Council Rock School District Athletic Participation Packet

(Please read the following instructions carefully to avoid having your forms rejected)

SECTION 1: PERSONAL AND EMERGENCY INFORMATION
Please read the entire page carefully, and complete the entire form. Be sure to include a secondary emergency contact, in case either parent cannot be reached. Also include *any* known allergies or medications being taken. This form must be completed in its entirety.

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN
PIAA Parent's/Guardian's Certificate (back) Please read and completely fill out this form. There are 4 blanks in the top section that need to be completed. The parent or guardian must sign next to the appropriate sport. If your student plans on participating in more than one season the parent must sign next to each applicable sport. Finally, ***There are 4 sections that need to be read and signed by a parent or guardian***.

SECTION 3 & 4: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY & UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS
Council Rock School District and the P.I.A.A. take the risk of and prevention of traumatic brain injury and Sudden Cardiac Arrest very seriously. The biggest way to limit the risk of injury is through education. Please read these informational sheets. There are also concussion education programs offered each sports season throughout the district, please use the contact information below to find out dates and times. ***The parent and student must sign these forms***.

SECTION 5: HEALTH HISTORY
Parent and student should complete this page. Please carefully read each question and answer them to the best of your knowledge. It is very important for the health and safety of your athlete that this form is filled out properly. ***The parent and student must sign this form***.

SECTION 6: PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER
Once your Authorized Medical Examiner has completed the pre-participation physical they should note any concerns in the appropriate section. They must then select your athlete's level of clearance, sign, and date the form. ******Forms without a date will not be accepted.***** **Electronic signatures on the physicians office form are NOT acceptable.** ***The physicals for the school calendar year may not be completed any earlier than June 1st.***

SECTION 7: COUNCIL ROCK SCHOOL DISTRICT CO-CURRICULAR REGULATIONS
Parent and student should read this form completely. ***Both parent and student must sign the form***. Please print the athlete's name clearly on the appropriate line, and be sure to include sport and grade.

SECTION 8: ATHLETIC DEPARTMENT ELIGIBILITY
Athletic Department Eligibility Form (front) Parent and student should read this form carefully and complete it. ***Please print clearly as we have to transfer this information to other forms. Both parent and student must date and sign the form. If an athlete shows up for the first day of practice without these forms completed correctly they will not be allowed to participate until they are.***

QUESTIONS?
If your child is attending one of the high schools, questions regarding the pre-participation packet should be directed as follows: Physical and medical history questions should be directed to the athletic trainer at your school, CR-North at 215-944-1368 or CR-South at 215-944-1185. Questions about any other part of the packet should be directed to the athletic department at your school, CR-North 215-944-1314 or CR-South 215-944-1103.

If your child is attending one of the middle schools, and you have any questions about the pre-participation packet, please contact the Athletic Office at your school.
Newtown - (215) 944-2615 Holland – (215) 944-2700 Richboro – (215) 944-2515 Revised 4/15

COUNCIL ROCK SCHOOL DISTRICT PRE-PARTICIPATION PHYSICAL EVALUATION

Revised 4/15

Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, the student is required to complete a physical evaluation.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION (Please print clearly)

Student's Name _____Student's Grade_____

Current Physical Address_____

_____

Current Home Telephone # ( ) _____

Current Cellular/Work Telephone # Mother ( ) _____
(Circle Appropriate)
Current Cellular/Work Telephone # Father ( ) _____
(Circle Appropriate)

Parent E-mail Address _____

EMERGENCY INFORMATION (*when parents can not be reached*)

Emergency Contact Person's Name _____ Relationship _____

Address _____ Telephone ( ) _____

MEDICAL INFORMATION
(School Board Policy 123 encourages each student to be covered by accident insurance)

Medical Insurance Carrier_____ Policy Number_____

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 Should be Aware_____

_____ Wears Glasses/Contacts (circle appropriate)

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, Pneumococcal; meningococcal; varicella):

☐Up to date and on file in the nurse's office.

☐Not up to date Specify _____

_____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ and a resident of the Council Rock Public School District, to commence practice and participate in contests during the _____ school year as indicated by my signature following the name of said sport approved below. ***(Sign All That Apply)***

SPORT	**Signature of Parent or Guardian**
Baseball (Spring)	_____
Basketball (Winter)	_____
Bowling (Winter)	_____
Cheerleading (Fall Winter)	_____
Cross Country (Fall)	_____
Field Hockey (Fall)	_____
Football (Fall)	_____
Golf (Fall)	_____
Lacrosse – Girls (Spring)	_____
Lacrosse – Boys (Spring)	_____
Soccer – Boys (Fall)	_____
Soccer – Girls (Fall)	_____
Softball (Spring)	_____
Swimming & Diving (Winter)	_____
Tennis – Girls (Fall)	_____
Tennis– Boys (Spring)	_____
Track - Indoor (Winter)	_____
Track & Field (Spring)	_____
Volleyball – Girls (Fall)	_____
Volleyball – Boys (Spring)	_____
Wrestling (Winter)	_____

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 or Scrimmages and Contests involving PIAA member schools. Such requirements 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 reports of Inter-School Practices or Scrimmages and 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 or Scrimmages and 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 assume and agree to pay indebtedness or physicians' and surgeons' fees and hospital charges for such emergency medical care.

