



# BETHLEHEM

## AREA SCHOOL DISTRICT

**ATTENTION:** Parents/Guardians and Student-Athletes

**SUBJECT:** 2021-2022 PIAA Pre-Participation Physical Packet  
**PHYSICAL MUST OCCUR ON OR AFTER JUNE 1, 2021**

Once all forms are completed, return the packet to:

**Athletic trainers or athletic secretary.**

All physical packets should be completed and turned in or emailed before

**Monday, August 2, 2021.**

*Should you have any questions, please contact the respective athletic office at the number below.*

Freedom Athletic Office:	Jennifer Rodriguez	Phone: 610-867-5843, Ext: 53951 Fax: 610-865-9015 Email: Jrodriguez1@basdschools.org
Liberty Athletic Office:	Maria Guzman	Phone: 610-691-7200, Ext: 50951 Fax: 610-691-7971 Email: Mguzman@basdschools.org

**PLEASE NOTE:** There is an important change to the Sports Physical Process beginning with the Spring Sports Season of 2021:

Any Student Athlete that has been confirmed positive for COVID-19 must obtain their sports physical from their primary care physician for a more complete examination as it relates to the potential effects of the COVID-19 virus. If a student does not have a primary care physician, parents are encouraged to contact the St. Luke's Athletic Training Department for assistance in obtaining this physical. In addition, any student who contracted COVID-19 after June 1st of 2020 and already obtained a sports physical must be re-evaluated by their primary care doctor before resuming competition or returning to play a spring sport and submit a PIAA section 9 form, signed by a physician.



# BASD SCHOOLS

## Athletic Physical Packet

### ATTENTION: Parents/Guardians and Student-Athletes

Attached is the necessary paperwork required to participate in athletics.

All forms must be 100% complete, signed and returned as a packet BEFORE you will be allowed to participate in your respective sport(s).

- ❖ Athlete Information (see below)
- ❖ BASD Policy letter-acknowledgement form (see below)

NOTE: Copy of policy is attached. KEEP policy packet and return form.

- ❖ PIAA Pre-Participation Physical Forms (attached)

**PHYSICALS MUST OCCUR ON OR AFTER JUNE 1, 2021**

**Please review Physical Form information on the front cover of this packet**

Once all forms are completed, return the completed packet to the Athletic office at the student's respective High School or to the main office at the Middle Schools.

*Liberty Athletic Office - 610-691-7200, ext. 50951 / Freedom Athletic Office - 610-867-5843, ext. 53951*

### BETHLEHEM AREA SCHOOL DISTRICT

#### ATHLETE'S INFORMATION:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current grade: \_\_\_\_\_ (grade entering) Parent Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Telephone #1 : \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Telephone #1 : \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_  
(Include charter, cyber, homeschool etc.)

Sport(s) trying out for: \_\_\_\_\_

#### **BASD Policy Letter - Acknowledgement Form**

My Signature acknowledges that I have read, understand and will abide by the Bethlehem Area School District's athletic policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete - Signature

2/18/20 JR

St. Luke's University Health Network  
HIPAA Privacy Authorization Form  
Sports Medicine

**Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

1. **Authorization to Disclose.** I authorize St. Luke's University Health Network and its affiliates ("St. Luke's") to use and disclose to \_\_\_\_\_ ("Program") health information about my child obtained by St. Luke's in providing health services to my child during participation in practices and games. The purposes of such uses and disclosures may include communicating with the Program's coaches and team/organization administrative staff, athletic trainers, school nurse, guidance counselor and other individuals that are affiliated with the Program about my child's: (i) prognosis and recommended activities following an injury; (ii) ability to participate in training, practices, games, and other team activities; and (iii) other matters related to my child's activities with the Program.

