

**Pennridge North Middle School
Grades 7 and 8**

Recertification School Sports Packet

Documents Enclosed

1. Re-Certification Form
 - a. Sections 7 of PIAA form
 - b. **Completed and signed by parent**

2. Extra-Curricular Code
 - a. Completed by parent and student
 - b. **Return pages 3 and 4**

3. Emergency Contact Information
 - a. **Return with recertification page**

Please return completed forms to school as follows:

Fall Sports: First day of school

Football
Soccer
Field Hockey

Winter Sports: Prior to first day of practice

Girls Basketball: Mid October
Wrestling: Beginning of December
Boys Basketball: Beginning of January

Spring Sports: Prior to first day of practice (Mid-March)

Lacrosse
Softball
Track

Students must hand all completed forms to the coach prior to try-outs/practice. Daily schedules and changes for each season will be available via the Pennridge North website (pnms.pennridge.org) under the athletic tab.

NOTE: PIAA regulations do not allow for students in 6th grade to participate in sports.

Middle School Field Location Information			
Pennridge North			
All Home Games are at North unless noted below			
Softball home games are played at			
Deep Run Sports Complex	953 Callowhill Road	Perkasie 18944	
Track Home Meets: PHS track	1228 N. Fifth St.	Perkasie 18944	
Pennridge Schools			
Penn South	610 S. Fifth Street	Perkasie 18944	215-257-0467
Penn Central	144 N. Walnut Street	Perkasie 18944	215-258-0946
Penn View Christian	420 Godshall Road	Souderton 18964	215-723-1196
North Penn Schools			
Pennfield	726 Forty Foot Road	Hatfield 19440	215-368-9600
Penndale	400 Penn Street	Lansdale 19446	215-368-6817
Pennbrook	1201 E. Walnut St	N. Wales 19454	215-699-9287
Quakertown Schools			
Mildford	2255 Allentown Road	Quakertown 18951	215-529-2210
Strayer	1200 Ronald Regan	Quakertown 18951	215-529-2294
Souderton Schools			
Indian Valley	130 Maple Ave	Harleysville 19438	215-256-8896
Indian Crest	139 Harleysville Pike	Souderton 18964	215-723-9193

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 |
|--|--------------------------|--------------------------|
| 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? | ☐ | ☐ |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | ☐ | ☐ |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | ☐ | ☐ |

- | | | |
|--|--------------------------|--------------------------|
| 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | ☐ | ☐ |
| 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | ☐ | ☐ |
| 6. Do you have any concerns that you would like to discuss with a physician? | ☐ | ☐ |

#'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 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST & COVID-19 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 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athlete and the leading cause of death on school campuses.

Are there warning signs?

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

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

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

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

There are risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong with the athlete and they should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram Testing for Student Athletes

The Act is intended to keep student-athletes safe while practicing or playing. Please review the warning signs/symptoms and know that you can request, at your expense, an electrocardiogram (EKG or ECG) to help uncover hidden heart issues that can lead to SCA.

Why Do Heart Conditions That Put Youth at Risk Go Undetected?

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

What is an Electrocardiogram (EKG or ECG)?

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

Why Add an ECG/EKG to the Physical Examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease (ICD 10 code: Z13.6) or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease and will generally be paid for by insurance.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings will need to be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist after more testing (false positive findings occur less than 3% of the time when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes.).
- ECGs/EKGs result in fewer false positives than the current history and physical exam (10%).

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

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play. 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 this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

Signature of Student-Athlete

Print Student-Athlete's Name

Date ____/____/____

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ____/____/____

Section 10: 2020-2021 SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19

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

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

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

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

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

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

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

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

Date: _____

Signature of Student

Print Student's Name

Signature of Parent/Guardian

Print Parent/Guardian's Name

PENNRIDGE NORTH MIDDLE SCHOOL EXTRACURRICULAR CODE

Introduction:

The Pennridge Code shall govern all students during the time they are participating in any program or athletic team as identified and created by the Pennridge School District.

