2025-2026 S.A.S.D. ATHLETIC GUIDELINES

Any student who plans on participating in a PIAA school sponsored sport in the 2025-2026 school year must have an athletic physical **on or after May 1, 2025**. This physical examination will be valid for the entire 2025-2026 school year. Prior to the winter and spring seasons, updated health information will be required via a recertification form.

The optional school sponsored athletic physical examinations will be held on **Thursday June 5th from 4pm-6pm,** at the High School. All paperwork will be collected the morning of the physical. **Any missing information on the physical paperwork will result in a student being denied a physical so please be sure to check your paperwork carefully**. If you chose not to participate, you must obtain a physical exam from your family physician or urgent care.

Please follow the instructions below:

- Students must acquire the appropriate forms from the school. Parent/Guardian and student need to complete and sign all forms (Sections 1 through 6) along with the insurance waiver, student athlete/parent contract and student athlete emergency form.

- To obtain an athletic physical at the High School (gym entrance) on June 5th, schedule your appointment on signupgenius.com, (link on www.shipk12.org/athletics) and bring the filled out paperwork packet.

Physical packets for fall sports must be turned into the Athletic Office at the High School during the summer, **NO LATER THAN MONDAY JULY 28TH.** Late physicals could result in not being able to tryout or practice.

All detentions and obligations must be taken care of before the fall season begins.

If needed, the on-line concussion test must be taken (directions attached).

Important Fall Sports Dates

August 4th – High School Football and Golf practice begins

August 11th – High School Sports (other than HS Football and Golf) practices begin

August 11th – Junior High Football practice begins

August 18th – MS Sports (except JH Football) practices begin

August 21st – First Day of School

The Activity Fee is $60 for HS athletes and $40 for MS athletes. Reduced lunch recipients pay half fee and free lunch recipients pay no fee. Proof of status or release form (attached) should be provided to the Athletic Office. Fees are due once teams are chosen and before the first contest.

For questions, please call the Athletic Office 717-530-2700.

SHIPPENSBURG AREA SCHOOL DISTRICT

317 N. Morris Street, Shippensburg PA 17257
717.530.2700 www.shipk12.org

Ms. Sarah Fanus
Athletic Director

Dear Parent/Guardian,

If you are receiving this letter, it is because your son or daughter will be playing a sport this upcoming season/year. Over the past several years, the Athletic department has worked to make sure all student athletes have been given the baseline concussion test, or ImPACT Test every other year. ImPACT was developed by the University of Pittsburg Medical Center to assess the baseline level of cognitive, memory, and reaction time abilities, as well as reassess the same abilities following a concussion to determine the severity of symptoms and determine if and when return to play is possible. This system is currently used by countless colleges and universities throughout the United States and abroad.

We are requiring that student athletes in the 7th, 9th, and 11th grades complete the baseline concussion test. In addition, any student athlete who has NOT previously completed the ImPACT test is required to do so before participation in sports no matter what grade they are going into. If you play multiple sports, you only need to take this test once during the school year. The easiest way for your son or daughter to complete this test is to do so at home. This allows your child to complete the test at his/her own pace without interruptions from other students. To ensure your child has the best experience during the test, please follow these guidelines:

- The test must be taken on a computer.
- Test should be taken in a quiet room with minimal distractions.
- During the test, we ask that parents be available to help their child with the demographic and medical history questions. After these sections, please allow your child to complete the actual test without any help.
- There will be directions for how to complete all sections. Please have your child read all directions so they are aware of what is expected within each section.

To begin the Baseline Concussion Test, please follow these instructions:

- Type the following URL into the address bar of any Internet Browser on either a Mac or PC (We recommend using Google Chrome): https://www.impacttestonline.com/testing
- In the middle of the screen there is a blank text box labeled "Customer Code". Please enter the Shippensburg customer code: **7189499421**. Click on Validate and then Launch Baseline Test.
- A new window will open in which the test will be taken (if it does not open, make sure pop-up windows are not blocked in your browser setting). Click on your preferred language.
- Answer the questions and follow the instructions as they appear. If you have not had a concussion before, you can skip/leave blank the concussion questions.

