



Athlete Medical Information & Emergency Consent Form

Athlete Information

Full Name: _____ Date of Birth: _____ Age: _____
Grade: _____ Gender: _____
Street Address: _____ City: _____ Zip Code: _____
Mailing Address (if different from street address) _____

Emergency Contact Information

Mother/Guardian Name: _____ Father/Guardian Name: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____
Alternate Contact Name: _____
Relationship to Athlete: _____
Cell Phone: _____

Medical Insurance & Health Information

Insurance Carrier Name: _____ Policy Number: _____ Last Tetanus Shot: _____
Family Physician Name: _____ Physician Phone Number: _____
Known Allergies: _____
Health Conditions (for emergency physician awareness): _____
Prescription Medications: _____

Parent/Guardian Permission & Consent

I, the undersigned parent/guardian of the above-named athlete, hereby give permission to hospital/emergency staff/athletic trainer & team physician to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child in the event of a medical emergency.

I also grant permission for my child to have injuries & illnesses treated by the athletic trainer & team physician. I also agree that the athletic trainer & team physician can release school health records to individuals deemed necessary by medical personnel for the care and treatment of my child.

I understand that if I choose to have my child treated by another healthcare provider, I am responsible for obtaining a letter or clearance from that provider to give to the athletic trainer. I also understand that all injuries & illnesses must be reported to the athletic trainer.

I acknowledge that the athletic trainer and the team physician have final authority to clear or disqualify my child for athletic activity following any injury or illness.

I give permission for the athletic trainer or team physician to administer any of the following medications not crossed out:

- | | | |
|--|--|------------------------------------|
| ☐ Acetaminophen | ☐ Antacid Tablets | ☐ Ibuprofen |
| ☐ Benadryl | ☐ Throat Lozenges | |

Parent/Guardian Signature: _____ Date: _____



**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)

Student's Date of Birth: ____/____/____ Student's Age on Last Birthday: ____ Grade ____ for 20____ - 20____
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: CERTIFICATIONS

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 ____/____/____

Student's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** 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 ____/____/____

Student'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 ____/____/____

Student'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 ____/____/____

Student'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 ____/____/____

Student'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) occurs when the heart suddenly and unexpectedly stops beating. 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 athletes 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, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- 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 results off 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 significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete 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 help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination 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 or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- 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 should 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 (false positive findings occur less 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 simply using the current history and physical exam.

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 (which includes all athletic activity). The symptoms can happen before, during, or after activity.

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

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		☐ Heart murmur ☐ Femoral pulses to exclude aortic coarctation ☐ 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 ____/____/____

This page is intentionally left blank

ASSUMPTION OF RISK & CONSENT TO PARTICIPATE

I/We hereby acknowledge an awareness that participating in any CVSD-sponsored sport or athletic activity involves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as a result of unavoidable accidents. I/we accept these risks in giving consent to participate in CVSD-Sponsored sports & athletic activity during the **2026-2027** season.

_____	_____	_____
Student (please print)	Student Signature	Date

_____	_____	_____
Parent/Guardian (please print)	Parent/Guardian Signature	Date

_____	_____	_____
Parent/Guardian (please print)	Parent/Guardian Signature	Date



Buckskins

Conestoga Valley Locker Room Rules

- **USE.** Locker rooms are to be used for changing, showering and using bathroom facilities before and after games, practices and/or PE class. Aside from use during halftime of athletic contests, locker rooms are not to be used for any other activity.
- **HAZING/HARASSMENT.** School district policy strictly prohibits hazing, harassment and other types of inappropriate conduct. This is especially important in locker room facilities. Report such behavior to staff members immediately.
- **CELL PHONES.** Cell phones and other devices that contain photo or video taking technology are strictly prohibited from use in locker rooms. Secure all such items in lockers with all other possessions.
- **SECURITY.** All students' personal and school items should be stored and locked in lockers.
- **PROPERTY.** Respect personal and school property at all times. Do not touch or take any item not belonging to you without the permission of the owner. Vandalism of any kind will result in disciplinary action that may include suspension, expulsion and referral to law enforcement.
- **LOITERING.** Loitering and hanging out in locker rooms is strictly prohibited. Locker rooms are to be used immediately before and after games, practices and PE class. Students are to vacate the locker room immediately after use.
- **PE CLASS.** Students are to report to locker rooms at the designated time for class. Students have 10 minutes from the start of the bell to change and report to their designated PE area. All students should secure their possessions in lockers using PE-issued combination locks.
- **FITNESS CENTER USE.** All student using the Fitness Center after school are to use the boys' and girls' team room locker rooms for changing. Members of sports teams may use their designated locker rooms at the direction of their coach.
- **PRIVACY.** Respect the privacy of all students in locker room facilities at all times.