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, Athletic Trainer, or School Nurse. The student and staff should notify the athlete's parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach, Athletic Trainer, or School Nurse.*
- *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.* ***Students may not return unless cleared by either an MD or DO.***
- *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**____/____/_____

Student's Name _____ **Age**_____

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.

_____ _____ Date____/____/_____
Signature of Student-Athlete Print Student-Athlete's Name

_____ _____ Date____/____/_____
Signature of Parent/Guardian Print Parent/Guardian's Name

SECTION 5: HEALTH HISTORY

Explain "Yes" answers below.

		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports 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 of 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 that 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:	☐	☐
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?	☐	☐

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot / Toes

		Yes	No
23.	Has a doctor every 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 had a herpes skin infection?	☐	☐
	CONCUSSION OR TRAUMATIC BRAIN INJURY		
31.	Have you ever had a traumatic brain injury or concussion? (i.e. bell rung, ding, head rush)	☐	☐
32.	Have you been hit in the head and been confused or lost your memory?	☐	☐
33.	Do you have headaches or dizziness 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 failing?	☐	☐
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 happy 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?	☐	☐
	FEMALES ONLY		
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.	Are you pregnant?	☐	☐

Question #	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 _____

SECTION 6: PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation.

Name_____ Age _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery _____ BP ____/_____ (____/_____) (____/____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		☐Heart murmur ☐Femoral pulses to exclude aortic contraction ☐Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
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 and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

☐ **Cleared** ☐ **Cleared** after completing evaluation/rehabilitation 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) _____

Name of physician (print/type) _____ License # _____

Address: _____Telephone: _____

Signature of Examiner _____ MD/DO/PAC/CRNP/SNP (circle one) ***Date___/___/____***
→ *** ***Signatures without a date will not be accepted*** *(after June 1st for each school year)*

SECTION 7: Council Rock School District Co-Curricular Regulations

The Council Rock School District believes that students who have the privilege and benefit of membership in school sponsored co-curricular programs should conduct themselves as responsible representatives of the school and district. In order to assure this conduct, coaches, advisors, and sponsors enforce these Council Rock School District Co-Curricular Regulations, which includes all policies and procedures established by Council Rock. Members of teams and organizations must always serve as models of high character and must demonstrate appropriate academic commitment, which is expected from all students. As recognized representatives of their school, members are expected to exhibit appropriate behavior during the season (activity) or out of season, in uniform or out of uniform, on campus (school grounds) or off campus (school grounds.) Furthermore, members of teams and organizations who fail to abide by these regulations are subject to disciplinary action, which may include dismissal from the team and/or activity.

The opportunity to participate in the Council Rock co-curricular program is extended to all students who are willing to assume responsibilities as outlined in these regulations. Any student participating in a co-curricular program must, along with their parents/guardians, sign this agreement to follow these regulations. These regulations are not meant to usurp or restrict the responsibility of parents. The Council Rock School District feels very strongly that parents must monitor their own children's behavior and impose their own disciplinary measures beyond those consequences that may be imposed by the school.

Student responsibilities, in addition to the expectations stated above:

1- Abide by all policies, rules and regulations of the district, the school, and the program.
2- Adhere to all eligibility requirements.
3- Complete all the necessary paperwork / permission forms.
4- Care for and return all issued equipment, supplies and materials.

I have read and understand the provisions and expectations of the Council Rock School District Co-Curricular Regulations. As a student, I vow to adhere to these regulations with an understanding that any violation may jeopardize my participation. As the parent, I will hold my child accountable to the provisions of these regulations.

Sport or Activity_____

_____ _____
Student Name (Please Print Clearly) Grade

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

* All Council Rock School District Policies can be accessed on-line at the Council Rock Website @ www.crsd.org. Policies are listed under the School Board heading and Board Policies Subheading.

SECTION 8: ATHLETIC DEPARTMENT ELIGIBILITY

Please Print

_____
School Year / Grade

Name_____
Last First Middle

Address_____
Street City State Zip

Place of Birth_____Date of Birth_____Age_____
City (NOT HOSPITAL) State

If you are 19, were you born before 7/1? Yes_____ No_____

What school district do you reside in? Council Rock _____ Other _____

List the school sponsored sports you participated in for each of these seasons:

	Fall	Winter	Spring
7th Grade			
8th Grade			
9th Grade			
10th Grade			
11th Grade			
12th Grade			

Have you repeated any grade from 7th through 12th? Yes ____ No ____ If so, what grade? _____
How many semesters have you completed in each grade (2 semesters equals 1 full year):
7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Were you absent 15 or more school days (total) during the previous semester? Yes____ No ____

Were all of your semesters in Council Rock Schools? Yes _____ No _____

If No, please list the schools you attended. _____

Have all of your high school semesters (9-12) been at Council Rock? Yes _____ No _____

If No, where did you attend? _____

If you have any questions about the information that is being requested, please contact the athletic office at your school. Phone numbers for those offices are listed on the cover page of this packet.

We certify that the above information is accurate.

_____ _____ _____
Student Signature Parent Signature Date .