After your test, your screen will show a confirmation page. A report of your results will automatically be saved into the encrypted ImPACT database for your Athletic Trainer to refer to, if necessary.

If you have any questions, concerns, or comments, please contact the Athletic Office 717-530-2700.

Thank you,

Shippensburg Area School District Athletic Department

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 May 1st and shall be effective, regardless of when performed during a school year, until the latter of the next April 30th 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 _____

_____

Revised: March 24, 2024 BOD approved

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, 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: 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.

_____ _____ Date____/____/_____

Signature of Student-Athlete Print Student-Athlete's Name

_____ _____ Date____/____/_____

Signature of Parent/Guardian Print Parent/Guardian's Name

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
1.	Has a doctor ever denied or restricted your participation in sport(s) for any reason?	❑	❑
2.	Do you have an ongoing medical condition (like asthma or diabetes)?	❑	❑
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	❑	❑
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	❑	❑
5.	Have you ever passed out or nearly passed out DURING exercise?	❑	❑
6.	Have you ever passed out or nearly passed out AFTER exercise?	❑	❑
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	❑	❑
8.	Does your heart race or skip beats during exercise?	❑	❑
9.	Has a doctor ever told you that you have (check all that apply): ❑ High blood pressure ❑ Heart murmur ❑ High cholesterol ❑ Heart infection	❑	❑
10.	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	❑	❑
11.	Has anyone in your family died for no apparent reason?	❑	❑
12.	Does anyone in your family have a heart problem?	❑	❑
13.	Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	❑	❑
14.	Does anyone in your family have Marfan Syndrome?	❑	❑
15.	Have you ever spent the night in a hospital?	❑	❑
16.	Have you ever had surgery?	❑	❑
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:	❑	❑
18.	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	❑	❑
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:	❑	❑

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?	❑	❑
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	❑	❑
22.	Do you regularly use a brace or assistive device?	❑	❑

		Yes	No
23.	Has a doctor ever told you that you have asthma or allergies?	❑	❑
24.	Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	❑	❑
25.	Is there anyone in your family who has asthma?	❑	❑
26.	Have you ever used an inhaler or taken asthma medicine?	❑	❑
27.	Were you born without or are your missing a kidney, an eye, a testicle, or any other organ?	❑	❑
28.	Have you had infectious mononucleosis (mono) within the last month?	❑	❑
29.	Do you have any rashes, pressure sores, or other skin problems?	❑	❑
30.	Have you ever had a herpes skin infection?	❑	❑
	CONCUSSION OR TRAUMATIC BRAIN INJURY		
31.	Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	❑	❑
32.	Have you been hit in the head and been confused or lost your memory?	❑	❑
33.	Do you experience dizziness and/or headaches with exercise?	❑	❑
34.	Have you ever had a seizure?	❑	❑
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	❑	❑
36.	Have you ever been unable to move your arms or legs after being hit or falling?	❑	❑
37.	When exercising in the heat, do you have severe muscle cramps or become ill?	❑	❑
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	❑	❑
39.	Have you had any problems with your eyes or vision?	❑	❑
40.	Do you wear glasses or contact lenses?	❑	❑
41.	Do you wear protective eyewear, such as goggles or a face shield?	❑	❑
42.	Are you unhappy with your weight?	❑	❑
43.	Are you trying to gain or lose weight?	❑	❑
44.	Has anyone recommended you change your weight or eating habits?	❑	❑
45.	Do you limit or carefully control what you eat?	❑	❑
46.	Do you have any concerns that you would like to discuss with a doctor?	❑	❑
	MENSTRUAL QUESTIONS- IF APPLICABLE	❑	❑
47.	Have you ever had a menstrual period?	❑	❑
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		❑ Heart murmur ❑ Femoral pulses to exclude aortic coarctation ❑ 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 ___/___/___

SHIPPENSBURG AREA SCHOOL DISTRICT
INSURANCE WAIVER

I certify that our son/daughter, _____,

Grade _____, has Insurance with _____Company covering all any, and all accidents, and that in the event of personal injury I shall rely solely upon this insurance. Further, for this reason, our said son/daughter is not purchasing insurance offered by the Shippensburg Area School District. I, therefore, release and forever discharge the said Shippensburg Area School District, its agents, servants, or employees for all liability arising from injuries, which occur to my son/daughter, during the **2025/2026** sports season. I also waive the opportunity offered by the said School District to purchase student insurance.

