



# Laurel School District

## Instructions for Completing Athletic Participation Forms

ALL FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAM TIMES. NO STUDENT WILL RECEIVE A SCHOOL PHYSICAL IF THIS PAPERWORK IS NOT TOTALLY FILLED OUT. ALL PAPERWORK MUST BE COMPLETED IN ITS ENTIRETY TO PARTICIPATE IN SCHOOL SPONSORED SPORTS ACTIVITIES – THERE ARE NO EXCEPTIONS!

### 1. LAUREL'S SPORTS SIGN-UP SHEET

- CIRCLE THE SPECIFIC SPORT(S)
- FILL OUT STUDENT'S PERSONAL INFORMATION AND INSURANCE INFORMATION
- THE PROSPECTIVE ATHLETE MUST HAVE SCHOOL INSURANCE OR FAMILY INSURANCE TO PARTICIPATE. YOU MUST LIST COMPANY, POLICY NUMBER, AND PHONE NUMBER
- PARENT/GUARDIAN MUST SIGN AND DATE THIS FORM

### 2. SECTION 1: PIAA PERSONAL AND EMERGENCY INFORMATION- PLEASE COMPLETE

### 3. SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

- COMPLETE SECTION A WITH NAME, AGE, BIRTHDAY, AND SCHOOL YEAR.
- **PARENT SIGNATURE REQUIRED IN SIX (6) PLACES**
  - MARK ALL SPORTS PARTICIPATING IN 2023-2024 SCHOOL YEAR

### 4. SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

- READ AND SIGN BY PARENT/GUARDIAN AND STUDENT AT BOTTOM OF PAGE

### 5. SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

- READ AND SIGN BY PARENT/GUARDIAN AND STUDENT AT BOTTOM OF PAGE

### 6. SECTION 5: HEALTH HISTORY

- ANSWER YES OR NO THEN EXPLAIN ANY "YES"
- PARENT AND STUDENT SIGNATURE REQUIRED AT BOTTOM OF THIS SECTION

### 7. SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION

- **ON TOP OF PAGE FILL IN THE STUDENT'S NAME, AGE, GRADE, SCHOOL, AND SPORT**

### 8. ATHLETIC CODE OF CONDUCT

- READ AND SIGN BY PARENT/GUARDIAN AND STUDENT AT BOTTOM OF PAGE
- 

### 9. SPORTS PARTICIPATION PROCEDURE

- READ AND INITIAL EACH STATEMENT

### 10. STRENGTH AND CONDITIONING WAIVER

- READ AND SIGN BY PARENT/GUARDIAN AT BOTTOM OF PAGE. FILL IN INSURANCE INFO.

# FALL SPORTS SIGN-UP

CIRCLE ONE VARSITY FOOTBALL – VOLLEYBALL – CROSS COUNTRY – GOLF

7& 8 GIRLS BASKETBALL – 7 & 8 FOOTBALL – J.H. CROSS COUNTRY

VAR. & JV CHEERLEADERS – J.H. CHEERLEADERS

## PLEASE PRINT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHPLACE (CITY/STATE) \_\_\_\_\_

GRADE (UPCOMING SEASON) \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF EMERGENCY CALL

\_\_\_\_\_  
*Name* *Relationship* *Phone*

Circle the years of participation in this sport including THIS COMING YEAR

Grade            7            8            9            10            11            12

