Want to play a WINTER SPORT at SV in 2026-27?

YES

Did you play a FALL SPORT?

YES

1. Turn in PIAA CIPPE Section 7 by deadline of **November 5th, 2026.**
2. **NO Paperwork accepted after November 5th, 2026, 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 5th, 2026,** for Winter Sports.
5. **NO Paperwork accepted after November 5th, 2026, 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

Sports Participation Information
2026-27

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 7, 2026—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 8, 2026—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

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

July 28, 2026—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 29, 2026—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

- 60 physicals offered 8am—12pm

July 30, 2026—DEADLINE—All FALL sport paperwork due in Athletic Office by 3pm ** *No Exceptions***

Aug. 10, 2026—Official start date for V/JV Football & Boys & Girls Golf

Aug. 17, 2026—Official start date for all other V/JV, Junior High, & Middle School fall sports

October 21, 2026—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- NO PHYSICALS offered

November 4, 2026—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Nov. 5, 2026—DEADLINE—All WINTER sport paperwork due in Athletic Office by 3pm *No Exceptions*****

Nov. 20, 2026—Official start date for all winter sports

February 9, 2027—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

February 24, 2027—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Feb. 25, 2027—DEADLINE—All SPRING sport paperwork due in Athletic Office by 3pm *No Exceptions*****

Mar. 8, 2027—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
- Concussion Testing cost = no charge

SENECA VALLEY

Sports Participation Information
2026-27

WINTER SPORT OFFERINGS & START DATE INFORMATION

Conditioning is optional. Tryouts & practices are mandatory

Season Begins November 20, 2026

BASKETBALL, V/JV – Boys (Grades 9 – 12)
Coach **TBD**
Conditioning/Open Gym plans – TBD
Mandatory tryouts start November 20, 2026

BASKETBALL, JUNIOR HIGH – Boys (Grades 7 – 9)
Coach Rob Naylor – naylorr@svsd.net
Conditioning/Open Gym plans – contact Coach Naylor
Mandatory tryouts start November 20, 2026

BASKETBALL, MS – Boys (Grades 7 – 8)
Coach Eric Semega – semegaes@svsd.net
Coach Tom Magill – magillte@svsd.net
Conditioning/Open Gym plans – contact Coach Semega or Coach Magill
Mandatory tryouts start November 20, 2026

BASKETBALL, V/JV – Girls (Grades 9 – 12)
Coach Dorothea Epps – dmepps10@gmail.com
Conditioning/Open Gym plans – contact Coach Epps
Mandatory tryouts start November 20, 2026

BASKETBALL, MS – Girls (Grades 7 – 8)
8th Grade Coach TBD
7th Grade Coach TBD
Conditioning/Open Gym plans – contact Coach Epps
Mandatory tryouts start November 20, 2026

BOWLING CLUB – Coed (Grades 9 – 12)
Coach Tim Malis – nvychf03@gmail.com
Tryout information – contact Coach Malis

COMPETITIVE CHEER CLUB (Grades 7 – 12)
Coach Laura Wise – wiselm@svsd.net or all7wise@gmail.com
Tryout information – contact Coach Wise

FENCING CLUB – Coed (Grades 7 – 12)
Email for information – svfc@zelie.com
Website – https://svfencing.weebly.com
Coach Tim Yultchiev

SWIMMING & DIVING, Var – Coed (Grades 9 – 12)
Swim Coach Brian Blackwell – blackwellbd@svsd.net
Dive Coach Nancy Laslavic – laslavin@zbzoom.net
Conditioning plans – contact Coach Blackwell or Laslavic
Mandatory tryouts start November 20, 2026

INDOOR TRACK CLUB – Coed (Grades 7 – 12)
Coach Dan Dickey – dickeyd@svsd.net
Registration & practice information – contact Coach Dickey

WRESTLING, V/JV – Boys (Grades 9 – 12)
Coach Kevin Wildrick – wildrickkt@svsd.net
Conditioning plans – contact Coach Wildrick
Mandatory practice begins November 20, 2026