★ **CHARACTER**

★ **COMMUNITY**

★ **COMMITMENT**

2110 Horseshoe Road, Lancaster, PA 17601

Phone: 717.397.5231 x2313

www.CVBuckskins.org

Fax: 717.397.5226

**CONESTOGA VALLEY SCHOOL DISTRICT
HAZING POLICY NOTICE**

Hazing activities of any type are prohibited at all times regardless of whether the conduct occurs on or off school property or outside of school hours. No student, parent/guardian, coach, sponsor, volunteer, or district employee shall plan, direct, encourage, assist, permit, condone, ignore, or tolerate any form of hazing.

Hazing is defined as:

- Any activity or situation that recklessly or intentionally endangers the mental health, physical health, or safety of a student.
- Any activity that willfully destroys or removes public or private property for the purpose of initiation or membership in or affiliation with any school district organization.
- Any activity that would subject an individual to extreme mental stress such as sleep deprivation, forced exclusion from social contact, conduct intended to or could result in humiliation, extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual.
- Any activity that endangers the physical health of a student including but not limited to any brutality of a physical nature, such as whipping; beating; branding; forced and extreme training or exercise; exposure to the elements; forced consumption of any food, beverage, or drugs/alcohol; or other forced physical activity that could adversely affect the physical health or safety of the individual.
- All hazing activity, whether by an individual or a group, shall be presumed to be a forced activity, even if a student willingly participates.

Response to Hazing

Reporting - Students, parents/guardians, administrators, coaches, sponsors, volunteers, and district employees should immediately report hazing conduct to the building principal or their designee. District administrators shall investigate promptly all complaints of hazing and administer appropriate discipline to any individual or organization who violates this policy.

Consequences

Students — After a finding of hazing, the principal shall recommend appropriate disciplinary action, up to and including expulsion as circumstances warrant in accordance with the district Code of Conduct. Additionally, the student may be subject to disciplinary action up to and including expulsion by the coach or sponsor, up to and including removal from the activity.

Staff – After a finding that a coach, sponsor or volunteer affiliated with the activity planned, directed, encouraged, assisted, engaged, condoned, or ignored any form of hazing, s/he will be disciplined in accordance with Board policy and applicable laws and regulations. Discipline could include, but is not limited to, dismissal from the position as coach, sponsor or volunteer and/or dismissal from district employment.

Activity - If a student activity or organization authorizes hazing in blatant disregard of this policy, penalties may also include recession of permission for that organization to operate on school property or to otherwise operate under the sanction or recognition of the district.

****** Any person who causes or participates in hazing may also be subject to criminal prosecution. ******

Signatures below indicate receipt and acknowledgement of this policy and are required to participate in Conestoga Valley extracurricular activities.

EXTRACURRICULAR CODE

EXTRACURRICULAR & SOCIAL ELIGIBILITY CODE

Introduction

Extracurricular activities are an important and integral part of the total school program. Their purpose is to promote physical, mental, social, emotional, and moral well-being of students. All students are provided an equal opportunity to participate in extracurricular activities consistent with the policies, rules, and regulations of the Conestoga Valley School District, governing bodies of said activities, school buildings and individual clubs, groups, and athletic teams. The rules and regulations of each extracurricular activity cover areas including, but not limited to, academic and attendance expectations, behavior, drugs, alcohol and, and specific team rules. Participation in extracurricular activities is a privilege made available to students who agree to abide by the expectations stated in the Extracurricular Code and those developed by each respective coach or advisor.

Questions or concerns related to extracurricular activities should be directed to the athletic director's office (for sports-related issues) and the principal's office for all others.

For purposes of this policy:

- Extracurricular activities will be defined as those activities that occur before 7:40 a.m. or after 2:26 p.m. (high school) and 2:36 p.m. (middle school), including school-sponsored summer activities or those unevaluated/ungraded activities that are incorporated in the school day.
- Curricular activities will be defined as evaluated/graded content offerings scheduled between 7:40 a.m. to 2:26/2:36 p.m.
- Students and parents must sign confirmation that they have read and understand the Extracurricular Code prior to participation in extracurricular activities.