## INSURANCE INFORMATION

In order to participate in any sport or organized extra-curricular activity, students **MUST HAVE INSURANCE** – either STUDENT INSURANCE or FAMILY INSURANCE. . . If there is no family insurance coverage, you would have the ability to purchase student accident insurance. Student Accident Insurance will provide complete coverage up to its specified limitations. If at any time family coverage changes or ends, you must notify the Athletic Director immediately. Failure to carry insurance will cause a forfeiture of participation and the parents/guardians to be responsible for all medical costs until proper medical insurance coverage is obtained. The Laurel School District carries a FOOTBALL policy on the VARSITY FOOTBALL TEAM ONLY. This insurance provides coverage for the first \$100.00 expense incurred and then becomes a cooperative policy with the parent's own hospitalization up to the limits of that policy. When the limit of the parent's policy is reached the School Policy will pick up any additional covered expenses to the limits of the School Policy. **COVERAGE ENDS WITH THE LAST VARSITY FOOTBALL GAME. VARSITY FOOTBALL PLAYERS ARE NOT COVERED FOR PHYSICAL EDUCATION CLASSES AND OTHER SPORTS OR ACTIVITIES UNLESS THEY HAVE STUDENT ACCIDENT INSURANCE OR FAMILY INSURANCE.**

All injuries or suspected injuries **MUST** be reported to the nurse, coach, or trainer on the day they occur so that an accident report may be filled.

Insurance policies do not cover anyone who continues to practice or play while under treatment for any injury. A written doctor's release must be handed into the school nurse before any injured athlete may continue participation in said sport.

Coverage of benefits for both Football and Student Accident Insurance is limited to the listing on the Summary of Coverage Sheet on the policy. The School's financial obligation is limited to this coverage. It is the Parent's responsibility to handle all paperwork pertaining to the insurance of covered student. The school nurse will provide necessary forms and information but is not responsible for filling out or mailing of any insurance papers.

I, undersigned, have read and understand the above information on insurance coverage and hereby verify my son/daughter is covered by:

\_\_\_\_\_ School Insurance            and/or            \_\_\_\_\_ Family Insurance with the \_\_\_\_\_  
Insurance Company and the Policy Number \_\_\_\_\_

\*\*\*I also give my consent for the student named herein to commerce practice and participate in the sport circled above.

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

\_\_\_\_\_  
*Date*

*An Equal Rights and Opportunities School District*



**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 six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 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 7 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 8 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: HEALTH HISTORY**

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like asthma or diabetes)?  | <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"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?  | <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"/> |
| 8. Does your heart race or skip beats during exercise?  | <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"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heart murmur   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heart infection  | <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"/> |
| 11. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?  | <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"/> |
| 14. Does anyone in your family have Marfan Syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery?  | <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"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  | <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"/> |
- |            |            |          |           |       |           |               |            |
|------------|------------|----------|-----------|-------|-----------|---------------|------------|
| 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?  Yes  No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  Yes  No
22. Do you regularly use a brace or assistive device?  Yes  No

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 23. Has a doctor ever told you that you have asthma or allergies?                              | <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"/> |
| 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?                                    | <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"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever had a herpes skin infection?   | <input type="checkbox"/> | <input type="checkbox"/> |

**CONCUSSION OR TRAUMATIC BRAIN INJURY**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?            | <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"/> |
| 33. Do you experience dizziness and/or headaches with exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure?   | <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"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <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"/> |
| 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"/> |
| 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?   | <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"/> |
| 42. Are you unhappy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?  | <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"/> |
- MENSTRUAL QUESTIONS- IF APPLICABLE**
47. Have you ever had a menstrual period?  Yes  No
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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **Laurel School District Athletic Code of Conduct**

Supplement to the School's Student Code of Conduct and Discipline Code

The primary purpose of the athletic program in the Laurel School District is to promote the physical, mental, social, emotional, and moral well being of the participants. It is hoped that athletics in our schools will be a positive force in preparing youth for an enriching and vital role in American life.

The athletic program is an important and integral part of the total school program and is open to participation by all students regardless of individual differences. Through voluntary participation, the athlete gives time, energy, and loyalty to the program. He/she, also, accepts the training rules, regulations, and responsibilities, which are unique to an athletic program. In order to contribute to the welfare of the group, the athlete must willingly assume these obligations, as the role demands that the individual make sacrifices not required of others. Parents and coaches also contribute to the welfare of the program. The parental role is to support the student-athlete as they make the efforts necessary to be part of an athletic program. Parental involvement is expected to be supportive of the overall program. Coaches are expected to push student-athletes to their maximum potential, but also model the expected behaviors that they have for student-athletes. Coaches are to communicate often with all stakeholders, including parents.

