



# CLARENCE CENTRAL SCHOOL DISTRICT

## HEALTH, PHYSICAL EDUCATION & ATHLETICS

Mr. Jason Lehmbeck, Director of Health, Physical Education & Athletics

Mrs. Stacy Evans, Secretary

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9625 Main Street · Clarence, New York 14031 · (716) 407-9043

Dear Parent,

We are excited for this upcoming season of educational-based athletics! This letter aims to inform you of the process required to register your son or daughter for a sport for the upcoming season. To successfully register your son or daughter for a sport. The following steps must be taken:

### **1. PHYSICALS**

All students must have a valid physical to participate in interscholastic athletics. Physicals must not be older than one year before the 1st day of the month that the sports season starts (**Aug 1st of 2024**) for this season. Physicals **must be on file** in our health office **before** a student can try out for a sport. Physicals can be delivered in person, faxed, mailed or emailed to the Athletic or Health Offices. The "Continuity of Care" document, found on patient portals, does not satisfy this requirement.

### **2. ONLINE REGISTRATION PROCESS**

Registration will open on **July 18th** and **close temporarily for the day of July 28th** due to the PowerSchool rollover for the 2025-2026 school year.

Parents must sign into their Parent Portal account **on a computer (it cannot be a student's account)** and click the **"Sports Registration"** tab on the left side of this page. Please contact your guidance office if you are unable to log in to your parent portal account. **Complete the 6-step process for registration.** Please note that our system cannot send a confirmation email. The signed code of conduct is no longer required on the 1st day of practice.

### **Mandatory Player/Parent meeting**

Parents meetings will be scheduled by each individual team.

\*Code of Conduct will be signed at this meeting

### **Introduction to Educational-Based Athletics Seminar**

**Wednesday, July 30th CMS AUD 7:00 PM.**

A brief presentation of information for incoming 7th-grade parents or anyone new to athletics on what to expect in school sports that might be different than travel or youth sports. NYSPHSAA, NYSED and Clarence School District policies and practices. There will be time set aside for questions as well.

### **ADDITIONAL NOTES / FAQ**

- All sport-specific information regarding times and locations of the 1st practice will be available on our website by August 17th and are subject to change.

- If you have played a high school sport at another private or public school in the last school year, you will need to contact the athletic office to fill out **Transfer paperwork if you haven't done so already.**
- **Most teams have a team selection process or cuts** (even at the modified level). If the student misses the first few days of tryouts they will still be allowed to try out. The cut-off for this is 2 weeks after the first day of try-outs unless it is a non-cut sport.
- Any 7th or 8th grader who has been recommended to try out for a **high school level** team must **first register and pass the APP test on Thurs, Aug 7th or Monday, Aug 11th.** Registration for the APP test is available on our website after July 15th.

## Interscholastic Sports Offerings for the Fall Season

Sport	Varsity	JV	JV-B	Modified
Start Dates	8/18	8/18	8/18	8/25
Boys Soccer	X	X	X	X
Girls Soccer	X	X		X
Boys Football	X	X		*8/21
Girls Field Hockey	X	X		X
Girls Tennis	X	X		
Cross Country	X			X
Cheer	X	X		
Boys Volleyball	X	X		X
Girls Volleyball	X	X		X
Boys Golf	X			
Girls Golf	X			
Girls Swim	X			
Girls Gymnastics	*8/25			

\*indicates a different starting date than other sports at that level.

Sincerely,



Jason Lehmbeck  
Director of Health, Physical Education and Athletics

**SAMPLE OF REQUIRED PHYSICAL FORM:** Do not confuse with the “summary of care” document on many patient portals. This form can be found on our website but the doctor's offices should provide it for you.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE			
<b>Note:</b> NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).			
STUDENT INFORMATION			
Name		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:		Grade:	Exam Date:
HEALTH HISTORY			
<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached	
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached	
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:	
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached	
<b>Risk Factors for Diabetes or Pre-Diabetes:</b> Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.			
BMI _____ kg/m2			
<b>Percentile (Weight Status Category):</b> <input type="checkbox"/> <5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> -49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> -84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> -94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> -98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and >			
<b>Hyperlipidemia:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done <b>Hypertension:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done			
PHYSICAL EXAMINATION/ASSESSMENT			
Height:	Weight:	BP:	Pulse: Respirations:
<b>Laboratory Testing</b> TB- PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Sickle Cell Screen-PRN <input type="checkbox"/> Positive <input type="checkbox"/> Negative Lead Level Required Grades Pre-K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 µg/dL		Date: _____ <b>List Other Pertinent Medical Concerns</b> (e.g. concussion, mental health, one functioning organ)	
<input type="checkbox"/> System Review and Abnormal Findings Listed Below			
<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary	<input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:		Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached		*Required only for students with an IEP receiving Medicaid	

Name:				DOB:			
Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11							
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done			
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Near Vision Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>				
Notes							
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.							Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Notes							
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK							
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riffery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> <b>Other Restrictions:</b>							
<b>Developmental Stage for Athletic Placement Process ONLY</b> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.							
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		<b>Age of First Menses (if applicable):</b> _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.							
MEDICATIONS							
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached							
IMMUNIZATIONS							
<input type="checkbox"/> Record Attached				<input type="checkbox"/> Reported in NYSIS			
HEALTH CARE PROVIDER							
Medical Provider Signature:							
Provider Name: (please print)							
Provider Address:							
Phone: Fax:							
Please Return This Form To Your Child's School When Completed.							