



*Athletic Department*  
**Elizabethtown Area School District**  
*Athletic Physicals Checklist*  
**2022-2023**

Complete the following checklist for student-athletes who have intentions of participating in an EASD interscholastic athletic program. *All appropriate papers must be completed in their entirety prior to a student-athlete being allowed to practice or participate in a contest.*

**\*\*\*Completed paperwork packets with payment must be turned in no later than  
8/3/22 (Fall) 11/11/22 (Winter) & 2/27/23 (Spring)\*\*\***

1. **PIAA Emergency Card for Athletes:** Required to be carried by all coaches in the event that your son/daughter needs emergency care.
2. **Athletic Department Information Sheet**
3. **PIAA Assumption of risk form:** signed by both parent/guardian AND athlete
4. **Pre-Participation Physical (Section 7):** Please note that you must visit your physician **AFTER June 1** for the physical to be acceptable towards the upcoming sports season.
  - a. **Section 1:** Personal and Emergency info
  - b. **Section 2:** Certification of parent/guardian, signed by parent/guardian
  - c. **Section 3:** Understanding risk of concussion, signed by both parent/guardian AND athlete
  - d. **Section 4:** Understanding Sudden Cardiac Arrest , signed by both parent/guardian AND athlete
  - e. **Section 5:** Supplemental Acknowledgement, Waiver & Release: COVID 19, signed by both parent/guardian AND athlete
  - f. **Section 6:** Health History, signed by both parent/guardian AND athlete
  - g. **Section 7:** PIAA Pre-Participation Physical Evaluation & Certification of Authorized Medical Examiner-filled out and signed by physician  
**PIAA mandates that this form is completed AFTER June 1.**
5. **Participation fee of \$50:** via SchoolPay  
(<https://www.etownschools.org/site/Default.aspx?PageID=12165>)
6. **EASD HS/MS-Player/Parent/Coach/AD Guidelines**
7. **EASD Consent/Liability Release for Communicable Diseases**

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# PIAA<sup>®</sup>



Promote, Protect and Conserve...

## Emergency Card for Athletes

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

- Emergency card/authorization for each athlete must accompany the athlete at all times.
- The card for each athlete should be carried in the first-aid kit for each sport.
- The card for each athlete should be readily accessible to the Coach, athletic trainer, or emergency personnel.
- Prior to the start of each sport, the card for each athlete should be reviewed by the Coach/trainer/athletic director or any other medical personnel for completeness.
- Include emergency phone numbers or significant medical history.

**Please complete the information below prior to participation in each sports' season:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Blood Type: \_\_\_\_\_

**In case of accident or emergency, please contact:**

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 # ( ) \_\_\_\_\_

Pre-Existing Circulatory/Pulmonary Conditions: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Inhalers: \_\_\_\_\_

Allergies or Allergic Reactions: \_\_\_\_\_

Medications Being Used: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_\_

Have you ever had a concussion (i.e. bell rung, ding, head rush) or head injury? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Pertinent Information: \_\_\_\_\_

Permission to Treat: \_\_\_\_\_ Parent's/Guardian's Signature

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Elizabethtown Area School District  
Athletic Department

Student Name: \_\_\_\_\_

PARENT Email: \_\_\_\_\_

List all sports you plan on participating in this school year:

Fall \_\_\_\_\_

Winter \_\_\_\_\_

Spring \_\_\_\_\_

**\$50.00 PARTICIPATION FEE** (Payment is only required for the current season)

*We are now encouraging online payments using SchoolPay. SchoolPay is a payment service that allows families to pay for items such as lunch accounts, athletic & lab fees online at your convenience and may pay for multiple students in one transaction.*

*More information on SchoolPay can be found by visiting our website at:*

*<https://www.etownschools.org/site/Default.aspx?PageID=12165>*

SchoolPay Transaction # \_\_\_\_\_

OR

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Paid by: \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

\*If a student receives free/reduced lunch, the fee is waived, but we need a parent signature.