WRESTLING, JH – Boys (Grades 7 – 9)
Coach Kevin Holman – holmankm@svsd.net
Conditioning plans – contact Coach Holman
Mandatory practice begins November 20, 2026

WRESTLING, V/JV/MS – Girls (Grades 7 – 12)
Coach Jess Leighty – jess@etfarchitect.com
Conditioning plans – contact Coach Leighty
Mandatory practice beings November 20, 2026

SENECA VALLEY

Sports Participation Information
2026-27

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, 2026** 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: Date is now 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, 2026.** However, the date of the actual physical may occur earlier than May 1, 2026—it is the discretion of the AME as to whether or not he/she will provide authorization (signature) after May 1, 2026. ***(NOTE: Date is now May 1st—not previous date of June 1st.)***

Turn ALL forms in at together after completed drug and/or concussion test. Forms may be turned into the Athletic Office or any secondary school main office.

- 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 or any secondary school main office.
- **Club Sports** (Bowling, Competitive Cheer, Fencing, Ice Hockey, Inline Hockey, Indoor Track, Boys Lacrosse, Girls Slow Pitch Softball, Ultimate Frisbee) **- REMINDER for ALL CLUB SPORTS: 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: 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 2025-26 school year, they must have a baseline test in 2026-27. 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 **($125/sport with $375 family cap)** 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. Please pay participation fee during the respective season.

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).

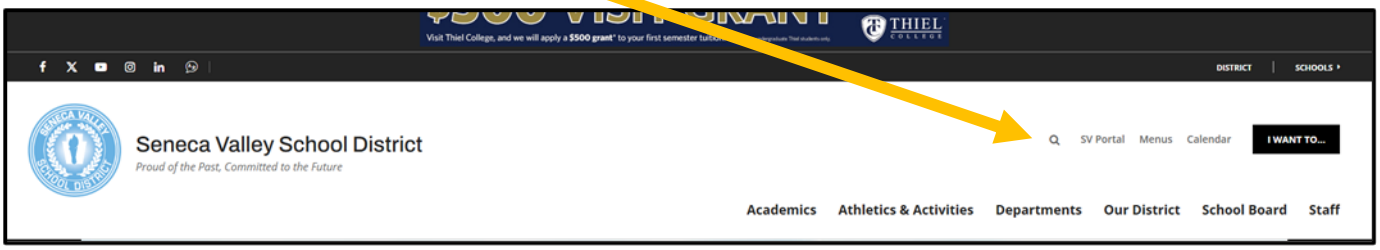
SENECA VALLEY

Sports Participation Information
2026-27

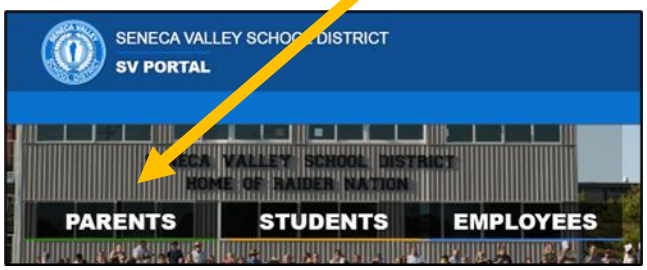
PARENT PORTAL GUIDE
How to Register Your Child for Sports

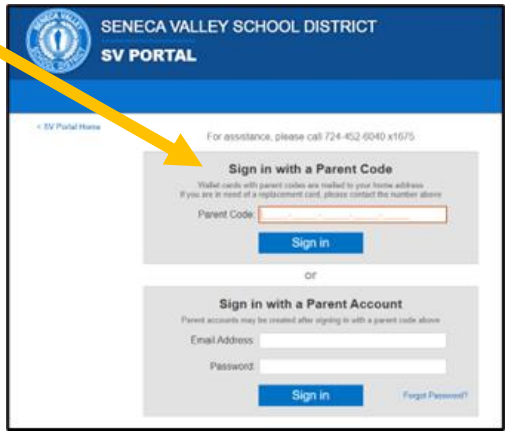
1. **Log onto District website: www.svsd.net**

2. **Click SV Portal Logo – upper right**



3. **Enter Parent Portal using Code as provided by the District**
   Is you are missing your code, please call the District office at (724) 452-6040, x1642 and speak with front desk assistant and you will be given directions on how to obtain your Parent Portal login code.



