



# CALVARY CHRISTIAN ACADEMY ATHLETIC OFFICE

A Ministry of Calvary Chapel of Philadelphia  
13500 Philmont Avenue Philadelphia, PA 19116

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Dan McGuigan - Athletic Director  
215-969-2404 ext. 264/dmcguigan@ccphilly.org  
Caitlin George-Assistant Athletic Director  
215-969-2404 ext. 260 /cgeorge@ccphilly.org

## *2022-2023 CCA Athletics Fall Sports Information*

All 6<sup>th</sup>-12<sup>th</sup> grade students are permitted and encouraged to try out for a team. Please read below for a list of important dates and requirements for any athlete planning on trying out for a Fall Sport this upcoming school year. Please keep in mind that starting dates are tentative and may change (field/court conditions, weather, etc.). If you have any questions regarding Fall Sports or Registration, please email Caitlin George, Assistant Athletic Director at [cgeorge@ccphilly.org](mailto:cgeorge@ccphilly.org).

***JV/Varsity Athletes:*** Though the 2022-2023 School Year does not begin until Thursday, September 1<sup>st</sup>, Junior Varsity and Varsity preseason tryouts/practices are mandatory. Preseason tryouts/practices take place every day, Monday through Friday (dates and times below). All athletes who are trying out are expected to be in attendance every day. An athlete's absence from these preseason tryouts/practices may result in his/her inability to make the team or can hinder his/her participation due to lack of commitment and lack of Coach evaluation. Please plan accordingly regarding planning vacations or making other plans that would affect your athlete's attendance during these weeks.

### ***Fall Sports Offered***

**Middle School Level (6<sup>th</sup>-8<sup>th</sup> Grade)** – Boys Soccer, Girls Soccer

**Varsity Level (9<sup>th</sup>-12<sup>th</sup> Grade)** – JV and Varsity Boys Soccer, JV and Varsity Girls Soccer, Co-Ed Varsity Cross Country, Varsity Girls Tennis, Varsity Girls Cheerleading

### ***Fall Sports Start Dates***

**Monday, August 15<sup>th</sup>:** First Day of Tryouts for JV/Varsity Fall Sports

**Tuesday September 6<sup>th</sup>:** First Day of Tryouts for Middle School Fall Sports

### ***Registration/Paperwork***

***JV/Varsity Fall Sports- DUE FRIDAY, AUGUST 5<sup>th</sup>***

***Middle School Fall Sports- DUE FRIDAY, AUGUST 26<sup>th</sup>***

***ALL Paperwork can be dropped off at the HS Office during summer hours, emailed to Caitlin George ([cgeorge@ccphilly.org](mailto:cgeorge@ccphilly.org)), or mailed:***

Calvary Christian Academy  
Attn: Athletic Office  
13500 Philmont Ave  
Phila PA 19116

Forms can be found at <https://cca.ccphilly.org/athletics/athletic-guidelines-and-forms/>



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## Paperwork Needed:

- Registration and commitment forms
- Driver eligibility form, social media/communication form
- Sections 1-7 of the PIAA forms (Section 7 is the PIAA Physical) **This must be completed and dated on/after 6/1/2022**
- Athletic Fee (\$200, \$300 for Cheerleading)- Checks made payable to CCA (if you would like to pay online, please let me know and I will have a link sent to you)

## JV/ Varsity Tryouts: Monday, August 15<sup>th</sup>

**Tryouts continue through this week. Following this tryout week, practices and the regular season continue through the end of October/beginning of November.**

***\*Please note these times are tentative and could change based on weather/unforeseen conflicts\****

- JV and Varsity Boys Soccer-8am-11am @ Somerton Youth Organization (1400 Southampton Road, Phila PA 19116)
- JV and Varsity Girls Soccer- 8am-10am @ Somerton Youth Organization (1400 Southampton Road, Phila PA 19116)
- Varsity Girls Tennis: 3:30-5:30 @ Maon Mills Park (3500 Masons Mill Rd, Willow Grove, PA 19090)
- Varsity Cross Country- 6pm-7:30 @ Playwicki Farm
- Varsity Girls Cheerleading: 3:15pm-5:15pm @ CCA's HS Gym

## Middle School Tryouts: Tuesday, September 6<sup>th</sup>

**Tryouts continue through this week. Following this tryout week, practice and the regular season continue through the end of October**

***\*Please note these times are tentative and could change based on weather/unforeseen conflicts\****

- Middle School Boys and Girls Soccer- 3:15pm-5:15 @ Somerton Youth Organization (1400 Southampton Road, Phila PA 19116)

## Transportation Information

- Athletes are responsible for transportation to and from tryouts and practices during the preseason.
  - Once School Begins, Middle School athletes, and Varsity athletes who do not drive/carpool to Somerton on their own:
    - CCA will provide transportation to practices, and home games. We do not provide transportation back to CCA following practices and home games. Athletes need to be picked up promptly at Somerton Youth Organization at the end of their practice time/game.
  - CCA will provide transportation to and from all away contests unless otherwise noted. We ask that you keep in contact with your athlete on away days, so they can provide you with an accurate return time back to CCA (traffic, game/meet runs long, etc.).