In sum it is the expectation of the Laurel School District, that in addition to the Student Conduct and Discipline Code, athletic program participants, parents/guardians, coaches and volunteers are also governed by the Middle-High School Athletic Code.

### **Coach/Volunteer Expectations:**

- Treat all players, parents/guardians, opponents, and officials with respect. Teach and inspire students to love and respect the game and the idea of healthy competition by competing fairly and in a sportsmanlike manner. Demonstrate all personal expectations from athletes at all times. Maintain control over all players and command discipline and respect at all times. Respect and abide by all P.I.A.A. and district rules and policies at all times. Monitor all student-athletes' grades and behavior to ensure that the student athlete's academic performance is at an acceptable level not only for athletic participation but more importantly to meet the requirements for graduation. Immediately report any breach of the code of conduct committed by any student, athlete, parent/guardian, and/ or coach/volunteer to the appropriate school authority.
- Maintain a current copy of procedures and policies for sport after preseason parent, student-athlete meeting. A secondary copy should also be on file with the athletic director. Report all game scores and statistics to the appropriate news venues. Exercise prudent judgement on the length and dates of

all scheduled practices, tournaments, games, and other team functions, Maintain consistent and professional communication with all members of the team, including athletes, parents/guardians, statisticians, athletic department administrators, volunteers, etc. Maintain precise records of equipment used and/or issued to students during season. After conclusion of season, report any damaged materials/equipment to the athletic director and store remaining equipment pieces in allocated areas. Document and issue a penalty in accordance to any team rules or procedures, school discipline code of conduct, and/or athletic code of conduct in a fair and consistent manner.

## Player Expectations:

- Treat all fellow teammates, opponents, coaches/volunteers, officials, and parents with respect.
- Adhere to all P.I.A.A., team rules/procedures, and school district rules/procedures in regard to sportsmanship and participation.
- Demonstrate self-control, personal discipline, and adult-like behavior at all times.
- Respect and accept all official's calls and decisions without gestures, comments, arguments, or other forms of disapproval or disagreement.
- Win with dignity; lose without excuses or blame.
- Conduct yourself at all times in a manner that represents character and sportsmanship traits that are acceptable in today's society.
- Complete all necessary requirements for participation (physicals, paperwork, team meetings, etc.) in a timely fashion.
- Social media (Twitter, Instagram, Facebook, etc.) will only be used in a positive manner and will not negatively discuss the program, coaches, players, referees, decisions of athletic department, etc.
- Maintain a productive line of communication between coach/volunteers and self.
- Be responsible for all issued equipment during the season. Report damages and/or lost equipment immediately to the head coach.
- **Must be in attendance at school by 10:30 A.M. and be in attendance at least half of the school day in order to participate in an athletic contest/practice that day.** An exception will be made if the student has an approved medical appointment; in which case, the student must present to the attendance supervisor, a signed statement from the doctor regarding the absence. The administrator may also approve participation in cases of family emergency or a funeral. If a student is absent the last school day of the week, and the contest is a non-school day, the student must have permission from a parent to participate. Lastly, a student injured and/or has medical treatments cannot participate again until the date indicated by the student's doctor.
- Acquire all necessary school work and other assignments before leaving school for a practice, game, and/or other contests.

- Maintain appropriate grades and level of work needed to earn all credits towards graduation (failure to do so will require participation in mandatory study program MSP).
- Inform coaches when unable to attend a practice or a contest with the understanding that failure to attend mandatory events, practices, and/or contests may result in loss of playing time, starting position, and/or other disciplinary actions set forth from team rules and policies.
- Understand that my adherence to team rules and procedures, school students conduct policies, and rules set forth through the Laurel Athletic Code of Conduct and P.I.A.A. govern my playing time, continuation on the team, and manner at which I participate. These rules and procedures are non-negotiable and will be used in a consistent manner with all athletes.
- Failure to adhere to the athletic code of conduct shall result in the disciplinary action up to and including termination from participation in a sport or sports.