I understand and authorize the release of medical records, including all diagnostic images and other medical reports, except as noted below:

**EXCEPTION: I do not give permission to release (please specify):**

\_\_\_\_\_

2. **Refusal to Sign.** I understand that I may refuse to sign this authorization. St. Luke's may not refuse to treat my child based on my refusal to sign this Authorization.
3. **Expiration of Authorization.** This Authorization shall be in force and effect for a period of one year from the date this form is signed, at which time this Authorization expires. Once this Authorization has expired, St. Luke's may no longer use or disclose my child's health information for the purposes listed in this Authorization unless I sign a new Authorization. However, materials that were created prior to the expiration of this Authorization may continue to be used or disclosed for the purposes listed in this Authorization.
4. **Revocation of Authorization.** I understand that I may revoke this authorization at any time, in writing, except to the extent that St. Luke's has already relied on it in making a disclosure. If I wish to revoke this Authorization, I will send a written request to: St. Luke's, 1441 Schoenersville Road, Bethlehem, PA 18018, Attention: Senior Director, Sports Medicine Relationships.
5. **Further Disclosure.** I understand that information used or disclosed pursuant to this Authorization may be further reproduced, copied or disclosed by those who receive or view the information, and the laws governing patient privacy may no longer protect the information.

X \_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent or guardian and  
His/her relationship to child

\_\_\_\_\_  
Child's name



## Consent to Treat Patient

*St. Luke's University Health Network: Sports Medicine Relationships*

### CONSENT TO TREAT:

I am the parent/legal guardian of the child named below and have the legal right to consent to permit St. Luke's University Health Network and its personnel to deliver health care and treatment to my child at \_\_\_\_\_ ("Program") practices and games by its athletic trainers, physical therapists and physicians. Such health care and treatment may include medical evaluation of injuries, administration of first aid for athletic injuries, and providing initial treatment and management of injuries, as may be deemed necessary or advisable by St. Luke's personnel in the treatment and diagnosis of my child. I understand that this consent will remain in effect until my child ceases to be a member of the Program or until this consent is revoked by me by sending a written notification to St. Luke's, 1441 Schoenersville Road, Bethlehem, PA 18018, Attention: Senior Director, Sports Medicine Relationships.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### LIMITATIONS:

Identify any specific limitations or exclusions for which this consent is given. (If none, state "none".)

\_\_\_\_\_

Parent/Legal Guardian Name (print) \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian Emergency Contact Number (First): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian Emergency Contact Number (Second): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 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 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> 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 8 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 9 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](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY**

#### **What is a concussion?**

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### **What are the symptoms of a concussion?**

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### **What should students do if they believe that they or someone else may have a concussion?**

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

### Are there warning signs?

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

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

### Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

### Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

### What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

### Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

**The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.**

#### *Removal from play/return to play*

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	Date ____/____/____
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	Date ____/____/____

**Section 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19**

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

**NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.**

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student’s school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "**Releasees**"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student’s participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student’s school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student’s school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student’s school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student’s school athletic plan.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Student’s Name

\_\_\_\_\_  
Signature of Parent/Guardian  
Revised – October 7, 2020

\_\_\_\_\_  
Print Parent/Guardian's Name

**SECTION 6: 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):</p> <p><input type="checkbox"/> High blood pressure      <input type="checkbox"/> Heart murmur      <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> High cholesterol      <input type="checkbox"/> Heart infection      <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</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: <input type="checkbox"/> Yes <input type="checkbox"/> No</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><b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b></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><b>FEMALES ONLY</b></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 7: 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN**

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Student on Last Birthday: \_\_\_\_ Grade for Current School Year: \_\_\_\_

Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):**

Current Home Address \_\_\_\_\_

Current Home Telephone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

**CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

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

- |   | Yes                      | No                       |  | Yes                      | No                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?  | <input type="checkbox"/> | <input type="checkbox"/> | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 6. Do you have any concerns that you would like to discuss with a physician?   | <input type="checkbox"/> | <input type="checkbox"/> |

An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below

#s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 9: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE**

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

**NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.**

**If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.**

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. GENERAL CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**B. LIMITED CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_



Dear Parent/Guardian and Student Athlete:

Welcome to the Interscholastic Athletic Program offered in the Bethlehem Area School District. This letter includes various information and policies associated with your child's participation in the Bethlehem Area School District's athletic program. It is very important information, ***PLEASE READ IT CAREFULLY AND SAVE FOR LATER REFERENCE.***

***BE SURE THAT YOU AND YOUR CHILD READ THIS LETTER, SIGN THE ATTACHED FORM, AND RETURN IT AS SOON AS POSSIBLE WITH HIS/HER PHYSICAL PAPERS PRIOR TO THE FIRST PRACTICE OF THE SPORT IN WHICH THEY WISH TO PARTICIPATE.***

**BETHLEHEM AREA SCHOOL DISTRICT'S ATHLETIC POLICY**

***I. MISSION STATEMENT***

The purpose of interscholastic athletics in the Bethlehem Area School District is to provide a wide variety of competitive athletic experiences to student athletes in a way that complements the academic experience of both the participant and the student body in general, and that instills, develops, and encourages the positive characteristics of excellence, sportsmanship, fitness, teamwork and discipline.