_____ _____

Signature of Parent/Guardian Date

Shippensburg Area High School/Middle School
Student Athlete Emergency Information Form 2025-2026

GRADE: _____

Please mark **ALL** sports in which the student will be participating in throughout the entire school year.

___ Football	___ Field Hockey	___ Boys Basketball	___ Cheerleading	___ Baseball	___ Golf
___ Boys Soccer	___ Girls Soccer	___ Girls Basketball	___ Boys Wrestling	___ Softball	___ Bocce
___ Cross Country	___ Girls Volleyball	___ Swim/Dive	___ Girls Wrestling	___ Track & Field	

ATHLETE INFORMATION

NAME: _____ (FIRST) _____ (LAST)

DATE OF BIRTH: _____

ADDRESS: _____ (STREET ADDRESS)

_____ (APT. #)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

PARENTS: _____ (MOTHER) _____ (FATHER)

CELL: _____ _____

WORK: _____ _____

PHONE: _____ (HOME NUMBER)

E-MAIL: _____

EMERGENCY CONTACTS

- At Least Two Emergency Contacts are Required

1) NAME: _____
RELATION: _____
HOME: _____
CELL: _____
WORK: _____

2) NAME: _____
RELATION: _____
HOME: _____
CELL: _____
WORK: _____

3) NAME: _____
RELATION: _____
HOME: _____
CELL: _____
WORK: _____

MEDICAL CONDITIONS

ALLERGIES: _____ YES _____ NO

LIST: _____

_____

_____

MEDICAL CONDITIONS / CONCERNS:

LIST: _____

_____

_____

MEDICATIONS:

LIST: _____

_____

_____

INSURANCE & PHYSICIAN INFO

COMPANY: _____

POLICY #: _____

GROUP #: _____

PHONE #: _____

TYPE: _____ HMO _____ PPO _____ POS

PHYSICIAN: _____

PHONE #: _____

DENTIST: _____

PHONE #: _____

** DOES YOUR PHYSICIAN _____ OR INSURANCE CO. _____ NEED TO BE NOTIFIED PRIOR TO EMERGENCY CARE? **

HOSPITAL PREFERENCE

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE EMERGENCY CARE PROVIDERS TO TAKE MY SON/DAUGHTER TO THE FOLLOWING HOSPITAL FOR TREATMENT. MARK A SPECIFIC HOSPITAL(S) OR "ANY HOSPITAL" IF THE NEAREST FACILITY IS PERMITTED. **REMEMBER, YOUR CHILD WILL BE PLAYING IN CONTESTS AWAY FROM SHIPPENSBURG AREA HIGH SCHOOL/MIDDLE SCHOOL.**

_____ ANY HOSPITAL _____ CHAMBERSBURG WELLSPAN _____ WAYNESBORO WELLSPAN _____ UPMC CARLISLE _____ HERSHEY MEDICAL CENTER

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

INFORMATION RELEASE AUTHORIZATION

BY THIS SIGNATURE, I HEREBY CONSENT TO ALLOW THE PHYSICIAN(S), ATHLETIC TRAINER, AND OTHER HEALTH CARE PROVIDER(S) SELECTED BY MYSELF OR THE SCHOOL TO PERFORM A PRE-PARTICIPATION EXAMINATION ON MY CHILD AND TO PROVIDE TREATMENT FOR ANY INJURY RECEIVED WHILE PARTICIPATING IN ATHLETICS FOR HIS/HER SCHOOL DURING THE SCHOOL YEAR COVERED BY THIS FORM. I FURTHER CONSENT TO ALLOW SAID PHYSICIAN(S), ATHLETIC TRAINERS, OR HEALTH CARE PROVIDER(S) TO SHARE APPROPRIATE INFORMATION CONCERNING MY CHILD THAT IS RELEVANT TO MY CHILD'S PARTICIPATION WITH COACHES AND OTHER SCHOOL PERSONNEL AS DEEMED NECESSARY.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