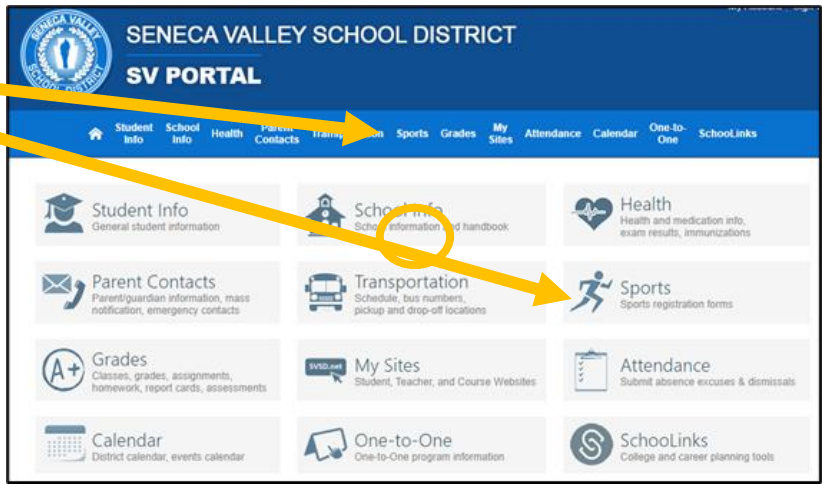


SENECA VALLEY

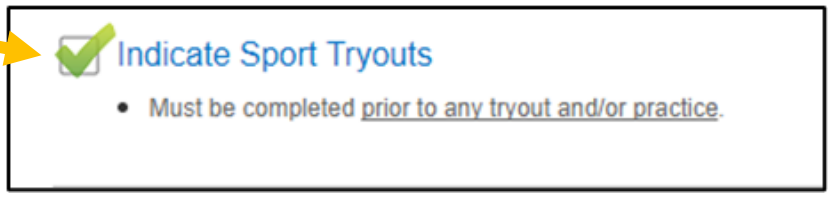
Sports Participation Information
2026-27

PARENT PORTAL GUIDE
How to Register Your Child for Sports

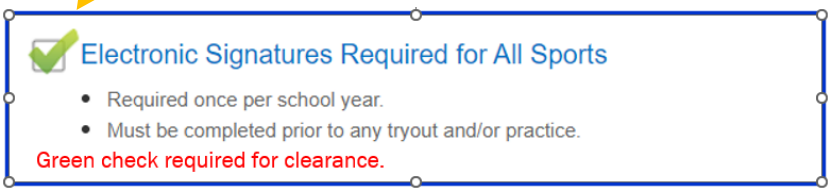
4. **Click Sports tab on right side for registration process.**



5. **Go through all steps – completed process will have large GREEN check marks.**



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



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 will see the following check marks in the parent portal.

Fall Sports Clearance



Winter Sports Clearance



Spring Sports Clearance



DEADLINES for PAPERWORK
FALL sports = July 30th; WINTER sports = Nov. 5th; SPRING sports = Feb. 25th

