

COUNCIL ROCK SCHOOL DISTRICT

Athletic Participation Packet

(Please read the following instructions carefully to avoid having your forms rejected)

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

Please read the entire page carefully, and complete the entire form. Be sure to include a secondary emergency contact, in case either parent cannot be reached. Also include any known allergies or medications being taken. This form must be completed in its entirety.

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

PIAA Parent's/Guardian's Certificate (back) Please read and completely fill out this form. There are 5 blanks in the top section that need to be completed. The parent or guardian must sign next to the appropriate sport. If your student plans on participating in more than one season the parent must sign next to each applicable sport. Finally, there are 4 sections that need to be read and signed by a parent or guardian.

SECTION 3: HEALTH HISTORY

Parent and student should complete this page. Please carefully read each question and answer them to the best of your knowledge. It is very important for the health and safety of your athlete that this form is filled out properly. The parent and student must sign this form.

SECTION 4: PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Once your Authorized Medical Examiner has completed the pre-participation physical they should note any concerns in the appropriate section. They must then select your athlete's level of clearance, sign, and date the form. ***The physicals for the school calendar year may not be completed any earlier than June 1st.***

SECTION 5: COUNCIL ROCK SCHOOL DISTRICT CO-CURRICULAR REGULATIONS

Parent and student should read this form completely. Both parent and student must sign the form. Please print the athlete's name clearly on the appropriate line, and be sure to include sport and grade.

SECTION 6: ATHLETIC DEPARTMENT ELIGIBILITY

Athletic Department Eligibility Form (front) Parent and student should read this form carefully and complete it. **Please print clearly as we have to transfer this information to other forms.** Both parent and student must date and sign the form.

These forms should be handed into the coach no later than the first day of practice. If an athlete shows up for the first day of practice without these forms completed correctly they will not be allowed to participate until they are.

QUESTIONS?

If your child is attending one of the high schools, questions regarding the pre-participation packet should be directed as follows: Physical and medical history questions should be directed to the athletic trainer at your school, CR-North at 215-944-1368 or CR-South at 215-944-1185. Questions about any other part of the packet should be directed to the athletic department at your school, CR-North 215-944-1314 or CR-South 215-944-1103.

If your child is attending one of the middle schools, and you have any questions about the pre-participation packet, please contact the Athletic Office at your school.

Newtown - (215) 944-2615
Holland - (215) 944-2700
Richboro - (215) 944-2515

COUNCIL ROCK SCHOOL DISTRICT PRE-PARTICIPATION PHYSICAL EVALUATION

Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, the student is required to complete a physical evaluation.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION (Please print clearly)

Student's Name _____ Student's Grade _____

Current Physical Address _____

Current Home Telephone # () _____

Current Cellular/Work Telephone # Mother () _____
(Circle Appropriate)

Current Cellular/Work Telephone # Father () _____
(Circle Appropriate)

Parent E-mail Address _____

EMERGENCY INFORMATION (*when parents can not be reached*)

Emergency Contact Person's Name _____ Relationship _____

Address _____ Telephone () _____

MEDICAL INFORMATION

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 Should be Aware _____

_____ Wears Glasses/Contacts (circle appropriate)

Student's Prescription Medications _____

Student's Immunizations (e.g. tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, Pneumococcal; meningococcal; varicella):

Up to date and on file in the nurse's office.

Not up to date Specify _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ and a resident of the Council Rock Public School District, to commence practice and participate in contests during the _____ school year as indicated by my signature following the name of said sport approved below. **(Sign**

All That Apply)

SPORT

Signature of Parent or Guardian

- Baseball (Spring) _____
- Basketball (Winter) _____
- Bowling (Winter) _____
- Cheerleading (Fall Winter) _____
- Cross Country (Fall) _____
- Field Hockey (Fall) _____
- Football (Fall) _____
- Golf (Fall) _____
- Lacrosse – Girls (Spring) _____
- Lacrosse – Boys (Spring) _____
- Soccer – Boys (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) _____
- Wrestling (Winter) _____

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 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.

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 reports of Inter-School Practices or Scrimmages and 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 a licensed physician of medicine or osteopathic medicine 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 or Scrimmages and 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 assume and agree to pay indebtedness or physicians' and surgeons' fees and hospital charges for such emergency medical care.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