****PLEASE NOTIFY THE ATHLETIC TRAINER IF ANY OF THE ABOVE INFORMATION CHANGES THROUGHOUT THE YEAR (717)-360-3326****

SHIPPENSBURG AREA SCHOOL DISRICT
STUDENT ATHLETE AND PARENT CONTRACT
2025-2026

STUDENT NAME_____ **SPORT**_____

S= Student initials **P= Parent initials**

Justification: Participation in an extracurricular activity in the Shippensburg Area School District, Mid Penn Conference & PIAA is regarded as a privilege and should be treated accordingly. S _____ P _____

PIAA Curriculum Requirements: Student Athletes must meet the requirements for the PIAA and the Shippensburg Area School District, which includes maintaining a passing grade in five credits/courses the previous semester. Grades are pulled weekly on Friday, unless school is closed for a holiday, as well as at the end of each marking period. S_____ P _____

Rules of Conduct: Rules will apply at all times during the term of the season. Violations may include, but are not restricted to:

1. Use of Alcohol and/or Tobacco/Vaping. S_____ P _____
2. Use of illegal, over the counter medication, un-prescribed drugs or controlled substances. S_____ P _____
3. Insubordination or the use of profanity to any coach, faculty, staff, administrator, sports official, or any other individual. S_____ P_____
4. Flagrant misconduct and misbehavior in school such as missing practice due to being assigned detention. S_____ P _____
5. Misbehavior or misconduct in the community. S _____ P _____
6. Maintaining scholastic eligibility as determined by the School District and PIAA. S_____ P _____
7. Social Probation restrictions per Student Handbook. S_____ P_____
8. Unsportsmanlike conduct. S _____ P _____
9. Unexcused absences. S _____ P _____
10. Miscellaneous problems that are detrimental to the morale, cohesion or character of the team. Violations of Rules on Conduct #1 or #2 will result in dismissal from the team. Violations of #3 through #9 will result in disciplinary action ranging from a conference to suspension to dismissal from the team. S _____ P _____

Mediation: The following sequence should be followed in attempting to resolve any misunderstandings related to the administration of the program:

1. Student Athlete-Coach conference. S _____ P _____
2. Parent(s) and Student Athlete-Coach conference. S_____ P _____
3. Parent(s) and Student Athlete-Coach-Athletic Director and/or Principal conference. S_____ P_____

Athletic Fee: All athletes must pay an athletic fee before the first competition. The fee for Middle School athletes is $40 for the entire year. The fee for High School athletes is $60 for the entire year. If you receive reduced lunch the fee is cut in half. If you receive free lunch there is no fee. A student's lunch status must be shared with the Athletic Office by completing the appropriate release form found in the supplement section of the Student Athlete Handbook or the Athletic Office. S _____ P _____

Attendance Requirements: Student Athletes arriving to school after 9:00 a.m. without a doctor's note **will not** be permitted to participate in any activity including practice, contests or etc. on that day. Additionally, any student gone from school more than 1½ hours throughout the day without a doctor's note will not be permitted to practice or play in a competition. (Any extenuating circumstances must be approved by an administrator) Students who are sent home by the school nurse shall be excused for that day and are not permitted to practice or play in a competition. Cyber School students are expected to log-on and complete assignments every school day. Students who have an unexcused absence from school on a Friday are not permitted to practice/play in a contest on Saturday. S_____ P_____

School Suspension and Expulsion: Suspension is defined as follows (Student Exclusion for Practice/Participation in Extra Curricular Activities). S_____ P _____

Out of School Suspension (OSS): If a student has been assigned OSS, they may not participate from the time assigned until the day of the reentry to school. S _____ P _____

In-School Suspension (ISS): If a student has been assigned ISS, they may not participate from the time assigned and lasting the number of days assigned. S_____P _____

Grade Requirements: Students must meet the requirements for PIAA and Shippensburg Area School District. This includes the following academic eligibility requirements: **High School** – Take and maintain a passing grade in five units per week each week during the season of participation and each marking period. Since the Modified Block can be divided into eight units each day (one unit for skinny classes, two units for full blocks), a High School student athlete must be passing at least five units per week to be academically eligible. High School student athletes that are failing a course(s) during a weekly grade check are required to attend the After School Homework Help Sessions for the failing courses until they are passing all of their courses. Student athletes must have passed five (5) credits the previous year. **Middle School** – Middle School student athletes must adhere to the District eligibility requirements. Student athletes cannot be failing two classes each week during the season of participation. Student athletes must have passed six (6) courses the previous semester six (6) per year if prior to the beginning of the school year or new semester. Academic improvement is necessary prior to reinstatement.
S _____ P_____

