



NORTHEAST MIDDLE SCHOOL

BETHLEHEM AREA SCHOOL DISTRICT

BASD 2026-27 - FREE WINTER Sports Physicals

**Thursday October 22
5:00 – 7:00PM
Freedom High School
Main Gym**



<https://www.signupgenius.com/go/10C0E49ADAE28A0F5C07-66454475-basd>

Please Scan for a Free Appointment:

Free Physicals:

October 22nd from 5-7:00pm. Physicals will be held at Freedom High School in the main gymnasium. You MUST register for a physical.

Please remember to print out and complete [PIAA Sections 5 and 6.pdf](#) to bring with you to your appointment, the physicians will need to review the PIAA Section 5 medical history and complete the PIAA Section 6. These forms will be collected at check-out and scanned into your Arbiter registration.

Freedom High School- Physical Appointment Reservation: Please [sign up here](#) to reserve an appointment time for your free physical at Freedom High School!
(<https://www.signupgenius.com/go/10C0E49ADAE28A0F5C07-63503905-basd>)

Please print out Section 5 & Section 6 to complete

Contact List for 2025-26 Northeast MS Coaches Athletics:

St. Luke's Athletic Trainer – Cassidy Morrison	Cassidy.Morrison@sluhn.org
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WINTER:

Cheerleading Head- Sunni Gonzales	sgonzales@basdschools.org
Cheerleading Assistant - Victoria Pinard	vpinard@basdschools.org
Girls Basketball Head- Miguel Reyes	miguelreyes337@yahoo.com
Girls Basketball Assistant – VACANT	
Boys Basketball Head – Matthew Brown	brownnbuck@yahoo.com
Boys Basketball Assistant – Brett Bosak	bbosak@basdschools.org
Boys/Girls 7 th , 8 th , 9 th Freshman Liberty Head – Tevin Gibson	tigibson@basdschools.org
Boys/Girls Liberty Head – Kyle Dehaut	kdehaut@basdschools.org
NE Athletic Coordinator - Daniel Spieker	dspieker@basdschools.org

NORTHEAST MIDDLE SCHOOL ATHLETIC PHYSICAL INFORMATION

PIAA Participation Requirements (PLEASE READ):

INITIAL EVALUATION (Required before 1st Season of Play within a school year):

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 complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) by doing the following:

1. REGISTERED BEFORE:

- Log in to your Arbiter Registration if you have registered before (**DO NOT CREATE A NEW ACCOUNT**).

- Click the sports you are going to try out for

- Answer the recertification questions

- Parent and student must re-sign the policies

- If you competed in a sport already for the current school year and answer yes to any questions within the Section 7 Recertification block, you will need to upload a Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, within this online registration.

OR

2. NEVER REGISTERED BEFORE: (Or see Next Page)

- Create an Arbiter Registration if you have NEVER registered before. [Arbiter Link](https://students.arbitersports.com/organizations/22064/programs) (<https://students.arbitersports.com/organizations/22064/programs>)

- Have the appropriate person(s) complete the first five sections of the PIAA CIPPE Form within this online registration.

- Section 6 physical evaluation (found at PIAA.org) must be filled out by an Authorized Medical Examiner (AME), and uploaded in the appropriate section of this online registration. If you already uploaded one for this school year, you don't need to upload it again.

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/northeast-middle-school-2) (<https://students.arbitersports.com/organizations/northeast-middle-school-2>) 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 to complete (Parents)

Student's Name _____ Age _____ Grade _____ for 20____ - 20____
School Year

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

	Yes	No		Yes	No				
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	☐	☐	23. Has a doctor ever told you that you have asthma or allergies?	☐	☐				
2. Do you have an ongoing medical condition (like asthma or diabetes)?	☐	☐	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	☐	☐				
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐	25. Is there anyone in your family who has asthma?	☐	☐				
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐	26. Have you ever used an inhaler or taken asthma medicine?	☐	☐				
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐				
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐	28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐				
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐	29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐				
8. Does your heart race or skip beats during exercise?	☐	☐	30. Have you ever had a herpes skin infection?	☐	☐				
9. Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY						
☐ High blood pressure			31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	☐	☐				
☐ Heart murmur			32. Have you been hit in the head and been confused or lost your memory?	☐	☐				
☐ High cholesterol			33. Do you experience dizziness and/or headaches with exercise?	☐	☐				
☐ Heart infection			34. Have you ever had a seizure?	☐	☐				
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	☐	☐	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐				
11. Has anyone in your family died for no apparent reason?	☐	☐	36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐				
12. Does anyone in your family have a heart problem?	☐	☐	37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐				
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	☐	☐	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐				
14. Does anyone in your family have Marfan Syndrome?	☐	☐	39. Have you had any problems with your eyes or vision?	☐	☐				
15. Have you ever spent the night in a hospital?	☐	☐	40. Do you wear glasses or contact lenses?	☐	☐				
16. Have you ever had surgery?	☐	☐	41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐				
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:	☐	☐	42. Are you unhappy with your weight?	☐	☐				
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐	43. Are you trying to gain or lose weight?	☐	☐				
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:	☐	☐	44. Has anyone recommended you change your weight or eating habits?	☐	☐				
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?	☐	☐							
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 ____/____/____

Please print out Section 6 to complete (Doctor)

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 _____ for 20____ - 20____
School Year

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 ____/____/____