***II. INTRODUCTION AND GOALS***

The athletic program is an important and integral part of the total school program and is open to participation by all students regardless of individual differences. Through voluntary participation, the athlete gives time, energy, and loyalty to the program. He/she also accepts the training rules, regulations, and responsibilities which are unique to an athletic program. In order to contribute to the welfare of the group, the athlete must willingly assume these obligations even to the extent that he/she may be required to make sacrifices not required of others.

**Goals of the Department of Athletics:**

1. To provide a wide variety of competitive athletic experiences in programs that encourage broad participation by girls and boys.

2. To achieve, particularly in varsity sports, excellence in competition, sportsmanship, teamwork, and discipline.
3. To develop middle school, freshmen, and junior varsity programs that emphasizes participation and development of skills.
4. To have the interscholastic athletic experience complement and enhance the academic experience of student athletes who choose to participate.
5. To have the interscholastic athletic experience enhance the academic experience and quality of life of the entire student body of the Bethlehem Area School District by providing and promoting varied opportunities for spectators to attend athletic competitions.
6. To enhance the skills of the most gifted student athletes and assist those athletes who choose to make participation in collegiate athletics part of the college application process.
7. To instill qualities of leadership, sportsmanship, and discipline among the student athletes.
8. To hire and retain coaches who accept and adopt the mission and purpose of interscholastic athletics in the Bethlehem Area School District.
9. To effectively communicate the mission statement and goals of the Bethlehem Area School District to the student athletes, parents, and coaches.

In addition to the mission statement, goals, and academic guidelines of the Bethlehem Area School District athletic departments, participants in the Interscholastic Athletic program are also governed by the following Athletic Policy. It should be clearly understood that the same standard of behavior and discipline for the non-student-athlete shall also apply to the student-athlete and any violation of the **Code of Conduct** may result in forfeiture of participating on a Bethlehem Area School District team.

### ***III. GENERAL REGULATIONS***

- a. Pennsylvania Interscholastic Athletic Association (P.I.A.A.) rules will be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, use of school equipment, etc. Each coach has the responsibility to know these rules, to inform team members, and parents, and to enforce these regulations.

#### **ACADEMIC ELIGIBILITY**

**A student athlete must be passing at least four full-credit subjects or the equivalent as of each Friday during the grading period. If you fail to meet this requirement, you will lose your eligibility from the**



**following Sunday through the Saturday immediately following the next Friday as of which you meet this requirement. Additionally, a student athlete may not be failing more than one course during a grading period.**

- b. Any conviction resulting from a civil law infraction or other conduct by a student athlete occurring during that season that is determined by the head coach and school administration to be detrimental to the athletic program, school, or school district, will result in counseling by the head coach and a school administrator with possible suspension from team.
- c. No athlete may quit one sport and report for another after a season has begun without the mutual consent of both coaches and the administration. (*"Season" is defined as that time from the first formal practice to the last contest, including tournaments.*)
- d. Athletes must travel to and from contests, away from the Bethlehem Area School District in transportation provided by the District. The only exceptions are:
  - 1. Injury to a participant which would require alternate transportation.
  - 2. Prior arrangements made **in writing** between the participant's parent/guardian and the coach for the student to ride with the parent/guardian.
  - 3. When school transportation is not provided and alternate means are approved by the district.
- e. A display of unsportsmanlike conduct toward an opponent or official or use of profanity during a practice or contest will result in counseling by the head coach and possible suspension from team.
- f. Athletes are expected to attend all practice sessions and contests. Unexcused absence from scheduled practice/contest will result in:
  - 1. Counseling by the head coach and notification of parents by the coach, if necessary.
  - 2. Subsequent violations may result in suspension from the team and possible dismissal for the remainder of the season.
- g. Any violation of the Bethlehem Area School District Code of Conduct and/or academic procedures which require administrative action will be handled in accordance with the provisions of such guidelines. (*For example: If a violation involves a three-day suspension, the athlete will be suspended from contests of that team for those three days.*)

- h. Completion of the sports season, including all post-season playoffs, tournaments, and exhibitions is required in order for the student athlete to be eligible for letter or other team or individual awards. (*Exception: injury which limits participation.*) No awards shall be given to any student suspended for the remainder of the season as a result of disciplinary action. Final decisions regarding exceptions will be made by the Athletic Director.