Parent signature for waiver: \_\_\_\_\_

Additional Children for current season @ \$25:

*By signing below, you acknowledge that you have read and understand the information found in the Student Handbook in regards to extra curricular participation which can be found on the Elizabethtown Area School District website via the Athletics page.*

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

ACKNOWLEDGMENT OF PIAA REQUIREMENTS AND ASSUMPTION OF RISK FORM

STUDENT/ATHLETE NAME \_\_\_\_\_ YEAR 2022-2023

Circle the grade you will be attending this school year: 7 8 9 10 11 12

Prior to participating in any practice or tryout sessions for any interscholastic sport each athlete must successfully pass the PIAA approved Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) by a registered physician and the copy of such examination must be on file in the Athletic Office. One current physical examination per year is sufficient for all sports during that school year.

**NOTE:** All CIPPE examinations expire as of midnight, May 31st of current school year.

I understand that participating in Elizabethtown Area interscholastic athletics is a privilege, not a right. I will abide by the Elizabethtown Area School District Code of Conduct, the Extracurricular Participation Contract, the head coaches' team rules, and the rules of the P I A A to ensure the right of participation.

**Pennsylvania Interscholastic Athletic Association By-Laws-Article IV-Section I**

A pupil shall be eligible for practice or participation in each sport only when there is on file with the principal/athletic director A Certificate of Consent (see below) that is signed by his/her parent or guardian. I (parent/guardian) acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA members' schools to participate in interscholastic athletic contests involving P I A A member schools. Such requirements include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, semesters of attendance, season of sports participation, and academic performance (see PIAA.org for additional information).

**Certificate of Consent**

I hereby consent to the release by the Elizabethtown Area School District to P I A A of any portion of the school record file of the student necessary to enable P I A A to determine whether other above named pupil is eligible to participate in interscholastic athletics involving P I A A member schools, specifically including, without limiting the generality of the foregoing, birth and age record, name and residence address of parent or guardian, residence of pupil, academic work completed, grades received, and attendance data.

In accordance with the P I A A By-Laws, Article IV, Section I, I give my consent for the above named student, a pupil of the Elizabethtown Area School District, to take part in the athletic contests during the school year **2022-2023** in the sport listed in Section 2 of the Comprehensive Pre-Participation Physical Evaluation (CIPPE) as indicated by my signature.

**STUDENT ATHLETE MEDICAL INSURANCE**

Elizabethtown Area School District does **NOT** carry athletic injury insurance for any of our interscholastic sports. It is the responsibility of the parent or guardian of the student athlete to be responsible for any and all medical costs associated with any injury or illness the athlete sustains while participating in athletics.

**Reporting of Injuries**

When injured, all student athletes must immediately report the injury, no matter how insignificant, to their coach. Every injured athlete is then required to report the injury to the certified athletic trainer. In addition, all further issues or updates on the injury should be reported to the certified athletic trainer.

**Assumption of Risk**

I understand there are inherent dangers involved with sports participation and am aware that participating in athletics can result in severe injury or even death from a variety of circumstances and assume the risks involved. I acknowledge that my signature below will act as my notification of being properly advised, cautioned and warned that I am exposing myself to risk of injury, including but not limited to, the risk of sprains, fractures and ligament and cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding the risk of injury.

STUDENT ATHLETE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/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 # ( ) \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

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.

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

#'	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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ELIZABETHTOWN AREA ATHLETIC DEPARTMENT  
HIGH SCHOOL & MIDDLE SCHOOL  
PLAYER/PARENT/COACH/ATHLETIC DIRECTOR  
GUIDELINES**

The Athletic Department at EASD has high expectations for every student-athlete that joins our teams. This document is to provide both the student-athlete and his/her parents with a clear understanding of expectations the Athletic Director and coaching staff has for each individual player.