The Extracurricular Eligibility Policy, in addition to all other district policies, applies to all participants in extracurricular activities. Athletic participants are also governed by the PIAA rules.

The Policy

I. Academic Requirements

- A. The academic performance of extracurricular participants will be monitored on a weekly basis. Students in grades 7-12 who fall below a 62 percent in more than one (1) class will be declared academically ineligible for the following week. **Academic ineligibility** means that the student will not be permitted to participate in any scheduled interscholastic athletic contest or event during the suspension period.
1. Students are required to attend Learning Lab and are not permitted to attend practices/games, music/band/drama rehearsals or club meetings/events unless those activities take place outside of Learning Lab hours (Learning Lab runs from 2:45-4 p.m., two days per week)
 2. Students may also seek academic help before and/or after school or during other available times as necessary.
 3. Students will be given permission to seek additional academic help after school without penalty in their extracurricular activity provided they produce valid documentation regarding the academic support.
Note: students may be permitted to practice with their team or group during the period of academic ineligibility in accordance with items 1, 2, and 3 above.
 4. Students *will not* be permitted to dress in uniform for any interscholastic athletic contest or game during the suspension period.
 5. Students *may* be permitted to travel with the team or group to any official contest or event with administrative approval except for when the contest or event involves an early dismissal.



- B. Academic eligibility is determined each Friday by 11 a.m. The period of suspension runs from the Sunday immediately following that Friday until the next Sunday.
- C. Students on academic suspension of three (3) or more consecutive weeks during the season may be dismissed from the activity by the head coach, advisor, or administration.
- D. The student, the student's parents or guardians, teachers, the head coach or advisor, the school administration, and the counseling department will all be notified in writing by the athletic director/administrative assistant to the athletic director of the student's suspension or probation.
- E. According to PIAA regulations, if a student's grades are not passing minimum standards at the end of the marking period, that student will be placed on suspension for a period of 15 school days at the start of the next marking period. This suspension begins on the first day report cards are issued.
- F. Academic performance will be regarded as continuous from one year to the next and from middle school to high school. At the end of the school year, the student's final credits in his subjects rather than his/her credits for the last grading period shall be used to determine his/her eligibility for the next grading period.
- G. Students whose work does not meet minimum standards but who attend summer school and correct their deficiencies, shall be eligible.

II. Attendance requirements

- A. A student must be in school by 8:55 a.m. in order to attend or participate in an athletic contest/practice or activity that day. This includes those students with an open first block. If a student checks into school after 8:55 a.m., exceptions will be made by the building administration if the student presents an approved excuse. Examples of approved excuses include:
 - 1. Illness – must have a doctor's note. Parent notes are not considered approved excuses for this attendance requirement
 - 2. Medical appointments – must have a doctor's note. Parent notes are not considered approved excuses for this attendance requirement. Except when ill, if appointments are not first thing in the morning, students should go to school on time, leave for the appointment, and return to school.
 - 3. College visits
 - 4. Prior approved trips/vacations (with approved travel form)
 - 5. Religious observance/instruction
 - 6. Family death
 - 7. Required court attendance – must provide documentation
 - 8. Family emergency
 - 9. Unexcused: any absence which is not covered under the above definition of an excused absence is classified as unexcused for any students.
 - 10. Please note: driving permit tests, driver license tests, driver's license or passport photo/renewal appointments are not excused absences.
- B. Students leaving early from school where students miss two (2) or more hours may not participate in contests, practices, or other activities unless it is an approved absence (see approved absences above). Appropriate excuse documentation must be presented to the Athletic Director prior to participation.
- C. If a student is absent for a half day or full day the last school day of the week, including shortened holiday weeks, and the following activity is on a non-school day, the student is not eligible to participate. Consequently, students must attend school for a full day prior to participating in any activity. Exceptions will be made by the building administration if the student presents an approved excuse. Approved excuses are listed in Section IIA.
- D. If students have an open block during second period, speak to the Athletic Director for further direction prior to arriving late.
- E. Two-hour delay school days: on days that the district or CVHS/GHMS have a two-hour delay, students who arrive late to school (after 9:40 a.m.) are not permitted to participate in their extracurricular activity unless a student presents an approved excuse. Approved excuses are listed in Section IIA.



