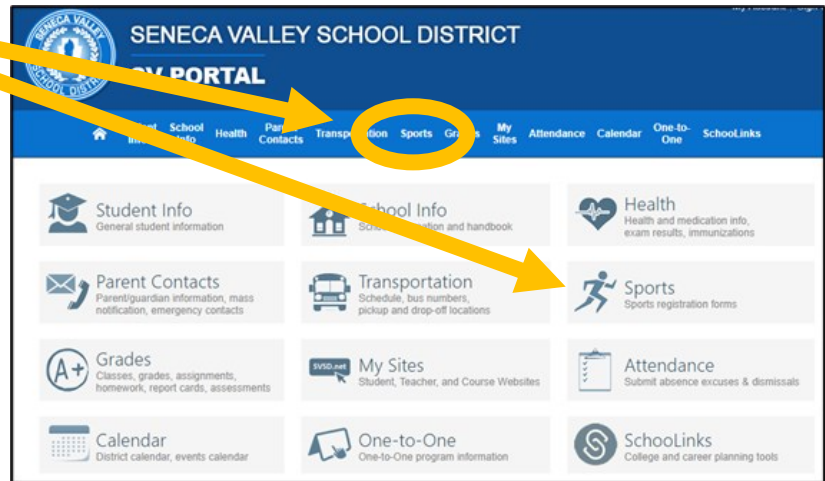
Sports Participation Information
2024–2025



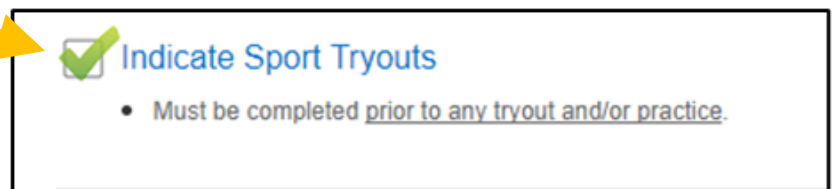
PARENT PORTAL GUIDE

How to Register Your Child for Sports

- Click Sports tab on right side for registration process.



- Go through all steps – completed process will have a large GREEN check mark.





SENECA VALLEY ATHLETICS

Sports Participation Information
2024–2025



PARENT PORTAL GUIDE

How to Register Your Child for Sports

6. **ALL CLEARED STATUS** – Once all paperwork is received and your child is cleared for their sport, you'll see the following check marks in the parent portal.

All Sports Clearance—Fall, Winter, and Spring Sports must have a green check mark here!

Electronic Signatures Required for All Sports

- Required once per school year.
- Must be completed prior to any tryout and/or practice.

Green check required for clearance.

Fall Sports Clearance

Forms Required for Fall Sports (needs to be printed)
Green check indicates athlete is CLEARED for FALL Sports

Forms Required for Fall Sports (needs to be printed)
NO Green check indicates athlete is NOT CLEARED

Winter Sports Clearance

Forms Required for Winter Sports (needs to be printed)
Green check indicates athlete is CLEARED for WINTER Sports

Forms Required for Winter Sports (needs to be printed)
NO Green check indicates athlete is NOT CLEARED

Spring Sports Clearance

Forms Required for Spring Sports (needs to be printed)
Green check indicates athlete is CLEARED for SPRING Sports

Forms Required for Spring Sports (needs to be printed)
NO Green check indicates athlete is NOT CLEARED



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 May 1st and shall be effective, regardless of when performed during a school year, until the latter of the next April 30th 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 # () _____
Parent/Guardian E-mail Address: _____
Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____
Address _____ Emergency Contact Telephone # () _____
Secondary Emergency Contact Person's Name _____ Relationship _____
Address _____ Emergency Contact Telephone # () _____
Medical Insurance Carrier _____ Policy Number _____
Address _____ Telephone # () _____
Family Physician's Name _____, MD or DO (circle one)
Address _____ Telephone # () _____

Student's Allergies _____

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

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

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

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

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

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

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

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

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

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

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

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

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

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

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

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

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

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

SECTION 5: HEALTH HISTORY

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

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY		
<input type="checkbox"/> High blood pressure			31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heart murmur			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol			33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heart infection			34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Head Neck Shoulder Upper arm Forearm Hand/Fingers Chest			45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/Toes			46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	MENSTRUAL QUESTIONS- IF APPLICABLE		
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"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first menstrual period?	_____	_____
			49. How many periods have you had in the last 12 months?	_____	_____
			50. When was your last menstrual period?	_____	_____

#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 (____) _____ License # is required

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

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

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

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

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

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

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

License # is required

Address _____ Phone () _____

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

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

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

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

License # is required

Address _____ Phone () _____

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