*"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results." Andrew Carnegie*

**Players Agreement:**

The goal of the Athletic Department is to not only make each player a better athlete, but also a better student and individual. To reach this success, the Athletic Department requires each player and his/her parents to agree to the following Guidelines:

- 1. ATTITUDE** – Take steps to learn, choose to work on being better. "Change your words, change your mindset!"
- 2. WORK ETHIC** – Endurance, comparison and drive. Work hard every day, both on and off the field, in and out of the classroom. Extra work makes a huge impact! Do your schoolwork. This comes first!
- 3. BE ON TIME and BE PREPARED** – Every role on our teams requires different levels of preparation, both physical and mental. Attend every workout, practice, scrimmage, and game. If you have a conflict, discuss this directly with your coach.
- 4. PASSION** – Have fun. You play this game because you enjoy it. Push yourself and show you want to learn.
- 5. RESPECT** – Respect is expected. UNDERSTAND that both on AND off the field you are not only representing yourself, but also your school, your community, your teammates, your coaches, and your family!
- 6. BEING COACHABLE** – Push yourself to explore new ideas, learn to adapt to new coaches, and coaching strategies. Be patient!
- 7. NO CELLPHONES** –During practice, scrimmages, games, and workouts cell phones will not be permitted. A coach must approve use of cell phones on team buses.
- 8. TRAVEL ON TEAM BUSES** – Players must travel on team buses. We are together as a team! If there is a conflict, the player must discuss this with a coach PRIOR to the event.
- 9. ENERGY** – Personal energy is like electricity. Train your mind on how you should utilize it!

## **10. PARENT/PLAYER/COACH COMMUNICATION:**

*"Your child's success or lack of success in sports does not indicate what kind of parent you are. However, having an athlete that is a great teammate, coachable, respectful, mentally tough, resilient, and tries his/her best, is a direct reflection of your parenting."*

Our EASD coaching staff will need to make athletic decisions regarding your child. At times you and your child may not always agree with those decisions.

### **Expectations of Parent/Guardian**

- Support their student-athlete's efforts toward success.
- Work to promote a positive environment that is conducive to the development of the student athlete.
- Become familiar with and review the Code of Conduct with the student athlete.
- Communicate any concern in a timely manner.
- Treat all coaching personnel with courtesy and respect, and insist their student-athlete do the same.

### **Appropriate concerns to discuss with coaches:**

- The treatment of your child.
- Ways to help your child improve
- Concerns about your child's behavior.

Playing time discussions between the parent and coach have always been "off-limits" in our athletic program, as it leads down a path of a parent putting down another player.

It may be difficult when you perceive that your child is not playing as much as you hope. Coaches are professionals and they make judgments based on what they believe to be best for each student involved, the team, and the program. As you have seen from the list above, certain things can be and should be discussed with your child's coach. Other things, such as the amount of playing time, coaching strategies, and concerns about other students should be left to the discretion of the coach.

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 involved have a clear understanding of the other's position. When these conferences are necessary, the following procedures should be followed to help promote a resolution to the issue or concern.

### **If there is a concern to discuss with a coach, the following procedure should be used:**

1. Please encourage your child to speak directly to the coach. Many times the matter can be taken care of through this process.
2. Call the coach to set up an appointment.
3. If the coach cannot be reached, call the Athletic Director's office. They will assist you in arranging a meeting.
4. 24 HOUR RULE - Please do not present your concerns to a coach before or after a contest or practice. These can be emotional times for both the parent and the coach.
5. If the meeting with the coach does not provide a satisfactory resolution, call and set up an appointment with the Athletic Director to discuss the situation.

### **Expectations of the Coach**

- Coaches will be on time and be prepared for training sessions, and games.
- Players and parents can expect the coaches to be fair and give an honest evaluation of players.
- Coaches will promote good sportsmanship and lead by example.
- Coaches will maintain good communication with parents and players.
- Coaches will hold players accountable who do not abide by good sportsmanship, and attendance at games and practice sessions.
- Coaches will work toward not only the development of their team, but the individual development of each player.



Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided here makes both your child's and your experience with the Elizabethtown Area School District athletic program less stressful, more rewarding and an enjoyable experience.

**ELIZABETHTOWN AREA ATHLETIC DEPARTMENT  
HIGH SCHOOL & MIDDLE SCHOOL  
PLAYER/PARENT/COACH/ATHLETIC DIRECTOR  
GUIDELINES**

Coach: \_\_\_\_\_

Sport: \_\_\_\_\_

Season: \_\_\_\_\_

By signing this document you are acknowledging that you read it and understand the Guidelines.

Player Signature: \_\_\_\_\_

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

Player – please print your name: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

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

Parent(s) Signature: \_\_\_\_\_

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

For Office Use Only:

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

## **Elizabethtown Area School District**

### **Athletic/Extracurricular Activity Participation Consent & Liability Release for Communicable Diseases**

The COVID-19 pandemic has presented athletics and other activities across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be more vulnerable.

While it is not possible to eliminate the risk of COVID-19 spread, Elizabethtown Area School District (EASD) will take precautions and endeavor to comply with federal, state and local guidelines to reduce risks to students, coaches, their families and others. As knowledge regarding COVID-19 is constantly changing, EASD reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our students, staff, and spectators. The following are among currently intended steps with respect to sports and other extra-curricular activities (which might change or be eliminated in the future as guidelines change or EASD moves to a different phase):

1. Health screenings prior to any practice, event, or team meeting, with participation in the activities being limited and/or prohibited when an individual displays symptoms. Screening will be as determined appropriate for each activity, and may include questioning and taking temperature.
2. Instruct students, coaches and staff to perform a self-check for COVID-19 symptoms before attending any practice, event or team meeting.
3. Encourage social distancing and healthy hygiene practices such as hand washing, hand sanitizer, etc.
4. Intensify cleaning, disinfection, and/or ventilation of EASD equipment and facilities.
5. Educate students, coaches, and others on health and safety protocols.
6. Require students, coaches, and others to provide their own water bottle for hydration.
7. If a student is at an event and is identified as a positive COVID-19 case, a presumptive positive COVID-19 case, or a close contact, the parent/guardian will pick the student up at the event as soon as possible and transport them home.

With full knowledge of risks, by signing this form the undersigned consents to the student participation in the activity and agree to the following release of liability. For ourselves, our heirs, and as a parent or legal guardian for the student named below, the undersigned, release all possible liability claims against EASD, its Board of School Directors, and their successors, assigns, officers, agents, employees and volunteers to the extent such claims arise from COVID-19 or other communicable disease, and from illness or of death the student or the undersigned as a result of the student's participation in this activity.

The undersigned further agrees that the student will participate in screenings that may occur before any meeting, practice, game or competition associated with the activity and to

**promptly disclose any COVID-19 symptoms before attending any meeting, practice, game or competition related to the activity**

**The undersigned acknowledge that:**

- 1. Participation in athletics or other extracurricular activities may include an exposure to communicable diseases including but not limited to MRSA, influenza, and/or COVID-19.**
- 2. They are aware of the risks associated with communicable disease and that certain vulnerable individuals may have greater health risks associated with exposure to communicable disease, including individuals with serious underlying health conditions including, 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.**
- 3. While following guidelines and personal discipline may reduce the risks associated with participating in such activities, the risk of serious illness, medical complications, and possible death does exist.**
- 4. Failure to comply with COVID-19 mitigation efforts may be cause for suspension or removal of the student from the team.**

**We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for illness resulting from student's participation in such activities. We also agree to comply with all requirements put forth by the EASD to limit the exposure and spread of communicable diseases. We certify that we believe student to be in good physical condition, and we allow participation at our own risk.**

**Sport/Activity:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Signature of ALL Parents/Guardians:**

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

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

**Signature of Student:**

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