SECTION 3: HEALTH HISTORY

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

	Yes	No		Yes	No																
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>																
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<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"/>																
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<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"/>																
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>																
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>																
6. Have you ever passed out or nearly passed out AFTER 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"/>																
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>																
8. Does your heart race or skip beats 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"/>																
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High blood pressure			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> Heart murmur			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High cholesterol			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> Heart infection			34. Do you have headaches with exercise?	<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"/>	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"/>																
11. Has anyone in your family died for no apparent reason?	<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"/>																
12. Does anyone in your family have a heart problem?	<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"/>																
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<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"/>																
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>																
16. Have you ever had surgery?	<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"/>																
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis that caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<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"/>	43. Are you trying to gain or lose weight?	<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"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>																
<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="padding: 2px;">Head</td> <td style="padding: 2px;">Neck</td> <td style="padding: 2px;">Shoulder</td> <td style="padding: 2px;">Upper Arm</td> <td style="padding: 2px;">Elbow</td> <td style="padding: 2px;">Forearm</td> <td style="padding: 2px;">Hand/ Fingers</td> <td style="padding: 2px;">Che st</td> </tr> <tr> <td style="padding: 2px;">Upper Back</td> <td style="padding: 2px;">Lower Back</td> <td style="padding: 2px;">Hip</td> <td style="padding: 2px;">Thigh</td> <td style="padding: 2px;">Knee</td> <td style="padding: 2px;">Calf/ Shin</td> <td style="padding: 2px;">Ankle</td> <td style="padding: 2px;">Foot / Toe s</td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Che st	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot / Toe s			45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Che st														
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot / Toe s														
20. Have you ever had a stress fracture?	<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"/>																
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"/>	FEMALES ONLY																		
			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"/>																

Question #	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 4: PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation.

Name _____ Age _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____/____ (____/____) (____/____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
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 and further certify that the student does not have any communicable illness or condition, which would pose a danger to teammates and/or competitors:

- Cleared Cleared after completing evaluation/rehabilitation 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) _____

Name of physician (print/type) _____ License # _____

Address: _____ Telephone: _____

Signature of Examiner _____ MD/DO/PAC/CRNP/SNP (circle one) Date ____/____/____
(after June 1st for each school year)

SECTION 5: Council Rock School District Co-Curricular Regulations

The Council Rock School District believes that students who have the privilege and benefit of membership in school sponsored co-curricular programs should conduct themselves as responsible representatives of the school and district. In order to assure this conduct, coaches, advisors, and sponsors enforce these Council Rock School District Co-Curricular Regulations, which includes all policies and procedures established by Council Rock. Members of teams and organizations must always serve as models of high character and must demonstrate appropriate academic commitment, which is expected from all students. As recognized representatives of their school, members are expected to exhibit appropriate behavior during the season (activity) or out of season, in uniform or out of uniform, on campus (school grounds) or off campus (school grounds.) Furthermore, members of teams and organizations who fail to abide by these regulations are subject to disciplinary action, which may include dismissal from the team and/or activity.

The opportunity to participate in the Council Rock co-curricular program is extended to all students who are willing to assume responsibilities as outlined in these regulations. Any student participating in a co-curricular program must, along with their parents/guardians, sign this agreement to follow these regulations. These regulations are not meant to usurp or restrict the responsibility of parents. The Council Rock School District feels very strongly that parents must monitor their own children’s behavior and impose their own disciplinary measures beyond those consequences that may be imposed by the school.

Student responsibilities, in addition to the expectations stated above:

- 1- Abide by all policies, rules and regulations of the district, the school, and the program.
- 2- Adhere to all eligibility requirements.
- 3- Complete all the necessary paperwork / permission forms.
- 4- Care for and return all issued equipment, supplies and materials.

I have read and understand the provisions and expectations of the Council Rock School District Co-Curricular Regulations. As a student, I vow to adhere to these regulations with an understanding that any violation may jeopardize my participation. As the parent, I will hold my child accountable to the provisions of these regulations.

Sport or Activity _____

Student Name (Please Print Clearly)

Grade

Student Signature

Date

Parent Signature

Date

* All Council Rock School District Policies can be accessed on-line at the Council Rock Website @ www.crsd.org. Policies are listed under the School Board heading and Board Policies Subheading.

SECTION 6: ATHLETIC DEPARTMENT ELIGIBILITY

Please Print

School Year / Grade

Name _____
Last First Middle

Address _____
Street City State Zip

Place of Birth _____ Date of Birth _____ Age _____
City (NOT HOSPITAL) State

If you are 19, were you born before 7/1? Yes _____ No _____

What school district do you reside in? Council Rock _____ Other _____

List the school sponsored sports you participated in for each of these seasons:

	Fall	Winter	Spring
7 th Grade			
8 th Grade			
9 th Grade			
10 th Grade			
11 th Grade			
12 th Grade			

Have you repeated any grade from 7th through 12th? Yes _____ No _____ If so, what grade? _____

How many semesters have you completed in each grade (2 semesters equals 1 full year):
 7th _____ 8th _____ 9th _____ 10th _____ 11th _____ 12th _____

Were you absent 15 or more school days (total) during the previous semester? Yes _____ No _____

Were all of your semesters in Council Rock Schools? Yes _____ No _____

If No, please list the schools you attended. _____

Have all of your high school semesters (9-12) been at Council Rock? Yes _____ No _____

If No, where did you attend? _____

If you have any questions about the information that is being requested, please contact the athletic office at your school. Phone numbers for those offices are listed on the cover page of this packet.

We certify that the above information is accurate.

 Student Signature

 Parent Signature

 Date