

## **POTTSVILLE AREA SCHOOL DISTRICT IMPORTANT SPRING 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 spring sport (which will be their first sport of the year) during the 2023-2024 school year.**

1. Completely read all paperwork sent home.
2. Bring a complete Section 5 of the CIPPE Form and a blank Section 6 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 Pottsville Area High School.
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. Registration information is attached.

**Students who registered for a fall sport do not need to do a full registration again, but the student and/or parent should log into the system and complete the recertification form and make sure they have "signed up" for the winter sport they will be playing.**

### **PARTICIPATION FEE:**

Great News!!! The Pottsville Area School District has decided to eliminate all Participation Fees effective with the 2023-2024 School year.

### **Physical Information:**

**Spring Sport Physicals will take place at Pottsville Area High School on Friday, February 23rd from 12:00 pm until 300 pm **Reminder: if a student athlete played a fall and/or winter sport and did not suffer a season ending injury, he or she does not need another physical.****

Use this Bookings link to register a student athlete for a free sports physical. -

<https://forms.gle/s1EgnnT72tPyoPQ29>

**Once the registrations are completed, times will be assigned and students will be contacted.**

**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, 2023. Please be sure to take Section 5 and Section 6 of the CIPPE form to your doctor. No physicals performed before June 1, 2023 will be accepted regardless of purpose of the prior physical.**

**Preseason Parents' Meeting for all SPRING sports and all levels:**

The Pottsville Athletic Department Pre-season Winter Sports Meeting will take place **will take place on Thursday, February 22, 2023. The meeting will begin promptly at 7:00 p.m. in the High School Auditorium.**

This meeting will be brief and inform you of some basic athletic department policies and procedures. 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.

The first day of practice for all SPRING sports is:

**MONDAY, MARCH 4, 2023**

**For additional questions, please contact:**

**Baseball**—Mr. Michael Welsh, Head Varsity Coach [mwelsh@pottsville.k12.pa.us](mailto:mwelsh@pottsville.k12.pa.us)

**Softball**—Mr. Charles Rinaldo, Head Varsity Coach [crinaldo@pottsville.k12.pa.us](mailto:crinaldo@pottsville.k12.pa.us)

**Boys Tennis**—Mr. Adrian Portland, Head Varsity Coach [asportland@pottsville.k12.pa.us](mailto:asportland@pottsville.k12.pa.us)

**Boys Track**—Mr. Charles Schuster, Head Varsity Boys Coach [cschuster@pottsville.k12.pa.us](mailto:cschuster@pottsville.k12.pa.us)

**Girls Track**—Mrs. Kelly Lombel, Head Varsity Girls Coach [klombel@pottsville.k12.pa.us](mailto:klombel@pottsville.k12.pa.us)

**\*\*If you are a Junior High Athlete, please contact the Varsity Coach of the sport that you are playing and they will refer you to the appropriate coach\*\***

**High School Athletic Office – 570-621-2977.**

A comprehensive list of all Pottsville athletic events can be found at [www.pottsvilleathletics.org](http://www.pottsvilleathletics.org)





## BigTeams Student Central Returning Families – Sign In As Feature

1. Login to Parent account (Must be linked with Student)
2. Click **My Profile** and then **Emergency Contact**
3. Make sure all information is up to date, clicking **Update** at the bottom of the page

**Athletic Forms**

4. Click **Athletic Forms**
5. **Sign** forms for your student(s) as the parent
6. Complete all form requirements at bottom of page
7. Once complete, click **My Profile** and then **Linked Accounts**

**→ Sign In As**

8. Click the **SIGN IN AS** button next to the first student's name
9. **\*You are now logged in as the student\***
10. Click **Athletic Forms**
11. Sign forms as logged in student
12. Click Return to Parent button to sign out or sign in as another linked student

**↶ Return to Parent Account**

**NOTE:** Once forms are completed, users will receive a notification letting them know all forms have been completed



## BigTeams Student Central

### Parents – Create Your Student Account Help Guide

1. Go to <https://studentcentral.bigteams.com/>
2. Click **Sign Up to Create New Account** and complete the four step account creation
  - o Who is this account for? Select Parent/Guardian
  - o What School are you registering for? Input the name of the school that your oldest participating student attends
  - o Input your Personal Information for your Parent/Guardian account
  - o Input Username (Email) and Password
3. From the Linked Accounts page in **My Profile**, click "+ Link Student Account"
4. Search for your Student to see if they have already created an account.
  - o NOTE: Check out the Self Help menu for "Account Linking Guide"
5. If your student does not have an account, click the hyperlink for "If your student does NOT have an account OR is not yet 13 years old, click HERE" and complete the five steps for creating the student account
6. Once created, be sure to input your **EMERGENCY CONTACT** information (Left Navigation under My Profile), and then complete the form requirements by going to **ATHLETIC FORMS**
7. After signing the forms as a Parent, navigate back to My Profile followed by Linked Accounts, and have your student(s) use the Sign In As button to complete any "Awaiting Athlete Signature" requirements
  - o NOTE: Check out the Self Help menu for "(Returning) Student/Parent "Sign In As" Feature" help guide
8. Once your forms are approved, a notification will be sent to your listed email address and/or mobile number. Notification settings can be adjusted by going to **My Profile** followed by **Notifications**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

**SECTION 5: HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form.  
Circle questions you don't know the answers to.

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):</p> <p><input type="checkbox"/> High blood pressure      <input type="checkbox"/> Heart murmur</p> <p><input type="checkbox"/> High cholesterol      <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan Syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td> </tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/Toes</td> </tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b></p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>MENSTRUAL QUESTIONS- IF APPLICABLE</b></p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. When was your last menstrual period? _____</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/Toes										

#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 6: 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 \_\_\_\_/\_\_\_\_/\_\_\_\_