#### ***IV. SCHOOL ATTENDANCE REQUIREMENTS***

*A student must be in school by 10:00 a.m. in order to participate in an athletic contest/practice that day.* An exception will be made if the student has a medical or other approved appointment, in which case the student must present to the principal a signed statement from the doctor, or other authority, regarding the absence. A note from the parent/guardian for illness may also be accepted by the Principal. The principal and/or athletic director will have final decision on these matters.

#### ***V. INSURANCE/INJURIES***

Participants in all high school and middle school interscholastic sports programs are covered by an accident insurance program approved by the Board of School Directors. This coverage **IS NOT** intended to replace the major medical coverage provided by parents/guardians through group insurance plans.

Under the Bethlehem Area School District's Athletic Insurance program, the first One Hundred Dollars (\$100.00) of expenses for injuries will be paid regardless of other insurance. At this point, the participant's own coverage will take over, according to the approved schedule of payments as outlined by the School District's Insurance Company.

Benefits under the Bethlehem Area School District's Interscholastic Sports Plan are in most instances the *Usual and Reasonable* Fee for necessary treatment, up to the policy's limits.

Claim forms will be issued by the Athletic Department. All injuries should be reported immediately to the coach and trainer on the high school level, and coach and nurse on the middle school level.

*It is most important for the parents to complete the claim forms as soon as they are received and return them to the Athletic Office, or Middle School main office, immediately, EVEN THOUGH you may not have any medical bills at that time. **All injuries** must be reported to the Insurance Company within ninety (90) days of the accident.*

A student who has been injured, and has had medical treatment, may not participate until the team doctor or trainer grants permission.

Any specific injury claim should be directed to the respective school.

## **VI. PARENT AND COACH COMMUNICATION GUIDELINES**

*Parent-coach relationship: Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefit to children. Parents, whose children are involved in our athletic program, have the right to understand what expectations are placed on their child. This begins with clear communication from the coach of the child's program.*

- a. Appropriate concerns to discuss with parents**
1. The treatment of their child, mentally and physically
  2. Ways to help their child improve
  3. Concerns about their child's behavior

It is very difficult for parents to accept their child not playing as much as they may hope. You must make judgment decisions based on what you believe to be the best for all students involved. Coaches must be professional in dealing with parents in all matters involving their children.

- b. Issues not appropriate to discuss with parents**
1. Playing time
  2. Team strategy
  3. Play calling
  4. Other student athletes

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties have a clear understanding of the other's position. When these conferences are necessary, please call to set up an appointment.

Freedom High School	- 610-867-5843 x 53951
Liberty High School	- 610-691-7200 x 50951
Broughal Middle School	- 610-866-5041
East Hills Middle School	- 610-867-0541
Nitschmann Middle School	- 610-866-5781
Northeast Middle School	- 610-868-8581

VII. *Substance Abuse Policy*

## **Procedures for Violations by Students Participating in School Sponsored Activities and Athletics**

For the purpose of the application of these guidelines, students participating in athletics, extra and co-curricular activities for any public forum, including but not limited to performances, service activities, and events shall be considered.

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Board Approved 5-21-07

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### **Bethlehem Area School District Policy Violation Guidelines for Student Participating in School Sponsored Activities and Athletics**

Student extra and co-curricular activities and athletic activities are an extension of the educational experience that the district chooses to offer to all students. Therefore, student participation is voluntary and is a privilege, not a right. Those **students who choose or who are chosen to participate in activities must be aware of the *K-12 Student Code of Conduct for the Bethlehem Area School District*. Each participant is expected to operate within the framework of these rules and regulations. For the purpose of the application of these guidelines, students participating in extra and co-curricular activities for any public forum, including but not limited to performances, service activities, and events shall be considered.**

This document is designed to further amplify and clarify expectations as outlined in the board policies and within the *K-12 Student Code of Conduct* regarding policy violations for students involved in school sponsored activities and athletic teams.

