



**LOYALSOCK TOWNSHIP HIGH SCHOOL
ATHLETICS DEPARTMENT**

1801 Loyalsock Drive, Williamsport, Pennsylvania 17701
Phone 570.326.3581 – 570.323.5303 Fax
www.loyalsocklancers.org

Mr. Ronald Insinger
Athletic Director

**LOYALSOCK TOWNSHIP SCHOOL DISTRICT
~ SPORTS PHYSICAL PERMISSION ~**

*I give my permission for a sports physical to be performed by the school doctor
for sports participation for the 2019-20 school year.*

_____ Student's Name

_____ Grade for '19-'20 School Year

_____ Sport(s) to be played throughout the school year

**** Parent / Guardian Signature ****

Appointment Date & Time

** _____ at _____ p.m. **

± If you would like to schedule a sports physical through the school, please call the high school main office at 570-326-3581. Please check in at the high school office before your scheduled physical. Please bring along your completed packet, \$10 physical fee and \$50 athletic fee.

CHECKLIST:

- Did both student & parent sign all pages in the sports packet?
- Is sports physical ON or AFTER June 1, 2019?
- Is \$50 Pay to Play check/cash enclosed with completed packet?

Sports offered:	Fall	Winter	Spring
High School (grades 9-12)	Golf Football Cheerleading Tennis – Girls Cross Country Soccer – Girls / Boys	Wrestling Swimming Cheerleading Basketball – Girls Basketball - Boys	Softball Baseball Tennis – Boys Track & Field
Middle School (grades 7 – 8)	Softball Football Cheerleading Cross Country	Wrestling Cheerleading Basketball – Girls Basketball - Boys	Track & Field Soccer – Boys Soccer - Girls



**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

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 # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

SECTION 2: 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 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.

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

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>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:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>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:</p> </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/ Toes</td></tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>CONCUSSION OR TRAUMATIC BRAIN INJURY</p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FEMALES ONLY</p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes										

#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		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

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



LOYALSOCK TOWNSHIP HIGH SCHOOL

ATHLETICS DEPARTMENT

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Mr. Ronald Insinger
Athletic Director

ATHLETIC PARTICIPATION FULL ACCEPTANCE OF RISK

Participation in the sport of _____ at Loyalsock Township School District requires an acceptance of risk of injury. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system and serious injury or impairment to other aspects of your body, general health and well-being.

Minor and moderate injuries are very common in athletics and every participant is very likely to sustain and injury during his/her athletic career. Minor and moderate injuries in athletics include, but are not limited to, sprains, strains, contusions, abrasions and lacerations.

However minor or severe an injury, you must report all injuries to the certified athletic trainer for proper inspection, treatment and possible referral to a physician.

Protective equipment and preventative taping is available to athletes as needed in each sport. You must be aware that protective equipment and preventative taping WILL NOT PREVENT ALL INJURIES FROM OCCURRING! To maximize the effectiveness of protective equipment, inspect it daily, use it properly and exchange all the defective equipment. Make sure all equipment is properly adjusted and worn during all games and practices.

I have read the preceding and certify that my son/daughter is physically fit to participate in the sport of _____ at Loyalsock Township High/Middle School. I fully KNOW, UNDERSTAND and APPRECIATE the risks inherent in this sport and my son/daughter voluntarily participates in this activity. With full knowledge and understanding of the risk of serious injury to my child named below which may result, I give my consent for participation.

Name of Student-Athlete (Please Print): _____

Grade of Student-Athlete (Please Circle One): 7 8 9 10 11 12

Signature of Student-Athlete

Date

Signature of Parent or Guardian

Date



LOYALSOCK TOWNSHIP HIGH SCHOOL ATHLETICS DEPARTMENT

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Mr. Ronald Insinger
Athletic Director

LOYALSOCK ATHLETICS STUDENT ACTIVITY FEE FOR 2019-20 “PAY TO PLAY”

The **student activity fee** is due immediately! Please make checks payable to “Loyalsock Township School District” or “LTSD”. The amount is \$50.00

This is a one-time yearly fee for all students, grades 7 through 12 participating in athletics.

- Any student who tries-out and is cut from a team is eligible for a full refund providing they have paid their participation fee just prior to the start of their season.
- Any student who quits after the start of practices, will not be issued a refund of the Activity Fee.