Cyber Students participating in athletics are required to be enrolled in four courses during the season. Students must maintain required pacing in each course; no more than three assignments behind at any given time per course. Students will be ineligible for practice and play if they do not log into each course, every school day, if they are behind in one or more assignment for that course. Student failing more than one course, at the time of the weekly eligibility report (Friday at noon), are deemed ineligible for participation for the next week. Student athletes must report all courses upon entry into each course and maintain weekly contact with the Athletic Department.

Private Transportation: If there is a necessity for private travel to or from a game, the parent/guardian must make such a request in writing on the approved SASD Private Transportation Form to the Athletic Director at least two days prior to the trip, and receive written approval. These forms will be forwarded on to the coach prior to the trip. S _____ P_____

Uniforms: Student athletes are responsible for all uniforms and equipment that is issued to them. They must pay for any lost, damaged or stolen items. Payment for lost, damaged or stolen items cannot come out of the activity fee. All student athletes shall wear the designated school uniform without modifications unless medically approved. Any item of apparel that calls attention to an individual or to separate from any other members of the team is prohibited under PIAA rules. All athletes will be required to attend a MANDATORY equipment return session as scheduled by the coach after the final season contest. Athletes who quit or are dismissed from the team prior to the end of the season must return their uniform(s) and equipment within 2 days.
S_____ P _____

Expectations of Parents/Guardians:

1. Parents recognize that it is a privilege to attend and observe a contest and to demonstrate support for one's team and school athletics in general. P_____
2. Parents will support the efforts of coaches to teach and implement sportsmanship standards. P _____
3. We encourage parents to learn the rules of the game. Expand your understanding of their importance in controlling rough play and preventing any team from gaining an unfair advantage. P_____
4. Parents understand that verbal harassment of opponent players, coaches and officials is strictly prohibited and parents will respect the integrity and decisions of the officials. P_____
5. Parents join the school's administration and coaches in an effort to make sport citizenship a high priority. Parents should demonstrate positive sport citizenship in every aspect of attendance. P_____
6. Parents respect opponent performances despite the outcome. They recognize that mistakes are sometimes made. Parents also recognize improvement and hard work. P_____
7. Parents will respect that practices are especially important for the team, the players and the coaches. Parents are discouraged from attending practices. Practice time is critical to the success for each team. P_____
8. Parents will respect that after tryouts coaches will discuss behavior type problems concerning your student-athlete, but will not discuss the issues of playing time, play calling, etc. P_____

Players Pledge and Team Rules:

1. The purpose of our team is to have each member acquire the sense of team, family and friends. I will treat each team member and the coaching staff as family. I will be a friend by being dependable, reliable and responsible to and for my teammates. S_____ P_____
2. If there are any problems or questions, I will see my coach first and if they are not available, see the captains and if they are not available, I will talk with a senior. S_____ P_____
3. I will display responsible behavior both in and away from competition. I will be in school and I will be on time for classes and ready to practice at the designated time. If I have an unexcused or missed practice the day before a game, I understand I may not play in the game the next day. S_____ P_____
4. If I am not in school the day following a game, I realize I may not play or may not start in the next game. S_____ P_____
5. I will ride the bus to away games and back from away games. S_____ P_____
6. While traveling on the bus to away contests, the volume of my conversation will be kept at a low level. S_____ P_____
7. I will be respectful. I will treat people the same way that I would want to be treated both in competition and out of competition. S_____ P_____
8. I will believe in, be honest with, and be loyal to the SASD Athletic Program. S_____ P_____
9. I will display a great work ethic. S_____ P_____
10. I will learn to play smart. S_____ P_____
11. I will put my team before myself. I understand that playing time is not guaranteed, but earned. S_____ P_____
12. I will maintain a positive attitude at all times by lifting up my teammates and coaches. I will speak positive about teammates and coaches and will not join in or listen when others are criticizing my teammates and coaches. I can expect the same from my teammates and coaches. I can expect the same from my teammates and coaches. S_____ P_____
13. I will maintain positive communication with my teammates, coaches, officials, administrators, teachers, fans and opponents. S_____ P_____
14. I will learn and accept my role as a member of my team and the SASD athletic program. I will support my teammates in good and bad times. Whatever happens, good or bad, win or lose, we will do it together. S_____ P_____
15. I will influence our opponents by doing the best that I am capable of, by communicating with my team during games and by being aggressive. S_____ P_____
16. I will strive to become a great competitor. S_____ P_____
17. I will follow all team rules. S_____ P_____