- F. According to PIAA regulations, any student absent for 20 or more days during a semester, **whether excused or unexcused**, is ineligible until he/she is in attendance for 45 school days beyond the 20th day of absence.

III. Behavioral Expectation Requirements

Behavior Expectations - Students who participate in CV extracurricular activities are expected to adhere to high levels of sportsmanship, exemplify good character, demonstrate respect for self and others, and act appropriately at all times, both in and out of school. This applies to both in-season and off-season time periods as well as periods of preparation for other school activities such as stage and music performances and club competitions and events. These expectations are exceptionally important in all interactions involving teammates, opponents, coaches/advisers, fans, and officials. Students who fail to adhere to the behavioral expectations of the Extracurricular Code may be denied the privilege to participate in extracurricular activities. See action code #44 "Suspension from School Athletics" in Appendix A: Discipline Decision-Making Guide where applicable.

- A. **Unsportsmanlike Conduct:** A display of unsportsmanlike conduct, including use of profanity, toward an opponent or official during a practice or activity will result in counseling by the head coach or adviser and possible suspension from the activity. Spectator unsportsmanlike conduct may also be subject to disciplinary action.
- B. **Criminal Infractions/Inappropriate Conduct:** Any criminal infractions or inappropriate conduct determined by the head coach, advisor and/or administration to be detrimental to other participants, the extracurricular program, or the school district in general, that occur during the season or throughout the school year, whether on or off school property will result in a meeting. The meeting may include the participant, their parents, the head coach/advisor, and school administration as appropriate. The meeting will be conducted for the purpose of reviewing the incident and applying the standards of the Extracurricular Code. If it is found that the student has violated the Extracurricular Code in this category, the student may be suspended or removed from the activity. Serious and/or consistent violations of the Extracurricular Code during the off-season may result in a student being suspended or denied participation in the upcoming season for part or all of that season.
- C. **Theft/Damage:** Theft/damage to school property denotes poor school citizenship and the student involved will be referred to the principal for disciplinary action.
- D. **Drugs, Alcohol Tobacco and/or Nicotine Products:** A student found to be selling, providing, in possession of, or under the influence of drugs, alcohol, tobacco, and/or nicotine products, whether in school-related or non-school related activities, whether on or off school campus, will be assigned to a period of loss of privileges. A first offense will generally involve loss of privileges for 45 to 60 calendar days. Infractions related to the selling or furnishing of drugs and/or alcohol may face loss of privileges assignments of 90 to 180 days. If the school year concludes before the period of loss of privileges has been completed, loss of privileges will continue at the beginning of the next school year. Any paraphernalia violations where there is no evidence of illegal substances may be limited to 15 to 30 days loss of privileges. Penalties will not be cumulative from Gerald G. Huesken Middle School to the CV High School.
1. A suspension can be reduced to 20 days for a first offense if the student successfully completes a drug and alcohol program and performs 20 hours of community service. Both the drug and alcohol program and community service must be approved by administration. The student may complete the drug and alcohol program through the school's Student Assistance Program (SAP) or through a private provider at their own expense.
 2. A subsequent drug or alcohol offense in accordance with this policy will result in loss of privileges for one (1) calendar year. Any exceptions with a second offense due to unique or mitigating circumstances must be appealed to the superintendent who may place conditions for such exceptions as deemed appropriate. There will be no administrative appeals for additional drug and alcohol violations.
 3. **Exemption from Drug, Alcohol and Tobacco Policy:** A student may be exempted from the requirements of this policy if he or she voluntarily seeks help for a substance abuse or alcohol



problem before he or she is involved in any action which might result in the application of this policy. That request for help can be made to any staff member who will refer the student to the Student Assistance Program (SAP) or counselor. A student's exemption from disciplinary action is dependent upon their full cooperation with the recommendations of the SAP or counselor. The exemption from disciplinary action relates only to the admission of substance abuse and the request for help. It does not apply to any future violations of the drug and alcohol policy.

E. Administrative Action: The following administrative actions may be used in response to violations of the Extracurricular Code:

1. **Suspension:** During a suspension for disciplinary reasons:
 - a. The student will not be permitted to participate in any scheduled game or event during the period of suspension.
 - b. They may not be permitted to practice with their team or group during the period of suspension.
 - c. They may not be permitted to travel with the team or group to any official contest.
 - d. They will not be permitted to dress for a game or contest during the period of suspension.