The purpose of Pennridge's Code is to add to our student's mental, physical, social, emotional, moral, and ethical well being. It is a positive step to prepare and enrich our students in becoming productive young adults.

Participation in any program at Pennridge North Middle School is a privilege and not a right. In the exercise of this privilege, all students shall comply with the Code beginning with the first day of each school year. As a condition precedent to a student's participation in any program or the first practice or contest, the student and his or her parent/guardian shall acknowledge receipt of this Code by signing and returning to the program director or coach the attached consent form. The director or coach will send all consent forms to Administration for the students' eligibility.

A director or coach may distribute a separate Code, which shall govern students who participate in a particular program or sport. The student and his/her parent/guardian shall also acknowledge receipt of this Code and return the acknowledgment to the director or coach.

The same standard of behavior and discipline for the regular student shall apply to the extracurricular participant. Therefore the **PENNRIDGE EXTRACURRICULAR CODE** shall supplement the Pennridge School District Code of Conduct or Student Handbook.

1. Athletic/Event Eligibility

- A. Eligible if a student has not reached the age of 15 prior to July 1st (athletics only).
- B. Eligible if a student is passing 4 full-time subjects.

If a student becomes ineligible because of failing grades, he/she will remain ineligible for one week at a time (Monday afternoon to Tuesday morning until he/she is no longer failing).

2. Attendance in School

- A. To participate in any activity or practice, a student must be in attendance at school before 10:30 A.M. on the day of the activity.
- B. Exceptions to the above rule would be a doctor's appointment, a family or medical emergency, or extenuating circumstances. These exceptions require a note from the student's parent or guardian, and are subject to review by the Administration.

3. Pennridge Extracurricular Code – General Requirements

- A. All students shall be governed by and are subject to the Code during the time they participate in the program.
- B. The student athletes shall conduct themselves at all times showing good sportsmanship, courtesy to fellow players/participants, referees and opposing team members.
- C. All students shall abide by the Pennridge School District Student Code of Conduct or Student Handbook as printed or explained. The Administration and/or the Athletic Director will handle any infraction by the student.
 - 1. If a violation involves an exclusion/suspension, in school or out, the student will be suspended from the program, practice, games or event during the exclusionary period. He/she becomes eligible the next calendar day following the last day of exclusion. If multiple days occur for the exclusion, the student is ineligible until the exclusion is completed. A student who is a continuous behavior problem in school or has problems attending school as stated by the Pennridge School District Student Code or Student Handbook may be suspended or dismissed from the team/activity for a period of time until behavior becomes satisfactory as determined by Administration.
 - 2. A student who is assigned a detention, after serving the required time, he/she will report to the director or coach immediately after the detention.
- D. If a student is late to practice because of academic reasons, the student must bring a note from the teacher stating the dismissal time.

- E. A student athlete must abide by the health and training routines as set forth by his/her coach.
- F. A student athlete may be permitted to move from one sport to another with the approval of the Athletic Director and the coaches involved.

4. The Pennridge Extracurricular Code – Unacceptable Actions and Sanctions

- A. Ejection for misconduct during an athletic contest or event.
 - 1st offense – Coach/Director’s Discretion
 - 2nd offense – One Game/Event Suspension
 - 3rd offense – Administrative Review; removal from activity for entire season.
- B. Use of profanity is prohibited. All offenses will be addressed by the coach/director.
- C. Conduct unbecoming a student during an activity or athletic contest or related activity, out of school or off the property, will be addressed by the Administration, the Athletic Director and Director/Coach and may result in:
 - 1. 1st offense – One Event Suspension
 - 2. 2nd offense – Two Events/Games Suspension
 - 3. 3rd offense – Removal from Program/Team
- 4. Gross misconduct by any athlete/participant will mean immediate removal/suspension from the team/activity. This may include, but is not limited to: verbal/physical abuse of player, official, teammate, coach, and teacher or staff member. Coach/director and administration will determine the outcome in each case.**
- D. Tobacco
 - 1. No student shall use, possess or distribute tobacco products during the season/event/duration of program.
 - 2. If the offense takes place on school property, the administration shall enforce the code of conduct as stated in the student handbook.
 - 3. The commission of the offense, whether on or off school property, shall result in one week suspension from team/program if verified by the coach/director. If a second offense occurs, the student will be dismissed from the team or program.
- C. Alcohol and other Drugs

These regulations have been developed in order to discourage our student from using harmful drugs and alcohol and to foster the good health and welfare of all of our students.

