TO: Prospective Fall Sport Student-Athletes
FROM: Nick Palladino, Director of Athletics
RE: Paperwork needed for participation in Fall athletics

Prospective Student-Athletes and Parents,

The memo below will help you understand what paperwork is due for participation on a FALL athletics team. Please note, ALL paperwork should be handed in fully completed to the ATHLETIC OFFICE at the Senior High School. Please DO NOT give it to a coach or a Middle School office.

Due Date for all forms –
Senior High (grades 9-12) = July 26, 2019
Middle School (grades 7 & 8) = August 9, 2019

Please see the table below to determine which paperwork you will need to send to the Athletic office.

(All forms are attached in this packet)

<table>
<thead>
<tr>
<th>Fall 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIAA CIPPE Form (sections 1-6) <strong>PHYSICAL MUST BE DATED AFTER 6/1/2019</strong></td>
</tr>
<tr>
<td>Student Responsibility</td>
</tr>
<tr>
<td>Parent &amp; Student Codes-of-Conduct</td>
</tr>
<tr>
<td>Emergency / Eligibility Information</td>
</tr>
</tbody>
</table>

All Paperwork is available on the following websites:
- www.boyertownasd.org/Page/1277
- www.boyertownathletics.com/main/filesLinks

Forms can be submitted in the following ways:
- In person to the Athletic office at Boyertown Senior High between the hours of 8am – 2pm.
- Via email to either: (we will send a confirmation if received)
  - Karen Girton – kgirton@boyertownasd.org
  - Nick Palladino – dpalladino@boyertownasd.org
- Fax – 610-473-5444 (please call to confirm receipt)
- Mail: Boyertown Athletic Office 120 N. Monroe St. Boyertown, PA 19512

If you have any questions, please give the athletic office a call at 610-369-7452

GO BEARS!

Dominic M. Palladino
Director of Athletics
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 June 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st 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

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 # ( )_________________

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 22, 2017
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.

<table>
<thead>
<tr>
<th>Fall Sports</th>
<th>Signature of Parent or Guardian</th>
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</thead>
<tbody>
<tr>
<td>Cross Country</td>
<td></td>
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<tr>
<td>Field Hockey</td>
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<tr>
<td>Football</td>
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<tr>
<td>Golf</td>
<td></td>
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<tr>
<td>Soccer</td>
<td></td>
</tr>
<tr>
<td>Girls' Tennis</td>
<td></td>
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<tr>
<td>Girls' Volleyball</td>
<td></td>
</tr>
<tr>
<td>Water Polo</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Winter Sports</th>
<th>Signature of Parent or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td></td>
</tr>
<tr>
<td>Bowling</td>
<td></td>
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<tr>
<td>Competitive Spirit Squad</td>
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<tr>
<td>Girls’ Gymnastics</td>
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<tr>
<td>Rifle</td>
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<tr>
<td>Swimming and Diving</td>
<td></td>
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<tr>
<td>Track &amp; Field (Indoor)</td>
<td></td>
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<tr>
<td>Wrestling</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Sports</th>
<th>Signature of Parent or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td></td>
</tr>
<tr>
<td>Boys’ Lacrosse</td>
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<tr>
<td>Girls’ Lacrosse</td>
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<tr>
<td>Softball</td>
<td></td>
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<tr>
<td>Boys’ Tennis</td>
<td></td>
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<tr>
<td>Track &amp; Field (Outdoor)</td>
<td></td>
</tr>
<tr>
<td>Boys’ Volleyball</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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 6 regarding a medical condition or injury to the herein named student.

Parent’s/Guardian’s Signature __________________________________________ Date __/__/____

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

Parent’s/Guardian’s Signature __________________________________________ Date __/__/____
SECTION 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) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

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

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

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

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, 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 have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_________________________  __________________________
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.