**** Please remit the bottom portion with your payment ****

\$50.00 STUDENT ACTIVITY FEE FOR ATHLETICS PAY TO PLAY (2019-20)

STUDENT NAME: _____

PARENT NAME: _____

SPORT(S): _____

GRADE _____

Check # _____ Cash _____

(office use only: check / cash date received _____ initials _____)



Activity & Athletic Courtesy

Extracurricular activities and athletics is a privilege and every student connected with the activity or team is expected to exemplify the following principles in their own actions:

Dear Students,

On behalf of your teachers, coaches and advisors, we congratulate you on your decision to join one of the many extracurricular activities that we have to offer at Loyalsock Township High School. We know that each of our student-participants bring their own skills and perspectives to the various teams and clubs offered. With those unique skills and attributes comes the unique responsibility of representing your family, your school and your community. We have developed this *Code of Conduct* to explain our expectations of you while you are a member of any club, sports team or activity at LTMS & LTMS.

If you have questions regarding the contents of this guide, please feel free to contact any one of us. We wish you the best of luck and as you continue the tradition of Lancer Pride.

Sincerely,

Mr. Ron Insinger, Athletic Director
Dr. Matthew Reitz, High School Principal
Dr. Charles Greevy, Middle School Principal

- Contest rules are to be regarded as mutual agreements, the spirit or letter of which no honorable person would break.*
- No advantages are to be sought over others except those in which the Contest is understood to show superiority.*
- Unfair means are not to be used, even when opponents use them.*
- Visitors from other schools are to be honored guests of the home Team, and should be treated as such.*
- No action is to be taken nor course of conduct pursued which would seem dishonorable if known to one's opponent or the public.*
- Remember that student-spectators represent their school the same as student-athletes.
- Any spectator who continually evidences poor behavior should be requested not to attend future Contests.*
- Decisions of Contest officials are to be abided by, even when they seem unfair.*
- Contest officials and opponents are to be regarded and treated as honest in intention. In Contests when opponents conduct themselves in an unbecoming manner, and when Contest officials are manifestly dishonest or incompetent, future relationship with them should be avoided.*
- Good points in others should be appreciated and suitable recognition given.*
- The practice of "booing" is regarded as discourteous and unbecoming.*

*These guidelines are concurrent with *PLAA Athletic Courtesy* expectations

LOYALSOCK TOWNSHIP MIDDLE SCHOOL & HIGH SCHOOL

STUDENT CODE OF CONDUCT FOR EXTRACURRICULAR ACTIVITIES



1801 Loyalsock Drive, Williamsport, Pennsylvania 17701

Phone 570.326.3581 – Fax 570.323.5303

www.loyalsocklancers.org

Students:

Fill out the reserve of this form, cut from the pamphlet and turn in to your coach/advisor.

Coaches/advisors:

Please initial & submit to the office.

Version: May 2017

An Equal Opportunity Employer in compliance with Title IX and Section 504

Purpose

The purpose of extracurricular activities at Loyalsock Township High School (LTHS) and Loyalsock Township Middle School (LTMS) is to enhance the students' mental, physical, emotional and social development in order to become productive young adults.

This *Code of Conduct* describes the **minimum** behavioral expectations and accompanying sanctions that the LTHS & LTMS expects of its student participants. Coaches and/or advisors may establish guidelines and sanctions that exceed those contained in this pamphlet except in cases of reasonable suspicion.

Students are expected to:

- Show proper decorum and courtesy to all fellow participants, adults, officials, judges and other authorities.
- Avoid any actions that would be detrimental to the unity of those involved with him/her in any activity.
- Not use profanity, obscene gestures, and/or obscene language.*
- Not seek to provoke opponents, officials or spectators to engage in improper conduct.*
- Not seek to injure opponents.*
- Abstain from tobacco, alcohol, drugs or other mood altering substances.*
- *These rules are concurrent with the *PLAA Code of Ethics*.

This *Code of Conduct* is supported by the Loyalsock Township School District Policy 227, Substance Abuse. In any situation in which alcohol or drug use has occurred during the season/event, the coach/advisor, in consultation with the athletic director and/or administration, will contact the parents/guardians about such discussion and a record will be kept of the incident.

Further, Policy 227 allows for the testing of students under reasonable suspicion. This means that, should a student **demonstrate behavioral or affective indicators** consistent with being under the influence of drugs or alcohol, they may be tested.

The student's conduct will determine the level of consequences he/she shall receive. Board Policy defines the following types of conduct:

Cooperative: The student's willingness to reasonably and helpfully work with staff and school personnel, to comply with Student Assistance Program requests and recommendations.