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## **2022-2023 Winter Sports Deadlines and Start Dates (all dates subject to change)**

(Middle School Basketball, JV and Varsity Basketball)

- **Friday, October 21<sup>st</sup>:** All paperwork due for Middle School Girls Basketball
- **Monday, October 31<sup>st</sup>:** 1<sup>st</sup> day of Middle School Girls Basketball Tryouts (season runs 10/31 approx. 12/20)
- **Monday, November 7<sup>th</sup>:** All paperwork due for JV and Varsity Basketball
- **Friday, November 18<sup>th</sup>:** 1<sup>st</sup> day of JV and Varsity Basketball Tryouts (season runs 11/18-approx. 3/3)
- **Monday, December 12<sup>th</sup>:** All paperwork due for Middle School Boys Basketball
- **Tuesday, January 3<sup>rd</sup>:** 1<sup>st</sup> Day of Middle School Boys Basketball Tryouts (season runs 1/3- approx. 3/2)

## **2022-2023 Spring Sports Deadlines and Start Dates (all dates subject to change)**

(Middle School Baseball, Middle School Softball, Varsity Baseball, Varsity Softball, Varsity Track and Field)

- **Friday, February 24<sup>th</sup>:** All paperwork due for Spring Sports
- **Monday, March 5<sup>th</sup>:** First Day of Varsity Spring Sports (seasons run 3/6- approx.5/26)
- **Monday, March 20<sup>th</sup>:** First day of Middle School Spring Sports (seasons run 3/6-approx. 5/26)

# 2022-2023 Calvary Christian Academy Sports Registration Form

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## STUDENT INFORMATION

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

GENDER: CIRCLE (M/F)

AGE: \_\_\_\_\_

GRADE (22-23) SCHOOL YEAR) \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

\_\_\_\_\_  
\_\_\_\_\_

SPORT YOU ARE TRYING OUT FOR: \_\_\_\_\_

## CONTACT INFORMATION/MEDICAL INFORMATION

ATHLETE'S INSURANCE COMPANY: \_\_\_\_\_ POLICY# \_\_\_\_\_

**ARE THERE ANY PHYSICAL LIMITATIONS OR PROBLEMS THAT SHOULD BE KNOWN BY THE ATHLETIC TRAINER/COACH?**

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FATHER/GUARDIAN NAME: \_\_\_\_\_ PRIMARY PHONE# \_\_\_\_\_

SECONDARY PHONE# \_\_\_\_\_ EMAIL (TO RECEIVE SCHEDULING UPDATES) \_\_\_\_\_

MOTHER/GUARDIAN NAME \_\_\_\_\_ PRIMARY PHONE# \_\_\_\_\_

SECONDARY PHONE# \_\_\_\_\_ EMAIL (TO RECEIVE SCHEDULING UPDATES) \_\_\_\_\_

*I hereby give my permission to have my child take to a hospital and treated in case of emergency. In consideration of the named student being permitted to participate in the interscholastic sport, we hereby release Calvary Christian Academy and its employees and agents from all liability for any harm, injury or death that the student may suffer while participating in interscholastic sports. We also agree to indemnify and save harmless Calvary Christian Academy and its employees and agents from any and all claims asserted by or on behalf of the named student arising out of participation in interscholastic sports. As well, in accordance with the purpose and spirit of the PIAA by-laws, Article IV, Section 1, I give consent for my son/daughter, a pupil of Calvary Christian Academy, to take part in extracurricular athletic activities in the sport noted above, I state that I have answered the questions about and that, to the best of my knowledge, my answers to the questions are complete and correct.*

*By registering, you agree to be bound by the terms of Calvary Chapel of Philadelphia's Resolution on Participation in Church Activities found at [www.ccp Philly.org/church-activities-resolution/](http://www.ccp Philly.org/church-activities-resolution/). If you do not have internet access, you may obtain a copy of the Resolution on Participation in Church Activities from the Church Office.*

Parent Signature and Date: \_\_\_\_\_

# 2022-2023 Calvary Christian Academy

## Commitment Contract

Athletes, please read and sign below:

