



ATHLETE AND PARENT: FILL OUT THIS SIDE ONLY!

*****CIRCLE SCHOOL YOU WILL ATTEND IN FALL:**

McDOWELL, MIHS, WALNUT CREEK, WESTLAKE, J.S. WILSON

SPORTS PHYSICAL FORM			
NAME:	DATE OF BIRTH:	AGE	
GRADE:	SPORT(S):	/	/
Circle all grades (in any school district) in which you participated in this sport: 7 8 9 10 11 12			
Circle all grades you completed in the Millcreek Township School District 7 8 9 10 11 12			
Have you repeated any grade beginning with grade ??			
School District in which the student resides:			
NAME OF PERSONAL PHYSICIAN:			

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever been hospitalized?		
2. Are you presently taking any medications or pills?		
3. Do you have any allergies (medicine, bees, or other stinging insects)?		
4. Have you ever passed out or have you ever been dizzy during or after exercise?		
5. Do you tire more quickly than your friends during exercise?		
6. Have you ever had chest pain during or after exercise?		
7. Have you ever had high blood pressure?		
8. Have you ever been told that you have a heart murmur?		
9. Have you ever had racing of your heart or skipped beats?		
10. Has anyone in your family died of heart problems or a sudden death before the age of 50?		
11. Do you have any skin problems (eczema, rashes, acne)?		
12. Have you ever had a head injury?		
13. Have you ever been knocked out or unconscious?		
14. Have you ever had a seizure?		
15. Have you ever had a pinched nerve?		
16. Have you ever had heat or muscle cramps, passed out or been dizzy from the heat?		
17. Do you cough or have trouble breathing during or after physical activity?		
18. Do you use any special equipment (pads, braces, neck rolls, mouth/eye guards, etc.)?		
19. Have you had any problems with your eyes or your vision?		
20. Do you wear glasses, contact lenses, or protective eye wear?		
21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? If "yes", please explain:		
22. Have you had any other medical problems (mono, diabetes, etc.)?		
23. Have you had a medical problem or injury since your last evaluation?		
24. Have you ever had surgery?		

EXPLAIN ALL "YES" ANSWERS ON THE REVERSE SIDE

I hereby state that, to the best of my knowledge, my answers to the above are correct.

SIGNATURE OF ATHLETE: X DATE: X

SIGNATURE OF PARENT/GUARDIAN: X DATE: X

PATIENT NAME:		BIRTHDATE:	AGE:
HEIGHT:	WEIGHT	BLOOD PRESSURE /	PULSE:
VISION:	RIGHT 20/ LEFT 20/	CORRECTED:	YES NO
			PUPILS:
AREA	NORMAL	ABNORMAL	INITIALS
CARDIOPULMONARY			
PULSES			
HEART			
LUNGS			
SKIN			
ABDOMINAL			
MUSCULOSKELETAL			
NECK			
SHOULDER			
ELBOW			
WRIST			
HAND			
BACK			
KNEE			
ANKLE			
FOOT			
OTHER			

CLEARANCE:

Cleared
 Cleared after completing evaluation/rehabilitation for:

Not cleared for: (Explain)

Recommendations:

PHYSICIAN'S NAME: _____ DATE: _____

*******EXPLANATION OF "YES" ANSWERS FROM REVERSE SIDE.*******

MEDICAL EXAMINER'S CERTIFICATE

Pursuant to ARTICLE V, HEALTH, Section 1, Preparticipation Physical Evaluation Necessary Before Student Begins Practice, of the PIAA By-Laws, as set forth below, I have performed a preparticipation physical evaluation (PPE) of _____ a student of _____ School, and find the said student to be physically fit to commence Practice and participate in Inter-School Practices or Scrimmages and Contests with members of school teams in the sport and during the sports season as indicated by the date of the PPE or certification and by my signature below:

Sport	Date of PPE or Cert.	Medical Examiner's Signature	(Circle One)
Baseball (Spring)	MD, DO, PAC, CRNP, SNP
Basketball (Winter)	MD, DO, PAC, CRNP, SNP
Bowling (Winter, EFFDT 7/1/04)	MD, DO, PAC, CRNP, SNP
Cross Country (Fall)	MD, DO, PAC, CRNP, SNP
Field Hockey (Fall)	MD, DO, PAC, CRNP, SNP
Football (Fall)	MD, DO, PAC, CRNP, SNP
Golf (Fall)	MD, DO, PAC, CRNP, SNP
Gymnastics (Winter)	MD, DO, PAC, CRNP, SNP
Lacrosse-Girls (Spring)	MD, DO, PAC, CRNP, SNP
Rifle (Winter)	MD, DO, PAC, CRNP, SNP
Soccer (Fall)	MD, DO, PAC, CRNP, SNP
Soccer-Girls (Spring)	MD, DO, PAC, CRNP, SNP
Softball (Spring)	MD, DO, PAC, CRNP, SNP
Swimming & Diving (Winter)	MD, DO, PAC, CRNP, SNP
Tennis-Girls (Fall)	MD, DO, PAC, CRNP, SNP
Tennis-Boys (Spring)	MD, DO, PAC, CRNP, SNP
Track-Indoor (Winter)	MD, DO, PAC, CRNP, SNP
Track & Field (Spring)	MD, DO, PAC, CRNP, SNP
Volleyball-Girls (Fall)	MD, DO, PAC, CRNP, SNP
Volleyball-Boys (Spring)	MD, DO, PAC, CRNP, SNP
Water Polo (Fall, EFFDT 7/1/04)	MD, DO, PAC, CRNP, SNP
*Wrestling (Winter)	MD, DO, PAC, CRNP, SNP

*I hereby certify the herein named student to wrestle at the following initial minimum weight classification during the current wrestling season (medical examiner circle and initial one):

SENIOR HIGH SCHOOL (Fourteen Weight Classifications):

103 lbs.	112 lbs.	119 lbs.	125 lbs.	130 lbs.	135 lbs.	140 lbs.
145 lbs.	152 lbs.	160 lbs.	171 lbs.	189 lbs.	215 lbs.	275 lbs.

JUNIOR HIGH/MIDDLE SCHOOL (Eighteen Weight Classifications):

75 lbs.	80 lbs.	85 lbs.	90 lbs.	95 lbs.	100 lbs.	105 lbs.	110 lbs.	115 lbs.
122 lbs.	130 lbs.	138 lbs.	145 lbs.	155 lbs.	165 lbs.	185 lbs.	210 lbs.	250 lbs.

Medical Examiner's Signature

**ARTICLE V
HEALTH**

Section 1. Preparticipation Physical Evaluation Necessary Before Student Begins Practice.

No student shall be eligible to represent the student's school in an Inter-School Practice, Scrimmage, or Contest unless the student has participated in a preparticipation physical evaluation performed by a licensed physician of medicine or osteopathic medicine, a physician assistant certified, a certified registered nurse practitioner, or a school nurse practitioner before the student's first Practice in that sport, and the physician, physician assistant certified, certified registered nurse practitioner, or school nurse practitioner has signed either the PIAA Medical Examiner's Certificate or the Pennsylvania Governor's Council on Physical Fitness and Sports Preparticipation Sports Physical Evaluation form. Before the student's first Practice in each subsequent sport in the same school year, the student shall be reevaluated or certified by a licensed physician of medicine or osteopathic medicine, a physician assistant certified, a certified registered nurse practitioner, or a school nurse practitioner that the student's condition is satisfactory before the student commences Practice for the intended sport, and the physician, physician assistant certified, certified registered nurse practitioner, or school nurse practitioner shall sign either the PIAA Medical Examiner's Certificate or the Pennsylvania Governor's Council on Physical Fitness and Sports Recertification for Sports Participation form.

The preparticipation physical evaluation for fall sports shall not be performed earlier than June 1. The evaluation, reevaluation, or certification for all other sports shall not be performed earlier than six weeks prior to the first Practice day for each applicable sport. The reevaluation or certification for all other subsequent sports should not be performed until after completion of the immediately preceding sport(s).