**Parent/Guardian Expectations:**

- Be a positive role model at each athletic contest towards son/daughter, teammates of son/daughter, officials, opponents, fans, and others.
- Support the coach and his/her decisions regarding matters of the team.
- Enjoy the game and your son/daughter's participation in the game rather than coaching from the sidelines.
- Social media (Twitter, Instagram, Facebook, etc.) will only be used in a positive manner and will not negatively discuss the program, coaches, players, referees, decisions of athletic department, etc.
- Communicate in a professional manner with the coach and other members of the athletic department and maintain a positive and supportive working relationship. If it is necessary to speak with the head coach and/or other members of the athletic department, understand that a conference should not be requested until 24 hours after the conclusion of the event in question. It is highly inappropriate to approach the coach at the conclusion of a game or practice.
- Realize that the primary value of athletic participation is to provide our youth with an opportunity for self-development, physically, emotionally, and mentally.
- Respect the judgement of the officials and refrain from openly criticizing, arguing, gesturing, verbally attacking, and/or other forms of disapproval or disagreement. Refrain from coarse and threatening language as well as physical forms of aggression.
- Encourage son/daughter to play with passion and enthusiasm and to exhibit good sportsmanship at all times.
- Place the emotional and physical well-being of each student-athlete ahead of your personal desire to win.

- Support the program by volunteering and helping with fundraisers, youth programs, etc.
- Encourage son/daughter to speak with coaches and build their independence to manage conflict and other tasks associated with personal growth.
- Monitor eating habits and sleeping habits to ensure the health and safety of the student-athlete.
- Ensure that all paperwork, physicals, meetings, etc. are completed in a timely fashion and turned into the proper authority figure.
- Provide any equipment and/or materials needed for your son/daughter to participate in a safe and healthy manner.
- Help son/daughter prioritize responsibilities in his/her life. School work, relationships, after-school commitments are all vital to a student's success. Set forth a standard of following through on commitments.
- Remember that the game is for the showcasing of the student-athletes abilities and talents, not the **fans**.
- Ensure that every effort is made for your son/daughter to attend all practices, games, tournaments, camps, etc, and if not, will require your son/daughter to inform the coach as soon as possible.
- Join in on team functions and activities when appropriate.
- Remain in the appropriate spectator areas during all competitions and events.
- Make only sportsmanlike comments and/or positive remarks to student athletes from Laurel or opposing school districts, officials, and other contest authorities.
- Understand that your respect for others and demeanor during the contests will be evaluated by the Laurel School District and can result in removal from the current contest, removal from future contests, and/or other actions denoted worthy by the school district.
- Furthermore, parents are to refrain from questioning a student-athlete's playing time. Playing time is at the sole discretion of the coach. If you wish to talk about strategy, that is a fair discussion.
- Failure to adhere to the athletic code of conduct shall result in disciplinary action up to but not limited to permission to be on the premises of the Laurel School District. In sum a parent could be denied attendance to a Laurel event, competition, or any other function on school property. This suspension could be for a defined period or time, but may be indefinite. Prior to reinstatement of attendance, the parent will meet with representatives of the district administrative team.

#### **General Regulations Applied to All Groups:**

- Pennsylvania Interscholastic Athletic Association rules must be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, use of school issued equipment, etc. Each coach has the responsibility to know, to inform team members and

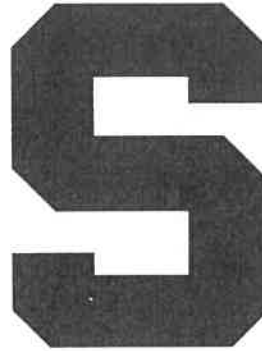
parents, and to enforce school and P.I.A.A. regulations in these matters.