Uncooperative: The student's resistance or refusal, either verbal, physical, or passive, to comply with reasonable school personnel requests or recommendations. Defiance, assault, deceit, and flight are examples of uncooperative student behavior. Uncooperative behavior includes, but not by way of limitation, refusal to comply with Student Assistance Program requests and recommendations.

For Circumstances Outside of School	<u>1st Offense</u>	<h3>Consequences for Cooperative Behavior</h3> <ul style="list-style-type: none"> • 5-day contest suspension <ul style="list-style-type: none"> ○ Holidays, snow days, or other school calendar obstacles will result in a continuance of the 5 days until the next available school day(s). • Student will still <u>practice</u> with the respective team / club / organization. • End of season violations (i.e. fall, winter, spring) will result in a continuance of the suspension to the next season in which that student may participate in the next sport/activity. • Coach/advisor will contact parent of incident and outcome. • Coach/advisor will refer student to the school's SAP team.
	<u>2nd Offense</u>	<ul style="list-style-type: none"> • Same as above consequences <u>except</u>: • 15-day contest suspension <ul style="list-style-type: none"> ○ Holidays, snow days, or other school calendar obstacles will result in a continuance of the 15 days until the next available school day(s).
	<u>3rd Offense</u>	<ul style="list-style-type: none"> • Same as above consequences <u>except</u>: • 30-day contest suspension <ul style="list-style-type: none"> ○ Holidays, snow days, or other school calendar obstacles will result in a continuance of the 30 days until the next available school day(s). • Athletic director, coach/advisor, parent and student meeting to determine course of action to designed to assist student.
		<h3>Consequences for Uncooperative Behavior</h3> <p>Uncooperative behavior at any level (1st, 2nd, or 3rd) in which an investigation was initiated will escalate the sanctions using the following guidelines:</p> <ul style="list-style-type: none"> • 1st offense 15-day contest suspension • 2nd offense 30-day contest suspension • 3rd offense 45-day contest suspension

During School or School Events	<u>1st Offense</u>	<h3>Consequences for Students Testing Positive</h3> <ul style="list-style-type: none"> • Immediate 3 day out of school suspension • Pre expulsion hearing before the Superintendent • Informal hearing and additional seven days of out of school suspension • Referral to the Student Assistance Program
	<u>2nd Offense</u>	<ul style="list-style-type: none"> • Same consequences as above in addition to possible charges from the Pennsylvania State Police

EXTRACURRICULAR CODE OF CONDUCT ACKNOWLEDGEMENT FORM

Our signatures below denote that we have read, acknowledge and support the *Code of Conduct* for Extracurricular Activities. We further understand that any violation of this *Code of Conduct* will subject the student to the minimal sanctions prescribed in this pamphlet.

Name of Student: _____

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Student's Grade Level: _____ Coach/Advisor Initials: _____
(circle)
7th 8th 9th 10th 11th 12th

Please list all activity/athletic team participation by the student: _____

Students:
Cut this form from the pamphlet and turn in to your coach/advisor.

Coaches/advisors:
Please initial & submit to the office.

2019-20

CONSENT FOR MANDATORY TESTING AND AUTHORIZATION FOR RELEASE OF INFORMATION

We hereby acknowledge that the Loyalsock Township School District has a random drug testing policy. We further acknowledge that we are aware that we may access the policy in electronic format at www.loyalsocklancers.org and/or request a paper copy from the high school or middle school principal.

We hereby consent and authorize the school district to collect and test a sample of bodily fluid from my student and to have such a sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. We further authorize the superintendent or his/her designee to release the results of the drug testing of student’s bodily fluid in accordance with this policy. We hereby acknowledge that this consent shall remain valid in accordance with this policy.

We hereby release and hold harmless the Loyalsock Township School District and its Board of School Directors, administrators, employees, agents, representatives and medical staff members from any and all liability, claims, damages and costs that may arise from or be related directly or indirectly to a drug test.

Please return to your student’s main office.

STUDENT INFORMATION		
Printed Name of Student:	Grade:	Student ID Number:
Extracurricular/Co-curricular Activities:		
Student’s Signature:	Date:	
PARENT INFORMATION		
Printed Name of Parent/Guardian:		
Parent/Guardian Signature:	Date:	
Printed Name of Parent/Guardian:		
Parent/Guardian Signature:	Date:	