(over)

(Revised July 1, 2003)

PARENT'S/GUARDIAN'S CERTIFICATE

Pursuant to ARTICLE IV, CONSENT OF PARENT OR GUARDIAN, Section 1, Consent of Parent or Guardian Necessary Before Student Begins Practice, of the PIAA By-Laws, as set forth below, I 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 commence Practice and participate in Inter-School Practices or Scrimmages and Contests during the school year in the sport as indicated by my signature following the name of the said sport approved below.

Sport

Signature of Parent or Guardian

- Baseball (Spring)
- Basketball (Winter)
- Bowling (Winter, EFFDT 7/1/04).....
- Cross Country (Fall)
- Field Hockey (Fall)
- Football (Fall)
- Golf (Fall)
- Gymnastics (Winter)
- Lacrosse-Girls (Spring)
- Rifle (Winter)
- Soccer (Fall)
- Soccer-Girls (Spring)
- Softball (Spring)
- Swimming & Diving (Winter)
- Tennis-Girls (Fall)
- Tennis-Boys (Spring)
- Track-Indoor (Winter)
- Track & Field (Spring)
- Volleyball-Girls (Fall)
- Volleyball-Boys (Spring)
- Water Polo (Fall, EFFDT 7/1/04).....
- Wrestling (Winter)

Attest Principal

ARTICLE IV

CONSENT OF PARENT OR GUARDIAN

Section 1. Consent of Parent or Guardian Necessary Before Student Begins Practice.

Except as otherwise provided in this Article, a student shall be eligible for Practice or participation in each sport only when there is on file with the student's Principal a certificate of consent, which is signed by the student's parent or guardian. The only valid certificate of consent is either the PIAA Parent's/Guardian's Certificate or the Pennsylvania Governor's Council on Physical Fitness and Sports Health Record and Questionnaire - Parent/Guardian Consent form.

NOTE: For PIAA By-Law requiring PREPARTICIPATION PHYSICAL EVALUATION before student is eligible see other side.

PARENT'S/GUARDIAN'S CERTIFICATE

I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices or Scrimmages and Contests involving PIAA member schools. Such requirements include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Signature of Parent or Guardian

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.

I further consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Signature of Parent or Guardian

(Revised July 1, 2003)

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MILLCREEK TOWNSHIP SCHOOL DISTRICT

ATHLETIC PARTICIPATION AND VERIFICATION FORM

STUDENT'S NAME X SPORT X
SCHOOL X GRADE X

Parent/ Guardian and Athlete: Please read each section and sign in the appropriate areas

INSURANCE VERIFICATION

The school is not liable for injuries incurred in school or the sports program. All financial responsibility arising from such injuries shall be assumed by parents or guardians. For this reason, all athletes participating in any of the competitive sports programs with other schools are encouraged to purchase the basic insurance program made available by the school as a supplement to personal or family health insurance plans. Please note that HIGH SCHOOL FOOTBALL participation is NOT covered by the policy available in school. All other sports in the Millcreek program are included in the coverage.

INSURANCE WAIVER: We do not choose to obtain the student insurance which is available through the school district because this pupil is covered under:

Policy Number: X Written by X Insurance Company.

Date: X Parent/Guardian Signature: X

This certifies that the above named has purchased school insurance or has the above waiver properly signed for the school year ____ - ____

Representing the Millcreek Township School District in interscholastic athletic activities is a privilege that carries with it responsibilities to the school, to the team, to the student body, to the community, and is provided to help students develop physically, mentally, socially, and emotionally. The personal growth resulting in participation in these activities is a vital part of a total educational experience.