18. I will limit all electronic device, (especially cell phones) use to emergency calls only during athletic activities. S_____ P_____
19. I will follow good dietary and safety practices throughout the season. S_____ P_____

Any violations of the expectations and team rules for the players as listed above or other team rules listed here or established during the season will result in discipline. S_____ P_____

As a Shippensburg Area School District student athlete you are expected to strive to excel both in the classroom and in your athletic endeavors. Your attitude in the classroom directly reflects your maturity in athletic competition. You will be expected to accept constructive feedback from your coaches while maintaining a positive attitude. In and out of competition behaviors that are detrimental to your coach, team and school will not be tolerated. You are expected to attend every practice, game or other team function as required. If you are unable to attend any of these events, you should personally contact your coach before the event occurs. You are expected to practice good nutritional habits. Only a healthy and well-conditioned athlete can make a contribution to a team and the SASD Athletic Program. All injuries should be reported immediately to your coach and the Athletic Trainer. S_____ P_____

There are many benefits to this contract for the student athletes. There is power in numbers and the more student athletes that operate within the terms of this contract the more power and success the teams will have. Teammates will learn to look out for each other, to protect and comfort each other. Leadership will be provided and we will be successful both in and out of competition. Student athletes will acquire the tools to be successful in athletics and most important game of all, the game of life. S_____ P_____

This contract was developed by the Athletic Director and coaches and approved by the administration to govern the student athletes participating in SASD athletic teams. The coaches are working to develop team unity that is very important in every sport and feel that these rules play an important role in that development. Both the student athlete and parent/guardian must sign and date the contract and return it to the coach before the student athlete may participate in that sport.

The Student Athlete Handbook is available online at www.shipk12.org. (Athletics tab). Any revised school policy throughout the year may supersede, modify or eliminate policies noted in this contract.

We have read, understand and will support this contract for the entire 2025-2026 school year.

_____
STUDENT ATHLETE NAME – PLEASE PRINT

_____ _____
STUDENT ATHLETE SIGNATURE DATE

_____ _____
PARENT SIGNATURE DATE

2025/2026 SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced- Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-priced meals.

- ☐ Yes! I **DO** want school officials to share eligibility information from my Free and Reduced-Price School Meals Application with **ATHLETIC OFFICE PERSONNEL ONLY FOR REDUCTION IN ACTIVITY PARTICIPATION FEE.**
- ☐ Yes! I **DO** want school officials to share eligibility information from my Free and Reduced-Price School Meals Application for **EXTRA CURRICULAR PARTICIPATION FEES (Sharps, Drama Club, etc.)**
- ☐ Yes! I **DO** want school officials to share eligibility information from my Free and Reduced-Price School Meals Application for **COLLEGE BOARD TESTING (including PSAT, SAT & ADVANCED PLACEMENT TESTING FEES).**
- ☐ Yes! I **DO** want school officials to share eligibility information from my Free and Reduced-Price School Meals Application **with local education programs and community programs that offer scholarships and reduced fees for dual enrollment courses and post-secondary opportunities.**

If you checked "Yes" to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call the Food Service Office at **717.530.2722** or e-mail **cindy.steele@ship.k12.pa.us**

Return form by: **mailing form to Food Service Office, 317 N. Morris Street, Shippensburg, PA 17257 or putting in an envelope marked FOOD SERVICE OFFICE and give to your school building office.**

This institution is an equal opportunity employer and provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.