1,2,5,6 ☐ CONC ☐

PIAA COMPREHENSIVE PRE-PARTICIPATION PHYSICAL EVALUATION

DT ☐ PP ☐

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 _____

_____

Revised: March 24, 2024 BOD approved

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____/____/_____

Student's Name _____ Age_____ Grade_____

SECTION 5: HEALTH HISTORY

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

		Yes	No
1.	Has a doctor ever denied or restricted your participation in sport(s) for any reason?	❑	❑
2.	Do you have an ongoing medical condition (like asthma or diabetes)?	❑	❑
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	❑	❑
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	❑	❑
5.	Have you ever passed out or nearly passed out DURING exercise?	❑	❑
6.	Have you ever passed out or nearly passed out AFTER exercise?	❑	❑
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	❑	❑
8.	Does your heart race or skip beats during exercise?	❑	❑
9.	Has a doctor ever told you that you have (check all that apply): ❑ High blood pressure ❑ Heart murmur ❑ High cholesterol ❑ Heart infection	❑	❑
10.	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	❑	❑
11.	Has anyone in your family died for no apparent reason?	❑	❑
12.	Does anyone in your family have a heart problem?	❑	❑
13.	Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	❑	❑
14.	Does anyone in your family have Marfan Syndrome?	❑	❑
15.	Have you ever spent the night in a hospital?	❑	❑
16.	Have you ever had surgery?	❑	❑
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:	❑	❑

Head Neck Shoulder Upper arm Elbow Forearm Hand/ Fingers Chest
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/ Toes

20.	Have you ever had a stress fracture?	❑	❑
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	❑	❑
22.	Do you regularly use a brace or assistive device?	❑	❑

		Yes	No
23.	Has a doctor ever told you that you have asthma or allergies?	❑	❑
24.	Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	❑	❑
25.	Is there anyone in your family who has asthma?	❑	❑
26.	Have you ever used an inhaler or taken asthma medicine?	❑	❑
27.	Were you born without or are your missing a kidney, an eye, a testicle, or any other organ?	❑	❑
28.	Have you had infectious mononucleosis (mono) within the last month?	❑	❑
29.	Do you have any rashes, pressure sores, or other skin problems?	❑	❑
30.	Have you ever had a herpes skin infection?	❑	❑
	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?	❑	❑
34.	Have you ever had a seizure?	❑	❑
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	❑	❑
36.	Have you ever been unable to move your arms or legs after being hit or falling?	❑	❑
37.	When exercising in the heat, do you have severe muscle cramps or become ill?	❑	❑
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	❑	❑
39.	Have you had any problems with your eyes or vision?	❑	❑
40.	Do you wear glasses or contact lenses?	❑	❑
41.	Do you wear protective eyewear, such as goggles or a face shield?	❑	❑
42.	Are you unhappy with your weight?	❑	❑
43.	Are you trying to gain or lose weight?	❑	❑
44.	Has anyone recommended you change your weight or eating habits?	❑	❑
45.	Do you limit or carefully control what you eat?	❑	❑
46.	Do you have any concerns that you would like to discuss with a doctor?	❑	❑
	MENSTRUAL QUESTIONS- IF APPLICABLE	❑	❑
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_____

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 # _____
License # is required

Address_____ Phone ( )

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

SENECA VALLEY

2026-27 Drug Testing Consent Form

$32 cash or check made payable to S.V.S.D.

INFORMED CONSENT AGREEMENT

Student's Name: _____ Student's ID #: _____ Grade: _____

(***Please Print***)

Sport/Club: _____ Student Driver ? **YES** **NO**

(***Please Print***) (***Please Circle***)

AS A STUDENT:

- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program, activity, or in student driving, I will be subjected to initial and random urine drug testing, and if I refuse I will not be allowed to practice or participate in any athletic program, activity, or in student driving.
- I understand this agreement is binding while I'm a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ _____

Student Signature ***Date***

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program, activity, or student driving will be subjected to initial and random urine drug testing, and if they refuse will not be allowed to practice or participate in any athletic program, activities, or continue driving and parking on school grounds.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the building principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ _____

Parent/Guardian/Custodian Signature ***Date***

_____ _____ _____

Parent/Guardian/Custodian Printed Name ***Home/Cell Number*** ***Work Number***

For Office Use Only:

Date: _____ **Check #:**_____ **or** **Cash:**_____ **Initials:** _____

Updated April 2026

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 _____

Parent/Guardian E-mail Address:_____

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 # ( )_____

If any SUPPLEMENTAL HEALTH HISTORY questions below 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.
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 a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?	❑	❑
An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below		
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; include injury, type of treatment & the name of the medical professional seen by student

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 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_____