- Any civil law infraction or conduct by a student athlete occurring during that season that is determined by the head coach and school administration to be detrimental to the athletic program, school or school district will result in counseling by the head coach and a school administrator with suspension/expulsion from the team.
- An athlete may quit one sport and turn out for another after the season has begun with the mutual consent of both coaches.
- Electronic media and social networking sites are to be used in a positive and professional manner.
- Athletes must travel to and from contests, away from Laurel, in transportation provided by the school. Exceptions are:
  - Injury to the participant, which would require alternate transportation.
  - When school transportation is not provided and alternative means are approved.
  - Coaches'/Administrative permission may be granted for an athlete to travel home with a parent/guardian (green slip) if a justified reason/explanation warrants an exception from individual team rules/procedures or school policy, athletes will travel to and from contests, away from Laurel, in school provided transportation.
- A display of unsportsmanlike conduct toward an opponent or official or use of profanity, obscenities, or vulgarities during a practice or contest will result in counseling and/or discipline by the head coach and/or administrators, including possible suspension/expulsion from the team or team functions.
- Any persons found to be in possession, using and/or selling, tobacco, alcohol, drugs, narcotics, vaping and/or e-cigarettes within the school authority or local community shall be disciplined by suspension and possible expulsion from the team/squad for a period of time or infinity determined by the high school principal.
- Completion of the sports season, including post-season playoffs, tournaments, and exhibitions is required in order for the student to be eligible for a letter and/or other team and individual awards. (exceptions: injury, which limits participation) No awards shall be given to any student suspended or expelled for the remainder of the season for a "Student Conduct and Discipline Code" violation.
- Hazing, abusive intimidation by team members is a form of "Unlawful Harassment". Please refer to board policy No. 248 for a detailed description. The Board strives to provide a safe, positive learning climate for students in the schools. Therefore, it shall be the policy of the district to maintain an educational environment in which harassment in any form is not tolerated. The Board prohibits all forms of unlawful harassment of students/athletes by all district students and staff members, contracted individuals and vendors, and volunteers in the schools. The Board encourages students who have been harassed/hazed to report promptly

such incidents to the principal or coach. The Board directs complaints of harassment/hazing shall be investigated promptly, and corrective action shall be taken when allegations are verified. Confidentiality of all parties shall be maintained, consistent with the districts' legal and investigative obligations. Neither reprisal nor retaliations shall occur as a result of good faith charges of harassment.

- All decisions regarding athletic participation, suspension/expulsion, etc. will be reported to both the student-athlete as well as parent/guardians of the student.
- The rules and regulations in this code shall apply to any violations, on and off school premises during the season of participation.

# Laurel School District Athletic Code of Conduct



**\*The Athletic Director, Student-Athletes, and Parents/Guardians must review and sign this document prior to the first mandatory practice date of the upcoming season.** This document can be found on the Laurel website: [www.laurelspartans.com](http://www.laurelspartans.com) under the home/athletic tab titled: *“Athletic Code of Conduct for Coaches, Athletes, and Parents.*

\_\_\_\_\_  
 (Printed Name of Student-Athlete)

\_\_\_\_\_  
 (Grade)

\_\_\_\_\_  
 (Current Sport)

*By signing below, it is understood that we have shared with all parties associated with the aforementioned student-athlete and understand all of the expectations set forth by the Laurel School District in the Athletic Code of Conduct and Student Code of Conduct Handbooks and will follow all policies and procedures that govern each sporting team at the Laurel Middle-High School.*

<b>AD Signature:</b>		<b>Date:</b>	
<b>Participant Signature:</b>		<b>Date:</b>	
<b>Participant Printed Name:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	

**Failure to sign will result in the inability of the student-athlete to begin participating in that sport during its current season and results in a mandatory conference with the athletic director and administration.**



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## Sports Participation Procedure

Parent or Guardian,

These procedures were instituted to keep our student athletes healthy and safe, and to decrease liability for all coaches and Laurel School District. **Please initial each statement to verify you have read and understand district and PIAA policies.**

\_\_\_\_ If any student athlete is referred by either the School Nurse or Athletic Trainer to any medical personnel, they are automatically INELIGIBLE TO PARTICIPATE IN ANY SPORT/PRACTICE.