ELIGIBILITY

Along with being a resident of the school district, having parental permission, passing a physical examination, and certifying insurance coverage, all athletes must conform to the following P.I.A.A. regulations:

1. AGE: No pupil is eligible for that school year if he/she is 19 years old on or before July 1.
2. AMATEUR STATUS: No pupil is eligible who has accepted money or prizes, or has signed a contract to perform athletically.
3. ATTENDANCE: If you are absent from school during a semester for a total of twenty (20) days, you will lose your eligibility until you have been in attendance for a total of sixty (60) school days following your 20th day of absence.
4. TRANSFER: See the principal and athletic director if you have transferred from another school during grades nine through twelve.
5. PERIOD OF ATTENDANCE AND PARTICIPATION AND GRADE REPETITION: You will lose your eligibility when you have been in attendance more than eight semesters beyond the eighth grade. If you repeat a grade after eighth, you will be ineligible as a senior.
6. MULTIPLE PARTICIPATION: You will lose your eligibility in a sport for the remainder of the season if, while a member of your high school team, you participate in an athletic contest as a member of another team in the same sport during the same season, unless your school principal waives this rule by sending an appropriate letter to the P.I.A.A. Executive Director.
7. ACADEMIC AND CURRICULAR REQUIREMENTS:
 - A. You must pursue a curriculum defined and approved by your principal as a full-time curriculum.
 - B. You must have passed at least six full-credit subjects or the equivalent during the previous grading period, except that eligibility for the first grading period is based on your final grades for the preceding school year. If you fail to meet this requirement, you will lose your eligibility for the first twenty (20) school days of the next grading period.
 - C. You must adhere to the academic guidelines established for the athletics and extra-curricular activities (123.1) of the Millcreek Township School District.

ACADEMIC GUIDELINES:

2004-2005 Must be passing five courses or the equivalent.

** Remediation includes required student submission of a "Remedial Success Plan" to bring up the failing grade within two weeks with signatures of the student, coach, and content teacher.

TRAINING RULES

Athletes must abstain from using tobacco, alcoholic beverages, and non-prescribed drugs at all times. Failure to comply with these and other specific team rules may result in suspension or possible dismissal from the team in accordance with the Millcreek Township School District athletic disciplinary policy.

COACHING PREROGATIVES

In all activities the coach alone has certain prerogatives. They are as follows:

1. Selection, placement, and play of personnel.
2. Determining practice times, dates, and procedures in compliance with school regulations and policies.
3. Determining event strategies.
4. Enforcing all guidelines and training rules related to their activity.
5. Determining letter award winners based on the athletic handbook guidelines.

EQUIPMENT ISSUED

Each student-athlete is required to return all issued equipment within the time limits established by the coach. Lost, stolen, or damaged equipment must be paid for by the student-athlete.

PLEASE INDICATE THAT YOU HAVE READ THE INFORMATION IN THIS SECTION, UNDERSTAND THE OBLIGATIONS, AND AGREE TO THE TERMS STATED:

DATE: X _____ STUDENT/ATHLETE SIGNATURE: X _____
 DATE: X _____ PARENT/GUARDIAN SIGNATURE: X _____

I HAVE READ THE STUDENT ACTIVITIES DISCIPLINE RULES AND AGREE TO ABIDE BY AND SUPPORT THEM

DATE: X _____ STUDENT/ATHLETE SIGNATURE: X _____
 DATE: X _____ PARENT/GUARDIAN SIGNATURE: X _____

PERMISSION STATEMENT BY PARENT AND STUDENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics may be one of the least hazardous activities in which any student will engage, in or out of school, a risk of injury ranging in severity from minor to long-term catastrophic, including possible exposure to bloodborne pathogens, ALWAYS EXISTS. Therefore we urge all parents and students to take every precaution necessary for insuring a safe athletic experience.

The majority of travel accommodations are provided by the school district, however there exists the possibility that the student may use their own transportation to and from athletic events and practices. It must be understood that responsibility and liability rests solely with the parent or guardian when this circumstance exists.

Participants have the responsibility to help reduce the chance of injury: Players MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT EQUIPMENT DAILY.

BY SIGNING THIS PERMISSION FORM WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING

I hereby give my consent for my son/daughter X _____ to participate in X _____ and give my permission for him/her to participate in any travel associated with the sport as authorized by the Millcreek Township School District.

DATE: X _____ STUDENT/ATHLETE SIGNATURE: X _____
 DATE: X _____ PARENT/GUARDIAN SIGNATURE: X _____