1. I have read the entire Athletic Handbook (found at [cca.cphilly.org/athletics](http://cca.cphilly.org/athletics)), and I understand the philosophy and policies contained in it. I agree to abide by these policies.
2. I understand that joining a team requires a high level of commitment. Therefore, if I am selected to the team, I will not quit before the season is completed. I will also be at all games, practices, and team functions barring illness or injury. If I am going to be absent or late to a practice or game, I will give my coaches advance notice.
3. I understand that being selected for a team is not a guarantee of any set amount of playing time. I agree that the coach has authority to dictate playing time based on his/her evaluation of the team.
4. I understand how important communication with my Coach is. If I have a question or disagreement with my coach, I will discuss it with him/her only. I will do this in private.
5. I understand that being prepared is an important aspect of Athletics. I will make sure to bring my uniform and all necessary equipment for games and practices.
6. I will not neglect my school work due to being a part of a team and understand the Academic Probation rules as outlined in the Athletic Handbook.
7. I will exemplify Christ in my behavior and attitude on and off the field. I will be respectful of coaches, officials, opponents, and other authority figures, and uplift and encourage my teammates and opponents.

ATHLETE SIGNATURE: \_\_\_\_\_

Parents/Guardians, please read and sign below

1. I/We have read the entire Athletic Handbook (found at [cca.chilly.org/athletics](http://cca.chilly.org/athletics)) and I/We understand the philosophy and policies contained in it. I/We agree to abide by these policies.
2. I/We understand that joining a team requires a high level of commitment. Therefore, if my/our son/daughter is selected to the team, I will not allow him/her to quit before the season is completed. I/We will be timely in picking our son/daughter up from practices and games. If my/ our son/daughter is going to be absent or late for a practice or game, I/we will give the coach advance notice.
3. I/We understand that being selected for a team or payment of an Athletic Fee is not a guarantee of any set amount of playing time. I/We understand that the Coach has authority to dictate playing time based on his/her evaluation of the team.
4. I/We understand how important communication with the Coach is. If I/we have a question or disagreement with the Coach, I/we will respectfully discuss it with the Coach only. I/We will do this in a private setting after scheduling a time with the Coach away from the field/court.
5. I/We understand the Academic Probation rules as outlined in the Athletic Handbook and will support my/our son/daughter in their academics.
6. I/We will be respectful of Coaches, Opponents, Official and Athletic Staff. I/We will cheer in a positive fashion and not degrade the opposition and/or officials.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

# 2022-2023 Calvary Christian Academy Student Athlete Driver Eligibility, Athlete and Coach Communication Form

## Student Driver Eligibility:

Student Athlete's Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

Please check all that apply:

I give my son/daughter permission to drive to and from practices/games with another student driver for my athlete's respective sport. (Please note that Calvary's insurance policy does not cover your student when driving with another student driver or Coach in their personal vehicles)

My son/daughter may only drive to games/practices in a Calvary Vehicle provided by the school

My son/daughter may drive in a Coaches personal car when a Calvary vehicle is not available.

## Social Media and Communication in Athletics:

Calvary Christian Academy Student Athletes are expected to represent themselves in a Christ-like manner while using different social media platforms. CCA Student Athletes not only represent themselves, but their respective Teams, Coaches, Families, Ministry, and the Lord.

CCA Student-Athletes are expected to interact with fellow student- athletes, opponents, coaches, officials, and fans in a way that is glorifying to the Lord on social media platforms. Any violation of this is subject to consequence from both CCA and CCA Athletics. Any activity that is not meeting these standards should be reported to CCA's Athletic Director (Shawn Bramble) immediately. Social Media activity must also follow CCA Student Handbook Policies as well as NFHS, PIAA, and BAL rules.

## Communication Between CCA Coaches/Student Athletes

School approved Coaches and extracurricular activity leaders can communicate only with parental permission through the "Remind" app (or similar apps specifically cleared by the Athletic Department and Administration). Text messaging is for information-giving or activity-related purposes only, Personal communication should not take place. Approved informational or activity related purposes would include checking in on an injury status, notifying of last-minute schedule changes/cancellations, and checking on the welfare or a student in a situation where they are unaccounted for, late, etc.

In the event a coach provides a phone number for student athletes to meet the standards above, student athletes should only by using this resource for emergencies, information-giving, or activity-related purposes or communication.

I agree to allow communication following the above guidelines between my son/daughter and their respective coach/coaches.

Parent 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 off 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 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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have (check all that apply):										
<input type="checkbox"/> High blood pressure			<input type="checkbox"/> Heart murmur							
<input type="checkbox"/> High cholesterol			<input type="checkbox"/> Heart infection							
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest			
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes			
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b>										
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"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>FEMALES ONLY</b>										
47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
48. How old were you when you had your first menstrual period?										
49. How many periods have you had in the last 12 months?										
50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

#s	Explain "Yes" answers here:

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_