

POTTSVILLE AREA SCHOOL DISTRICT IMPORTANT FALL SPORTS INFORMATION

Parents / Guardians:

Attached in this packet are a number of important documents:

1. Meeting dates
2. Contact Information
3. Important Instructions

Instructions for the student-athlete who will participate in a fall sport during the 2022-2023 school year.

1. Completely read all paperwork sent home.
2. Bring a complete Section 6 of the CIPPE Form and a blank Section 7 of the CIPPE Form (Forms are in this packet and can be found on school district website) with you to your scheduled physical time if you are having your physical done at St. Luke's.
3. Please wear shorts and a t-shirt to your physical.

Online Registration:

The Pottsville Athletic Department will be doing online registration through a secure program called Student Central. This program is a new program and instructions on how to register will be provide prior to the start of Fall Sports.

PARTICIPATION FEE:

The Pottsville Area School District has approved a **one-time Participation Fee** (\$50 for Grades 9-12 Sports/Activities and \$25 for Junior High Sports/Activities). So, if a student plays multiple sports and/or participates in multiple activities, the fee will remain \$50 for Grades 9-12 Sports/Activities and \$25 for Junior High Sports/Activities.

When you register, your son or daughter for their "FIRST SPORT or ACTIVITY", you will be asked to make the Payment. This payment will be done by using a credit card, debit card, or a PayPal account. Please note: You will be charged in addition to the fee a processing fee of a \$1.75) ALL Payments must be made online. **The Athletic Department WILL NOT ACCEPT CASH OR CHECKS.**

REFUND of the Participation fee will only be granted if a student registers for a sport and then decides prior to the start of season not to participate in that sport or if the student is cut from the team.

****REFUNDS WILL NOT BE GRANTED IF A STUDENT ATHLETE QUILTS OR IS DISMISSED FROM THE TEAM PRIOR TO THE END OF THE SEASON.**

Physical Information:

Fall Sport Physicals will take place on Saturday, June 4th at the Geisinger St. Luke's Medical Office Building, 1165 Centre Turnpike, and Orwigsburg, PA 17961 - 9:00 AM - 1:00 PM

Use this Bookings link to register a student athlete for a free sports physical. - <https://outlook.office365.com/owa/calendar/StLukesSportsMedicine@sluhn.onmicrosoft.com/bookings/s/VKrCVZs0X02PFHWcrB-70Q2>

Families will receive a confirmation email when they make an appointment. If someone mentions they did not receive this confirmation, please have them check their Spam folder. A 48-hour reminder email will also be sent out.

If you cannot attend this physicals, you must schedule an appointment with your own physician. If you are going to get a physical from your own doctor, please take Sections 5 and 6 of CIPPE form to your doctor. You can print these forms at:

<https://www.pottsville.k12.pa.us/cms/lib/PA01916599/Centricity/Domain/132/Section%206%20and%207.pdf>

Any student-athlete who has received a physical by his or her own physician has to have had that physical take place on or after June 1, 2022. Please be sure to take Section 5 and Section 6 of the CIPPE form to your doctor. No physicals performed before June 1, 2022 will be accepted regardless of purpose of the prior physical.

Preseason Parents' Meeting for all sports and all levels:

All parents and athletes are expected to attend pre-season coaches meetings. These meetings are sport-specific and are held by sport coaches prior to the season. This year they will be held in conjunction with the Pottsville Athletic Department Pre-season Meeting. **The meeting will take place on Thursday, August 4, 2022. The meeting will begin promptly at 7:00 p.m. in the High School Auditorium.** Coaches from all fall sports will be present to host their sport specific meetings that evening as well.

The Pottsville Athletic Department Pre-season meeting will be brief and inform you of some basic athletic department policies and procedures, followed by sport specific meetings in other classrooms. This is an excellent opportunity for parents who are new to Interscholastic athletics to hear information on insurance, injuries, and programs, as well as have an opportunity to ask questions which they may have. Sport coaches will distribute and discuss valuable information that will help your student-athlete have a successful sport experience.

Veteran athletic parents and their athletes will also not want to miss this evening as your sport coach will also hold his/her preseason meeting that evening. At this portion of the pre-season meeting parents and athletes will receive information on schedules and practice times, regulations, and expectations. It is a meeting you should not miss

The first day of practice for all FALL sports is:

MONDAY, AUGUST 15, 2022

For additional questions, please contact:

Cheerleading – Melisa Recla, Head Cheerleading Coach – melissajr25@yahoo.com

Cross Country – Kelly Lombel, Head Cross Country Coach – klombel@pottsville.k12.pa.us

Football – Tom McGeoy, Head Football Coach – tmcgeoy@pottsville.k12.pa.us

Jr High Football – Mark Laubenstine, Head Coach mlaub@saintclairsd.org

Golf – Michael Anthony, Head Golf Coach – manthony@pottsville.k12.pa.us

Boys' Soccer – Zachary Reichert, Head Boys' Soccer Coach – zach@embersquad.com

Girls' Soccer – Robert Stock, Head Girls' Soccer Coach – robert.stock.2@us.af.mil

Girls' Tennis – Adrian Portland, Head Girls' Tennis Coach – asportland@pottsville.k12.pa.us

Girls' Volleyball – Maria Sherakas, Head Girls' Volleyball Coach – msherakas@verizon.net

High School Athletic Office – 570-621-2977.

A comprehensive list of all Pottsville athletic events can be found at www.pottsvilleathletics.org

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):			CONCUSSION OR TRAUMATIC BRAIN INJURY							
<input type="checkbox"/> High blood pressure	<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"/> Heart murmur	<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"/> High cholesterol	<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"/> Heart infection	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a seizure?	<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 been disabled from heart disease or died of heart problems or 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, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you unhappy 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"/>					
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>						FEMALES ONLY		
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"/>						47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<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"/>

#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 ____ / ____ / ____