2. **Loss of Privileges:** Students may be assigned to loss of privileges for violations of the Extracurricular Code. Students assigned to loss of privileges are prohibited from the following:

- a. Participation in or attendance at home or away extracurricular activities (including school-sponsored, extracurricular field trips, and special events).
- b. Driving to or from any school property.
- c. After-school, non-academic use of facilities.
- d. Participation in leadership and representative positions.

The length of a loss of privileges assignment may vary according to the nature of the violation. Loss of privileges will be assessed using calendar days. Students assigned to more than 20 days of loss of privileges may be provided an opportunity to reduce the duration of their assignment. Such reductions shall be granted in accordance with the successful completion of conditions that have been determined by administration to be rehabilitative in nature.

NOTE: Refer to Section III - D for additional information on loss of privileges for violations of the Extracurricular Code in the area of drug, alcohol and tobacco/nicotine products.

IV. Team/Club Membership

Students are expected to accept the rules, regulations, and responsibilities that are unique to their selected extracurricular program(s). Students are expected to willingly accept these obligations as conditions for membership on any teams/clubs.

A. Earning a Varsity Letter

1. Completion of the sports season, including post-season, playoffs, and exhibitions is required to earn a varsity letter or be eligible for other team or individual awards.
2. Exceptions to this rule will include medically excused absences and extenuating circumstances approved by the head coach and/or administration.
3. Students who quit or are removed from extracurricular activities for disciplinary reasons during the season are not eligible to earn a varsity letter or other awards for that season.

B. When provided, students shall use school transportation for travel to and from away activities.

Exceptions to school transportation include:

1. Injury requiring alternate transportation.
2. Students may ride home with their own parents/guardians only. Prior arrangement made in writing between the participant's parent/guardian and the athletic director/advisor/coach for the student to ride with their parent/guardian.

C. Equipment:



1. All equipment/uniforms issued to participants are considered to be the property of Conestoga Valley School District and as such must be returned at the conclusion of the season.
2. Equipment/uniforms must be returned according to the directions and conditions set forth by the head coach/adviser or their designee.
3. Equipment/uniforms must be maintained in good condition and if lost, stolen, or damaged become student obligations. All extracurricular obligations must be met prior to students being permitted to participate in the next season's activities or subsequent extracurricular activities in the same school year.

D. Removal/Quitting

1. An athlete may not quit one sport or club and participate in another after the first two weeks of practice without the consent of the athletic director or building administration.
2. A student suspended from a team may not practice in another sport or activity until the present sport/activity is ended unless approved by the athletic director and administration.

E. Participation in Multiple Activities: Student-athletes who wish to participate in more than one sport *during the same season* must obtain prior approval from the athletic director and administration. Approval of coaches/advisors is required for students who wish to participate in one sport and/or one or more extracurricular activities occurring at the same time (administrative approval is not required in these cases).

F. Issues and Concerns: While participating in extracurricular activities, if a student has a question or experiences a problem regarding team or club rules and/or the decisions of the coach/adviser, they should make arrangements to:

1. Meet with the coach/adviser privately at a mutually agreeable time to discuss the matter.
2. If issues of this nature are not resolved, the matter should be referred to the athletic director (for sports-related issues) or middle school or high school principals for all other activities.

RELATED POLICIES

- School Board Policy 122 – Extracurricular Activities
- School Board Policy 123 – Interscholastic Athletics



Student–Athlete & Parent/Guardian Acknowledgment of Extracurricular Policies

By signing below, the Student-Athlete and Parent/Guardian acknowledge that they have received, read, understand, and agree to comply with all policies, rules, and expectations governing participation in extracurricular activities for the **Conestoga Valley School District**.

Participation in extracurricular activities is a privilege and is contingent upon continued compliance with district policies, administrative regulations, and school and team/club rules. The Student-Athlete and Parent/Guardian acknowledge review and understanding of the following:

- Extracurricular Code of Conduct
- Academic Eligibility and Academic Requirements
- Attendance Requirements
- Behavioral Expectations and Conduct Standards
- Team/Club Membership Expectations
- Hazing Policy
- Locker Room Rules

The Student-Athlete and Parent/Guardian understand that failure to comply with these policies may result in disciplinary action, including suspension or removal from participation, in accordance with Conestoga Valley School District policy.

Student-Athlete

Printed Name: _____

Signature: _____

Date: _____

Parent/Guardian

Printed Name: _____

Signature: _____

Date: _____

