

POTTSVILLE AREA SCHOOL DISTRICT IMPORTANT WINTER 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 winter 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 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 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:

Winter Sport Physicals will take place at Pottsville Area High School on Monday, October 30th from 1:00 pm until 230 pm **Reminder: if a student athlete played a fall 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://docs.google.com/forms/d/17efP222ibSa2bfrS4XmWzZX2hiqQxrJ6-b0WsPMc0E/edit>

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 WINTER sports and all levels:

the Pottsville Athletic Department Pre-season Winter Sports Meeting will take place **will take place on Wednesday, November 8, 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 FALL sports is:

FRIDAY, NOVEMBER 17, 2023

For additional questions, please contact:

Boys Basketball—Jake Wartella, Head Varsity Boys Coach jwartella@pottsville.k12.pa.us

Girls Basketball—Stephen Ennis, Head Varsity Girls Coach steveennis622@gmail.com

Wrestling—Gary Keener, Head Varsity Coach gkeener@pottsville.k12.pa.us

Swimming—Sandy Englert, Head Coach kickinggirl@comcast.net

****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



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

A blue rectangular button with the text "Athletic Forms" in white, centered on the button.

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**

A blue rectangular button with a white right-pointing arrow icon followed by the text "Sign In As" in white.

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

A white rectangular button with a thin orange border, containing a white circular arrow icon followed by the text "Return to Parent Account" in black.

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.

- | | | | | | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------|-----------|--|--------------------------|--------------------------|
| | 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"/> High cholesterol | <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"/> Heart murmur | <input type="checkbox"/> | <input type="checkbox"/> | 33. Do you experience dizziness and/or 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"/> | 34. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 11. Has anyone in your family died for no apparent reason? | <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"/> | | | | | |
| 12. Does anyone in your family have a heart problem? | <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"/> | | | | | |
| 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"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 14. Does anyone in your family have Marfan Syndrome? | <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"/> | | | | | |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <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"/> | 41. Do you wear protective eyewear, such as goggles or a face shield? | <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"/> | 42. Are you unhappy with your 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"/> | 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/Fingers | Chest | 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/Toes | 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | | | | | | MENSTRUAL QUESTIONS- IF APPLICABLE | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | 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? | _____ | _____ |
| | | | | | | | | 49. How many periods have you had in the last 12 months? | _____ | _____ |
| | | | | | | | | 50. When was your last menstrual period? | _____ | _____ |

#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 ____/____/____