**The only acceptable written release is the PIAA section 8 form and it can **ONLY** be completed by the medical provider who was treating the student for that particular incident.**

\_\_\_\_ If any student athlete sees a medical provider for an acute medical problem, such as injury or illness they are automatically INELIGIBLE TO PARTICIPATE IN ANY SPORT/PRACTICE.

**The only acceptable written release is the PIAA section 8 form and it can **ONLY** be completed by the medical provider who was treating the student for that particular incident.**

\_\_\_\_ If a student athlete sees a medical provider (this includes dentist, chiropractor, and any provider of medical treatment) for routine check-up or routine care, or as a routine follow-up they are NOT required to have a PIAA section 8 release. **A PIAA section 8 release form is not needed for a visit for a non-injury or non-illness from a medical provider.**

\_\_\_\_ If a student athlete has a **new episode** (i.e. surgical procedure of any kind, extended illness, and /or any ongoing medical condition for a non-sports related condition) that they see a dentist, chiropractor, and any provider of medical treatment for, they may be INELIGIBLE TO PARTICIPATE IN ANY SPORT/PRACTICE until the student brings a written medical release from the treating medical provider. **The only acceptable written release is the PIAA section 8 form and it can **ONLY** be completed by the medical provider who was treating the student for that particular incident.**

\_\_\_\_ It is the parent/guardian's responsibility to notify the Athletic Trainer or School Nurse of their student athlete's medical condition that may affect eligibility to participate in sports.

\_\_\_\_ **A medical release must be in the athletic trainer's or school nurse's office before the student is eligible to participate in any sport/practice**, not in the coach's office. If a student turns a medical release into the coach it is the coach's responsibility to get it to the athletic trainer or school nurse before a student can be eligible to participate in sports in the laurel school district.

\_\_\_\_ **Laurel School District will not accept a parent's written request accepting responsibility for liability or to allow a student to participate against medical advice. This practice is not acceptable.**

\_\_\_\_ We have read and signed the Athletic Code Supplement to the Student Code of Conduct and Discipline Code.

\_\_\_\_ We have read and signed the Laurel School District Strength and Conditioning Waiver

It is the coach's responsibility to remind the student athlete of this policy when an injury or illness occurs outside of the laurel school district.



**LAUREL SCHOOL DISTRICT STRENGTH AND CONIDITIONING  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. The parents and/or guardian of \_\_\_\_\_ (parents) acknowledge, consent and agree that for the purposes of Laurel School District strength and condition program hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Laurel School District, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by an athlete, or to any property belonging to the athlete, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in strength and conditioning, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. Said training will be conducted at times at JDS Fitness located at 2356 Harlansburg Rd., New Castle, PA. JDS Fitness shall also be considered a Releasee under the terms of this waiver of liability. Jeff Smiley shall serve as the Laurel School District Strength and Conditioning Coach.
3. To the best of Parent's knowledge, the athlete can fully participate in this activity. He/she is fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and said athlete hereby elects to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous. The Parents VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by the athlete, or any loss or damage to property owned by the athlete, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
4. The Parent further AGREES TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to the athlete's participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
5. It is the Parent's express intent that this Release and Hold Harmless Agreement shall bind the members of the athlete's family. The Parents hereby further agrees that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.
6. THE PARENTS ALSO UNDERSTANDS THAT THE PARENT IS RESPONSIBLE FOR ANY DAMAGE THE ATHLETE MAY CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I/we \_\_\_\_\_ (Parent), ACKNOWLEDGE AND REPRESENT THAT I/we have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my/our own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I/we execute this Release on behalf of \_\_\_\_\_ (athlete) for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Parent/Guardian

Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_