#### DEFINITIONS

**The following definitions shall apply:**

- (a) **Activity/Athletic Expulsion** - loss of participation privileges in the district's activity and/or athletic program.
- (b) **Activity/ Athletic Suspension** - exclusion for a given duration from practices, competitions, events, and any other functions (trips, banquets, etc.) related to the activity. A suspension shall not necessarily be limited to the season during which the infraction occurred, but may be imposed during subsequent seasons. Where applicable, the suspended student's name may be removed from activity record, from award consideration, and from similar recognitions.

- (c) **Extra-curricular Season** - the specified duration of time the activity / club is scheduled to meet. Yearlong activities will be considered on a semester-by-semester basis.
- (d) **Hazing** - any activity that recklessly, intentionally or unintentionally endangers the mental health, physical health or safety of a student for the purpose of initiation or membership in, or affiliation with any organization including but not limited to a sport or extra-curricular activity recognized by the Board of School Directors.

Endangering the physical health includes but is not limited to any contact of a physical nature such as whipping; beating; branding; forced calisthenics; exposure to the elements; forced consumption of any food, alcoholic beverage, drug, or controlled substance, or other forced activity that could adversely affect the physical health or safety of the individual.

Endangering the mental health includes but is not limited to any activity that would subject an individual to unusual mental stress, such as sleep deprivation, prolonged exclusion from social contact, forced conduct which might result in extreme embarrassment, or any activity which could adversely affect the mental health or dignity of the individual. Any activity, if made part of an initiation, shall be presumed to be hazing, even if the participant willingly participates.

- (e) **Probation** - imposed for school related offenses that result in students being ineligible to participate in extra-curricular activities until such probation is formally lifted by the board or administration.
- (f) **Review Committee** - body to conduct informal hearings, comprised of two building administrators, the assistant superintendent, and the athletic director/activity advisor.
- (g) **Sport Season** - the interval commencing with the approved PIAA starting date of practice or the first day of practice, whichever is later, and terminating with the final competitive event for the sport.
- (h) **Substantiated** - found to have committed a stated offense based on an investigation of the event and evidence gathered.
- (i) **Uniform** - articles of clothing, or equipment in possession bearing the school or school district name, symbols, or markings making it possible to distinguish a person's affiliation to the school or school district.

### ***GENERAL GUIDELINES***

The actions and consequences noted below are to be read in addition to and in conjunction with the applicable board policies and the *BASD K-12 Student Code of Conduct*. The actions listed below represent serious violations and may result in the consequences as listed with each action in addition to penalties imposed through the *K-12 Student Code of Conduct*.

1. Possessing, using, deferring, or selling alcohol or any controlled substance as defined by the Controlled Substance, Drug, Device, and Cosmetic Act while on school property, or at a school sponsored activity, or while on the way to or from a school sponsored activity, or in uniform regardless of location. The term possession includes but is not limited to having

previously ingested alcohol, a controlled substance, or drug while on the way to school or school sponsored activities.

Consequence:

- a) As defined in *K-12 Student Code of Conduct*
- b) Immediate suspension from that activity for the duration of the season. Should the violation occur within forty-five (45) calendar days of the end of the season, the suspension will carry into the subsequent season for a minimum of forty-five (45) days. Violators will be referred to the school's Student Assistance Team (SAT) for possible assessment recommendation. Student may not participate in any activity as defined under these guidelines until the assessment has been completed and until any assessment recommendations have been followed, if applicable.
- c) The student must request a reinstatement review with the building principal to have the suspension(s) from activities lifted. Should reinstatement take place, the student may not assume any leadership role within the organization such as squad captain, section leader, officer position, and the like.

**2. Action as stated in #1 above occurring off site and not at, or on the way to or from any school sponsored activity during the athletic or activity season.**

Consequence:

- a) Immediate suspension from any activity for the duration of the season. Should the violation occur within forty-five (45) calendar days of the end of the season, the suspension will carry into the subsequent season for a minimum of forty-five (45) days as defined under these guidelines and referral to the school's SAT. Should the offense occur when the SAT is not functioning, the principal and/or athletic director or activity advisor will make a referral to a licensed provider appropriate to the offense for an assessment recommendation. Failure to complete an assessment will result in continued suspension from any activity as defined under these guidelines until the assessment and compliance with recommendation is conducted.
- b) Second offense results in permanent suspension from any activity as defined under these guidelines.
- c) The student must request a reinstatement review with the building principal to have the suspension(s) from activities lifted. Should reinstatement take place, the student may not assume a leadership role within the organization such as squad captain, section leader, officer position, and the like.

