NORTHEAST
MIDDLE SCHOOL
BETHLEHEM AREA SCHOOL DISTRICT

BASD 2026-27 – FREE Summer / Fall Sports Physicals

Wednesday - 5/27 @ Freedom 5-8 Main Gym

Freedom: May 27th, 5-7:45
https://www.signupgenius.com/go/10C0E49ADAE28A0F5C07-63503905-basd#/
Please Scan for a Free Appointment:

Tuesday - 6/2 @ Liberty 5-8 Aux. Gym (Upstairs)

Liberty: June 2nd , 5-7:45
https://www.signupgenius.com/go/70A0944AAA92FA7FA7-63707292-basd#/
Please Scan for a Free Appointment:

Daulton (Warshel) LaCava, MS, LAT, ATC
Lead Athletic Trainer - St Luke's University Health Network
Sports Medicine Relationships - Bethlehem Area School District
Daulton.LaCava@sluhn.org

Arbiter Registration Instructions

Information Needed to Register:

- Student Information
- Parent/Guardian Information
- Doctor Information
- Health Insurance Information
- Emergency Contact Information

To register:

1. If this is your first-time using Arbiter Registration, go to the website ArbiterSports (https://students.arbitersports.com/organizations/liberty-high-school-pa) and click "Create Account." If you already have an Arbiter Registration account Click "Log In"
2. Create your secure Arbiter Registration family account by entering the account owners First and Last name(parent/guardian), e-mail address and password. Select "I Agree to the ArbiterSports Terms of Service" then Click "Create Account."
3. You will receive an email with a link to activate your new account. If you don't see the email, check your other e-mail folders (spam, junk, etc.).
4. Click on the link in your activation e-mail, which will log you into Arbiter Registration
5. Once you are on the registration form, complete the information requested. All fields with a red* are required to have an answer.
6. Click the Save & Continue button when your form is complete. Make sure to respond to the recruiting ad or it will not process your submission.
7. Review your registration summary.
8. Click the blue Submit button on the right side of the page. After selecting "Submit", the registration will be complete. You will receive a completion email from Arbiter Registration confirming your registration. *This does not mean your child is cleared to play yet, it just tells you the form has been submitted.*

At any time, you may log in to Arbiter Registration to update your information and to check your registration(s)/sign ups. To view a completed registration, select the "Registration" tab on the blue bar.

Support: If you need assistance with registration, contact ArbiterSports at: support@arbitersports.com or 1-800-311-4060. Support is available 7 days per week and messages will be returned promptly.

Please print out Section 5 (parent complete) & Section 6 (physician complete)

Contact List for 2026-27 Northeast MS Coaches Athletics:

Fall:

Head Football- Miguel Espinosa	Maespinosa@basdschools.org / mespinosajr@gmail.com
Football- Jared Jones	Coachjared21@gmail.com
Head Field Hockey-	Pending
Field Hockey-	Pending
Cross Country- John Huie	jhuie@basdschools.org
Cross Country- Molly Tandy	mtandy@basdschools.org
Head Girls Volleyball- Brett Bosak	bbosak@basdschools.org
Girls Volleyball- Morgan Dell	mdell@basdschools.org
Head Cheerleading- Sunni Gonzales	sgonzales@basdschools.org
Cheerleading- Victoria Pinard	vpinard@basdschools.org

Athletic Coordinator - Daniel Spieker	dspieker@basdschools.org
St. Luke's Athletic Trainer – Cassidy Morrison	Cassidy.Morrison@sluhn.org

Student's Name _____ Age_____ Grade_____

SECTION 5: HEALTH HISTORY

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

		Yes	No
1.	Has a doctor ever denied or restricted your participation in sport(s) for any reason?	❑	❑
2.	Do you have an ongoing medical condition (like asthma or diabetes)?	❑	❑
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	❑	❑
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	❑	❑
5.	Have you ever passed out or nearly passed out DURING exercise?	❑	❑
6.	Have you ever passed out or nearly passed out AFTER exercise?	❑	❑
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	❑	❑
8.	Does your heart race or skip beats during exercise?	❑	❑
9.	Has a doctor ever told you that you have (check all that apply): ❑ High blood pressure ❑ Heart murmur ❑ High cholesterol ❑ Heart infection	❑	❑
10.	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	❑	❑
11.	Has anyone in your family died for no apparent reason?	❑	❑
12.	Does anyone in your family have a heart problem?	❑	❑
13.	Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	❑	❑
14.	Does anyone in your family have Marfan Syndrome?	❑	❑
15.	Have you ever spent the night in a hospital?	❑	❑
16.	Have you ever had surgery?		
17.	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	❑	❑
18.	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	❑	❑
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	❑	❑

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

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

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

#'s	Explain "Yes" answers here:

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

Student's Signature _____ Date___/___/____

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

Parent's/Guardian's Signature _____ Date___/___/____

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

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age_____ Grade_____

Enrolled in _____ School Sport(s) _____

Height_____ Weight_____ % Body Fat (optional) _____ Brachial Artery BP____/____ (____/____ , ____/____) RP_____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/_____ L 20/_____ Corrected: YES NO (circle one) Pupils: Equal_____ Unequal_____

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

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

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

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

☐ COLLISION ☐ CONTACT ☐ NON-CONTACT ☐ STRENUOUS ☐ MODERATELY STRENUOUS ☐ NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

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

Address _____ Phone ( )

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