1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? 
   Yes No
2. Do you have an ongoing medical condition (like asthma or diabetes)? 
   Yes No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? 
   Yes No
4. Do you have allergies to medicines, pollen, foods, or stinging insects? 
   Yes No
5. Have you ever passed out or nearly passed out DURING exercise? 
   Yes No
6. Have you ever passed out or nearly passed out AFTER exercise? 
   Yes No
7. Have you ever had discomfort, pain, or pressure in your chest during exercise? 
   Yes No
8. Does your heart race or skip beats during exercise? 
   Yes No
9. Has a doctor ever told you that you have (check all that apply):
   - High blood pressure
   - Heart murmur
   - High cholesterol
   - Heart infection
   - Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)
   Yes No
10. Has anyone in your family died for any apparent reason? 
    Yes No
11. Does anyone in your family have a heart problem? 
    Yes No
12. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? 
    Yes No
13. Does anyone in your family have Marfan syndrome? 
    Yes No
14. Have you ever spent the night in a hospital? 
    Yes No
15. Have you ever had surgery? 
    Yes No
16. 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: 
    Yes No
17. Have you had any broken or fractured bones or dislocated joints? 
    If yes, circle below: 
    Yes No
18. 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: 
    Yes No

Head Neck Shoulder Upper Elbow Forearm Hands Fingers Ankle Feet Chest
Upper Lower Hips Thighs Knees Calves

19. Have you ever had a stress fracture? 
    For yes, answer below: 
    Yes No
20. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 
    Yes No
21. Do you regularly use a brace or assistive device? 
    Yes No
22. Has a doctor ever told you that you have asthma or allergies? 
    Yes No
23. Do you cough, wheeze, or have difficulty breathing during or after exercise? 
    Yes No
24. Is there anyone in your family who has asthma? 
    Yes No
25. Have you ever used an inhaler or taken asthma medicine? 
    Yes No
26. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? 
    Yes No
27. Have you ever had infectious mononucleosis (Mono) within the last month? 
    Yes No
28. Do you have any rashes, pressure sores, or other skin problems? 
    Yes No
29. Have you ever had a herpes skin infection? 
    Yes No
30. Have you ever had a concussion (i.e. bell rung, dizziness, head rush) or traumatic brain injury? 
    Yes No
31. Have you ever been hit in the head and been confused or lost your memory? 
    Yes No
32. Do you experience dizziness and/or headaches with exercise? 
    Yes No
33. Have you ever had a seizure? 
    Yes No
34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? 
    Yes No
35. Have you ever been unable to move your arms or legs after being hit or falling? 
    Yes No
36. When exercising in the heat, do you have severe muscle cramps or become ill? 
    Yes No
37. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? 
    Yes No
38. Have you had any problems with your eyes or vision? 
    Yes No
39. Do you wear glasses or contact lenses? 
    Yes No
40. Do you wear protective eyewear, such as goggles or a face shield? 
    Yes No
41. Are you unhappy with your weight? 
    Yes No
42. Are you trying to gain or lose weight? 
    Yes No
43. Has anyone recommended you change your weight or eating habits? 
    Yes No
44. Do you limit or carefully control what you eat? 
    Yes No
45. Do you have any concerns that you would like to discuss with a doctor? 
    Yes No
46. FEMALES ONLY
47. Have you ever had a menstrual period? 
    Yes No
48. How old were you when you had your first menstrual period? 
    Yes No
49. How many periods have you had in the last 12 months? 
    Yes No
50. Are you pregnant? 
    Yes No

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______

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
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<tr>
<td>Lymph Nodes</td>
<td></td>
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<tr>
<td>Cardiovascular</td>
<td></td>
<td>• Heart murmur</td>
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<td></td>
<td></td>
<td>• Femoral pulses to exclude aortic coarctation</td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td>• Physical stigmata of Marfan syndrome</td>
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<tr>
<td>Lungs</td>
<td></td>
<td></td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary (males only)</td>
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<tr>
<td>Neurological</td>
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<td>Skin</td>
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<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
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<tbody>
<tr>
<td>Neck</td>
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<tr>
<td>Back</td>
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<tr>
<td>Shoulder/Arm</td>
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<tr>
<td>Elbow/Forearm</td>
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<td>Wrist/Hand/Fingers</td>
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<tr>
<td>Hip/Thigh</td>
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<td>Knee</td>
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<tr>
<td>Leg/Ankle</td>
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<tr>
<td>Foot/Toes</td>
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</tbody>
</table>