**3. Action as stated in #1 above occurring off site and not at, or the way to or from a school sponsored activity during "out of season."**

Consequence:

- a) Suspension from any activity as defined under these guidelines for a minimum of fifteen (15) calendar days beginning at the start of the activity season.

- b) Second offense results in permanent suspension from any activity as defined under these guidelines.
- c) The student must request a reinstatement review with the building principal to have the suspension(s) from activities lifted. Should reinstatement take place, the student may not assume a leadership role within the organization such as squad captain, section leader, officer position, and the like.

**4. *Possessing or using tobacco in any form while on school or while attending, or participating in a school-sponsored activity.***

Consequence:

- a) As defined in the *K-12 Student Code of Conduct* and other penalties as allowed by district policy.
- b) First offense results in activity suspension for a period of not less than five (5) calendar days.
- c) Second offense results in activity suspension from any activities as defined under these guidelines for ten (10) calendar days.
- d) A subsequent offense will result in additional suspensions or expulsion from the activity for the remainder of the season.

**5. *Intentional damage (vandalism) or theft of school or person's property from any location, on school property or off school property during any school sponsored event or related to any school sponsored activity.***

Consequence:

- a) As defined in *K-12 Student Code of Conduct*, see district discipline for possible penalties including administrative probation, suspension, or expulsion depending on the severity of the offense and other penalties, including referral to law enforcement authorities as allowed by district policy.
- b) Immediate activity suspension from any activities as defined under these guidelines for up to seven (7) calendar days, depending on severity of the incident, payment of restitution, or return of property.

**6. *Failure to return activity equipment.***

Consequence:

- a) Suspension from any activity program participation as defined under these guidelines until equipment is returned or paid for.

**7. *Acts that constitute a violation of the applicable criminal code(s) whether or not delineated as part of the K-12 Student Code of Conduct.***

Consequence:

- a) As defined in *K-12 Student Code of Conduct* as applicable.
- b) Immediate activity suspension from the activity for a minimum of forty-five

(45) calendar days, or the remainder of the season, or the school year depending upon the severity of the offense.

- c) The student must request a reinstatement review with the building principal to have the suspension(s) from activities lifted.

**8. *Failure to carry out the directions or rules and regulations established by the activity advisor. (Such rules and regulations must be distributed in writing to all students and be approved by the principal and activity director.)***

Consequence:

- a) As established by each activity advisor.

**9. *An improper conduct, which either violates district policy or constitutes behavior inappropriate for a district student representative.***

Consequence:

- a) As established by each activity advisor, may include suspension from the activity or expulsion depending on the nature of the violation.
- b) As defined in the applicable section of the *K-12 Student Code of Conduct*.

**Procedural Guidelines for Student Activities and Athletic Program Policy**  
**Violations**

**(1) If an infraction is reported, the activity advisor shall notify the principal of the alleged conduct or violations. Either the administrator or the advisor, at the direction of the administrator, shall investigate to determine if a violation of the code has occurred.**

**(2)** If, after investigation, a violation of the code can be substantiated, the advisor, after consultation with the principal and district athletic administrator if applicable, shall impose the appropriate consequence by giving written notice to the student, the student's parents or guardian, the activity advisor if applicable, and the principal. Imposition of disciplinary consequences by the activity advisor is in addition to any disciplinary penalty imposed by the principal pursuant to district policy.

**(3)** The student or parent/guardian may appeal the advisor's decision to the principal who will convene a Review Committee to hear the appeal and render a decision. Such decision will be made within ten (10) business days of the appeal. During the ten (10) business days, the initial disciplinary action imposed will remain in effect. Appeal of the discipline penalties imposed by the principal under district policy is governed by the school code.

**(4)** If the parent or student is not satisfied with the decision of the Review Committee, a second appeal meeting may be requested within five (5) business days of the decision. The appeal shall be in writing and directed to the Superintendent of Schools or designee.



The superintendent or designee has complete discretion whether or not to hear the appeal. If the superintendent or designee decides to hear the appeal, such meeting shall be conducted within ten (10) business days of the date of the appeal. If such meeting is granted, the initial disciplinary action will remain in effect. The appeal meeting shall be informal and the decision of the superintendent or his/her designee shall be final.