 - 1. No student shall use, possess, or distribute alcohol, drugs, steroids, controlled substances, look-alikes, or possess drug-related paraphernalia on or off school property.
 - a. If the offense takes place on school property or during a school sponsored activity, the following will apply:

Possession/Distribution – 5-10 day suspension from school and dismissal from the activity/team for the remainder of the season; referral to the Student Assistance Program; if appropriate, referral to the proper law enforcement agency; referral to the Superintendent for possible expulsion; placement in Alternative School, if appropriate.
 - b. If a student is arrested/cited for drug/alcohol use, distribution or Possession, he/she will be dismissed from the team for the season.
- D. Hazing/Initiation Ceremonies

The Pennridge School District believes that students must be protected from hazing and/or initiation ceremonies. All verbal, written, or physical conduct, which harasses, humiliates, or persecutes students, or disrupts or interferes with any student’s curricular or extracurricular experiences, shall not be tolerated.

 - 1. Any student or Pennridge School District employee who is found, after appropriate investigation, to have engaged in the hazing of any student or the filing of false charges shall be subject to disciplinary actions up to and including expulsion or termination.
 - 2. Any student or Pennridge School District employee who witnessed or has knowledge of hazing activities and fails to report such actions shall be also be subject to appropriate measures.

PENNRIDGE NORTH MIDDLE SCHOOL
EXTRACURRICULAR CODE

I have read the Pennridge North Middle School Extracurricular Code and agree to abide by the Code.

CONSENT FORM SIGNATURES

Student Name (print) _____

Grade _____

Date _____ Sport /Activity _____

Student Signature _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

Relationship (Circle) Mother Father Guardian

Please return this form to activity director or coach.

Coach's/Director's Signature _____

PLEASE TURN OVER

PENNRIDGE SCHOOL DISTRICT ATHLETIC DEPARTMENT

Athlete's name _____ School year _____ Grade _____
Sport(s) _____ School building _____

AUTHORIZATION FOR MEDICAL TREATMENT AND PROOF OF INSURANCE COVERAGE

I, the undersigned, parent or legal guardian of _____ give my permission for a school designated physician to treat my child, the above name, for an injury sustained as a result of his/her participation in the Pennridge athletic program.

I also certify that I have A, _____ purchased school insurance OR am insured by the B _____ (company name) to cover my child, the above named, throughout the school year for any expense incurred as the result of injuries sustained in interscholastic athletics.

NOTE: Pennridge School District will not pay for any medical or hospitalization expense that exceeds insurance coverage. All injuries must be reported within twenty-four (24) hours of the incident.

I agree to be financially responsible for the return of all athletic equipment issued to the above named child by the school district.

Signature of parent or guardian

Address

Name & phone number of family physician

Parent phone number

PLEASE NOTE: Parents and athletes must be aware that participation in any athletic activity can be dangerous to the participants. The possibility of injury (minor, major, catastrophic) is always present.

SPORTS EMERGENCY INFORMATION CARD

Student Name _____ Grade _____

Address _____

Parent Emergency Contacts: Home Phone _____

Mom Cell Phone _____ Work Phone _____

Dad Cell Phone _____ Work Phone _____

Additional Contacts if parent is unavailable (relative, neighbor, or friend)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Parent Signature _____

I give permission for my child to be given Tylenol.

Parent Signature _____

I give permission for my child to be given Antacids

Parent Signature _____

List allergies or other conditions: _____

Physician Name _____

Physician Office Phone _____