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 # ___________
AME’s Address __________________________ Phone ( ) ___________

AME’s Signature __________________________ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE / /
BOYERTOWN AREA SCHOOL DISTRICT ATHLETIC CODE

Student Responsibilities

The Boyertown Area School District recognizes the vital role athletics and cheerleading play in promoting the physical, mental, social, emotional and moral development of its students. Involvement in these activities affords students the opportunity to gain valuable experiences and insights into teamwork, self-discipline and life itself. The high profile status of athletics in school gives many students a chance to experience success and develop confidence and self-esteem. Participation in athletics often earns the respect of their fellow students and are viewed as leaders within the school society. It is important to note, however, that while education is a right, participation in athletics is a privilege, and along with that privilege are certain concomitant responsibilities. When a student joins an athletic team and decides to represent his or her school, the student also agrees to accept the training rules, regulations and responsibilities as set forth by individual coaches and the School District. Student athletes and cheerleaders and their parents are required to read the rules and regulations contained herein before a commitment to join an athletic team or cheerleading squad is made. Before a prospective athlete or cheerleader begins practice for any season he or she must return this form signed by both the student and a parent or guardian affirming that they have read and understood the rules, regulations and responsibilities as established by the Boyertown Area School District Athletic Department as conditions for participating in athletics or cheerleading. Only after they read and become aware of all the responsibilities involved can a student and his or her parent decide whether or not they wish to make the commitment for full participation in athletics or cheerleading.

STUDENT ATHLETE DISCIPLINE CODE

A. The student athlete or cheerleader is accountable to the rules and regulations set forth in the student handbook dealing with the athletic program and individual team rules and regulations. These include all rules and regulations set forth by the PIAA and the Boyertown Area School District regarding attendance and eligibility.
B. The student athlete shall attend all practices, contests, team meetings, etc., unless excused in advance by the coach or absent from school.
C. Each athlete that competes in any sport must acknowledge that all school issued equipment must be returned at the end of the season, regardless of the condition of the equipment. If equipment is not returned, the athlete is responsible for the full price based upon the replacement costs determined by the Athletic Director.
D. The student athlete who is assigned to detention on a specific date in conflict with a practice/event is ineligible to participate in the practice/event at that time. In the case of a suspension (in-school or out-of-school) that student is ineligible to participate in practices or events during the entire suspension period, including weekend participation where applicable.
E. Insolent, disobedient or abusive behavior or profane language will not be tolerated and could mean suspension or dismissal from the athletic team or cheerleading squad.
F. The possession and/or use of tobacco products in any form is not permitted and will be cause for immediate suspension from the team or cheerleading squad, consistent with the provision as set forth in the Boyertown Area School District Athletic Drug and Alcohol Policy.
G. The selling, providing, possession, or use of steroids or other drugs or alcohol on or off school property is strictly prohibited and will result in disciplinary action in accordance with the School District's Drug and Alcohol Policy. In addition, any student/athlete determined to be in violation of any of the above infractions on or off school property will be dismissed from the team or squad for the remainder of the season. The student shall also be referred to his or her school’s Student Assistance Team.

Any subsequent drug or alcohol violations will constitute a repeat offense and be subject to disciplinary action as set forth in the Boyertown Area School District Athletic Drug and Alcohol Policy, including one year or permanent suspension from participation in athletics or cheerleading. In the case of extremely serious drug or alcohol related incidents, a student may be immediately suspended from any further participation in the athletic programs offered by the Boyertown Area School District.

Any subsequent drug or alcohol violations will constitute a repeat offense and be subject to disciplinary action as set forth in the Boyertown Area School District Athletic Drug and Alcohol Policy, including one year or permanent suspension from participation in athletics or cheerleading. In the case of extremely serious drug or alcohol related incidents, a student may be immediately suspended from any further participation in the athletic programs offered by the Boyertown Area School District.

H. Certain serious behavior of a student in the context of the athletic program may subject the student not only to discipline under the school athletic discipline code but also under the general student discipline code, which could include but not be limited to suspension or expulsion from classes and/or on school property. The decision as to whether or not certain behavior would be serious enough to invoke the student discipline code will be within the sole discretion of the Administration.