- (5) Once a suspension or activity expulsion has been imposed, the student will not be permitted to participate in any activity unless the recommendation for suspension/expulsion is reversed after appeal.
- (6) An expulsion includes forfeiture of any school related awards for that season.
- (7) Nothing in the code shall preclude any building principal or assistant principal from suspending or excluding a student from an activity for any violation of the disciplinary rules of the Bethlehem Area School District even if the offense committed by the student would also be an offense under the terms of the *K-12 Student Code of Conduct*.
- (8) These penalties for policy infractions and discipline imposed there under are not limited to the season in which the infraction occurred.

A coach may set additional reasonable, discipline and attendance requirements at the beginning of the season.

**PARTICIPATION IN ALL SPORTS REQUIRES AN ACCEPTANCE OF RISK OF POSSIBLE INJURY. YOUR CHILD, AS A PLAYER, CAN HELP MAKE THE GAME SAFER BY NOT INTENTIONALLY USING TECHNIQUES WHICH ARE ILLEGAL AND WHICH CAN CAUSE SERIOUS INJURY.**

Please do not hesitate to contact the Athletic Office if we can help you or your child in any way during his/her athletic career with the Bethlehem Area School District.

Thank you for your kind cooperation in this very important matter.

**Freedom High School Athletic Office: 610-867-5843 x53951**

**Liberty High School Athletic Office: 610-691-7200 x50951**

Sincerely,

Bethlehem Area School District  
Department of Athletics

**(PLEASE SIGN BASD POLICY LETTER- ACKNOWLEDGEMENT FORM LOCATED ON THE FRONT OF THIS PACKET AND RETURN WITH PHYSICAL PAPERS)**

# Hygiene for Athletes

Athletes are at increased risk for numerous infections. High school, collegiate and Olympic athletes who travel and live in close contact environments are at an *even* higher risk. Infections and their effects- such as *fever* and fatigue-can adversely affect athletic performance by weakening muscles, decreasing blood flow to the body and predisposing those affected to other injuries.

Sports hygiene plays an important role in preventing disease, and proper hygiene can help reduce the spread of infections and disease. Infections among athletes are commonly acquired by:

- Sharing towels, razors, soaps, water bottles, equipment or whirlpools
- Skin injuries like turf burns and abrasions, and chaffing
- Prolonged physical contact sports - especially football, wrestling and rugby

**Wash your hands.** It sounds obvious, but do you wash every time? Before and after a workout, wash your hands properly. That means using soap, lathering up (either warm or cold water is OK), and rubbing your hands for at least 20 seconds, according to CDC guidelines. Rinse well. Dry with a clean towel, or air dry.

**Sanitize if you can't wash.** If you don't have access to soap and water, use an alcohol-based sanitizer. Pick one that has at least 60% alcohol. Apply sanitizer to the palm of one hand then rub your hands together. Rub it *over* all surfaces of your hands and fingers until your hands are totally dry.

**Germ-proof gym equipment.** Before a workout, wipe down the equipment and mats with a disinfectant spray or wipe. Then do the next person a favor -- wipe down equipment after *every* workout.

**Shower ASAP.** After a workout, resist the urge to crash on the sofa or go out to eat in your sweaty clothes. Take a shower as soon as you are able after an exercise session. Bacteria love to breed in your sweaty clothes. Shower thoroughly and dry off with a clean towel. Then put on dry, clean clothes.

**Protect your feet.** When in the shower, wear water shoes or flip-flops. Wash your feet and dry them thoroughly, especially between your toes. If you are prone to athlete's foot, use an antifungal powder on your feet.

**Wear it and wash it.** Wash and dry your workout clothes each time you wear them. This includes swimsuits and socks.

**Be skin - conscious** If you have a break in your skin, clean the area with soap and running water, cover it with a waterproof bandage, and follow up with your athletic trainer right away!

Even minor cuts and abrasions can easily become infected and should be cleaned at least daily.

**Don't share personal care items.** Don't share towels, water bottles, soap, razor, combs, brushes, or make-up.

**Turf use.** Brush turf beads from your clothes and stamp your feet to *remove* the beads when you are done on the turf. Turn your practice clothes inside out and roll in a ball before you stuff them in your bag to take them home for daily washing.