I. Athletic Team Discipline Code -- Middle School East and Middle School West: Students will be removed from their respective athletic teams for the following reasons: 1. Three cuts (unexcused absences from practice or games) will result in dismissal from the team. A. The first cut is a warning. B. The second cut will be a 1 game or 2 game suspension. This will be specified by the coach at preseason meetings. C. An athlete who receives a detention may not attend practice or a game the day the detention is served. An athlete must attend the next scheduled detention session. D. An athlete who receives a suspension may not participate in a game or practice the day of the suspension. 2. A multiple day suspension will count as one cut, but a second multiple day suspension will result in removal from the team. 3. Any single incident that is deemed serious enough by the principal, athletic leader, and coach will result in immediate dismissal from the team.

The athletic programs throughout Boyertown Area School District's long history have been a source of joy and pride for the school and community. We commend the efforts of all those young people who have chosen and will continue to choose to represent themselves, their team, their parents, and the Boyertown Area School District in athletic competition. To protect the rights of everyone we basically remind students to be respectful, treat others as you wish to be treated, and always remember that home or away, on or off school property, you represent your school and your family. By following such a code of ethics it is ensured that athletes and cheerleaders will continue to serve as positive models for school and community.

If you have any questions regarding these rules and regulations, please feel free to contact the Athletic Director at 610-569-7452. I have read the above list of rules and regulations set forth as conditions for participation in athletics or cheerleading in the Boyertown Area School District and understand that failure to comply with those rules and regulations could result in termination of the privilege of participation.

Parent/Guardian Signature ____________________________ Date ____________
Student Signature ____________________________ Date ____________
BASD Participation Student-Athlete Code of Conduct

1 - I am here to participate, have fun, and represent my school in a positive manner.
2 - I will be a positive role model and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all student-athletes, coaches, officials, opponents, and spectators at every game, practice or event.
3 - I will not engage in any kind of unsportsmanlike conduct with any official, coach, student-athlete, or spectators such as: refusing to shake hands, using profane language or gestures, or making defamatory comments.
4 - I will treat all student-athletes, coaches, officials, spectators, and participants with respect regardless of race, creed, color, gender, sexual orientation, or ability.
5 - I will not participate in initiation rites or haz ing and will report any incident that I see to a coach or the athletic director.
6 - I will refrain from undermining or spreading ill will by passing on gossip, rumors, and innuendos which would or could destroy team/unit morale or cohesiveness.
7 - I will refrain from any type of negative or defamatory behavior on social media about our student-athletes, coaches, advisors or opponents.
8 - I understand that while participating on an athletic team, I am representing Boyertown Area School District and I am subject to the rules specified in the student handbook.

Penalties for violation of Student-Athlete code of conduct

1st violation - Student-athlete will be issued a strict warning for their behavior. Although not required for a first violation, school officials can issue a suspension from all Boyertown Area School District athletic contests based on the seriousness of the infraction.

2nd violation - Student-athlete will be suspended from all contests that involve Boyertown Area School District for a time period of no less than 2 contests of their current season, including postseason games. The parents must meet with administration and athletic personnel, the absence of which will result in an indefinite suspension from all athletic contests.

3rd violation - Player will be suspended for the remainder of the school year from all Boyertown Area School District athletic contests from the date of the 3rd violation.

By making the decision to join any school-sanctioned extra-curricular or co-curricular club, group or organization or to accept any position of class or school leadership, a student also accepts the obligation to abide by a higher standard of behavior than is required of students in general. Students who aspire to represent their school either in clubs or activities or to lead their fellow students in school government positions also agree to accept the greater responsibilities for the privilege and trust they are accorded. If a student compromises the trust and responsibility given, it is understood that he or she may lose the privilege of involvement or leadership that has been extended to him or her.

The Boyertown Area School District Administration reserves the right to take any/all disciplinary actions per this Athletic Code of Conduct as well as our Student Code of Conduct based on the severity of the infraction. These actions include, but are not limited to, detention, suspension from the activity, suspension from school, and/or recommendation for expulsion. BASD will work with local authorities if any infractions may include legal violations.

BASD Participation Parent Code of Conduct

1 - I will remember that student-athletes participate to have fun and their participation is for themselves, and not the parents.
2 - I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all student-athletes, coaches, officials, opponents, and spectators at every game, practice or event.
3 - I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, student-athlete, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures, or defamatory comments.
4 - I (and my guests) will treat all student-athletes, coaches, officials, spectators, and participants with respect regardless of race, creed, color, gender, sexual orientation, or ability.
5 - I will support the 24 hour rule - Parents are not permitted to discuss athletic or participation concerns with the coach or advisor for at least 24 hours after an issue arises at an event, practice or competition. I will schedule an appointment with the head coach or advisor if an issue arises.
6 - I will refrain from undermining or spreading ill will by passing on gossip, rumors, and innuendos which would or could destroy team/unit morale or cohesiveness.
7 - I will refrain from any type of negative or defamatory behavior on social media about our student-athletes, coaches, advisors or opponents.
8 - It is never acceptable for a parent to attempt to discuss a child’s playing time during a game or practice. It is never acceptable for a parent to attempt to discuss another student-athlete’s playing time or performance.

Penalties for violation of Parent code of conduct

1st violation - Parent will be issued a strict warning for their behavior. Although not required for a first violation, school officials can issue a suspension from all Boyertown Area School District athletic contests based on the seriousness of the infraction.

2nd violation - Parent will be suspended from all events that involve Boyertown Area School District for a time period of no less than 2 athletic contests of their child’s current season, including postseason games. The parents must meet with administration and athletic personnel, the absence of which will result in an indefinite suspension from all events.

3rd violation - Parent will be suspended for the remainder of the school year from all Boyertown Area School District athletic contests from the date of the 3rd violation.

The Boyertown Area School District Administration reserves the right to take any/all actions per this Athletic Code of Conduct based on the severity of the infraction. These actions include, but are not limited to, suspension from attending school events or termination from attending school events.

BASD will work with local authorities if any infractions may include legal violations.

Parent/Guardian Signature ______________________________ Date __________

Student Signature ______________________________ Date __________
Were you enrolled in the Boyertown School District during the 2018-2019 school year? Please circle the response: Yes        No

BOYERTOWN ATHLETIC EMERGENCY FORM

Name: ___________________________ Grade: ___   Sport: ___________   Gender of Athlete: ___
Address: ____________________________________________________________
Home Phone: ___________________ Date of Birth: _______________________

ALLERGIES/MEDICATIONS/ALERTS
Mother's Name: ___________________________ Email: __________________________
Phone: (H) ______________ (W) ______________ (C) ______________
Address: ___________________________________________________________________
Father's Name: ___________________________ Email: __________________________
Phone: (H) ______________ (W) ______________ (C) ______________
Address: ___________________________________________________________________

Insurance Co: ___________________________ Policy #: ______________ Group #: ______________
Hospital of Choice ____________________________________________________________________

If Parent/Guardian cannot be reached in the event of an emergency, please contact:
Name: ___________________________ Phone: (H) ______________ (W) ______________ (C) ______________
Family Doctor: ___________________________ Phone: __________________________

Standing Medication Order
The school district’s team physician has authorized the administration of the medications below. In order for the Athletic Trainer to administer any of these medications, a parent/guardian must give consent by signing and checking the appropriate box below.

☐ Acetaminophen (Tylenol)  ☐ Ibuprofen (Advil)

I give my consent to all Boyertown coaches, Athletic Trainers or Emergency Personnel to provide any emergency medical care necessary for the wellbeing of my child while participating in Inter-School Practices, Scrimmages and Contests.

Parent/Guardian Signature: ___________________________________________ Today’s Date: ______________

ELIGIBILITY INFORMATION
Grade/School ________ Senior High   MS East   MS West (Circle school attending)
Sport ___________________________ (this season only)
Did you fail any grades (7th through 12th grade)? Please circle a response:
Yes   No
If yes, what grade? ________

Did you play the above listed sport in (circle each of the grades you played)?

7th  8th  9th  10th  11th  12th

Were you enrolled in the Boyertown School District during the 2018-2019 school year? Please circle the response: Yes   No