

CONRAD WEISER ATHLETIC DEPARTMENT

WINTER SPORTS RECERTIFICATION INSTRUCTION SHEET

If you wish to participate in a winter sport for the school and had a physical for a fall sport that was handed in to the office and is on file, you need to do the following:

1. PICK UP A RECERTIFICATION PACKET OR DOWNLOAD FROM THE WEB.
2. PARENT AND STUDENTS MUST READ AND SIGN THE ASSUMPTION OF RISK FORM.
3. PARENTS AND STUDENTS – PLEASE READ, COMPLETE AND SIGN THE PIAA SUPPLEMENTAL HEALTH HISTORY. ***IF YOU ANSWER “YES” TO ANY OF NUMBERS 1 THROUGH 6 ON SECTION 7 OF THIS PACKET, FOR ANY INJURY SUSTAINED SINCE THE INITIAL SPORTS PHYSICAL FOR THE 2018-19 SCHOOL YEAR, YOU WILL NEED TO COMPLETE SECTION 8 AND HAVE IT SIGNED BY A PHYSICIAN.***

DEADLINE

The deadline to return the recertification paperwork to the high school office is **Friday, November 2, 2018**. We cannot insure that your paperwork will have been reviewed in time for you to participate on the first day of practice if your paperwork is not handed in by the November 2 deadline.

No one may sign up for a sport after the second week of practice, unless new to the district, to be eligible to participate during that season.

First day of practice for winter sports: Senior High – Friday, November 16, 2018
 Junior High – Monday, November 26, 2018

WEBSITE RELEASE FORM

If you do not want the Conrad Weiser Area School District to disclose directory information from your child's education record to an internet website without your prior written consent, you must notify the District in writing by November 2, 2018. The school district has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Child's Individual Photograph (team photos excluded)
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

CONRAD WEISER AREA SCHOOL DISTRICT

Student-Parental Assumption Of Risks And Release Form (Recertification)

- Read carefully before signing.
- Please print.
- All numbered items on both sides of the form must be completed before the student can participate.

① LAST NAME	② FIRST NAME	③ GRADE <small>2018-19 School Year</small>	④ AGE	⑤ DATE OF BIRTH	⑥ SPORT

ATHLETIC CERTIFICATION OF CONSENT

All candidates for Conrad Weiser interscholastic athletic teams and cheerleader squads and their parents or guardians are required to complete all information requested on this form. They are also to acknowledge an understanding of the information by properly signing where designated. This form must be submitted and a physical examination must be administered before the student will be allowed to participate in any interscholastic activity or cheerleading practice.

STUDENT ATHLETE SECTION

I recognize that practicing for or competing in any interscholastic sport or activity can be dangerous and may involve risks of injury that could vary from minor aches and pains to catastrophic injury or even death, and I am willing to assume those risks. Because of these dangers, I recognize the importance of following coaches' and advisors' instructions regarding safe and proper equipment use, safe and proper training and practicing methods, and safe and proper performance techniques. I agree to obey such instruction, as well as all team rules and regulations. I have read the Student Planner regarding Extra-Curricular Activities and Athletics, and I agree to abide by the provisions therein.

PARENT/GUARDIAN SECTION

I/We recognize that practice for and competing in any interscholastic sport or activity may involve risks of injury that could vary from minor aches and pains to catastrophic injury or even death. By giving my/our child permission to participate in interscholastic athletics or activities, I/we do acknowledge an assumption of those risks. I/we do understand that my/our child is covered by limited insurance coverage provided by the school district and I/we do certify that my/our child is covered by proper insurance to provide benefits and protection beyond that provided by the school district. I/we further acknowledge that the Conrad Weiser Area School District is not financially responsible for injuries incurred during participation in interscholastic athletics or activities beyond those provided by the school district insurance coverage. I/we further agree to indemnify and save harmless the District against any and all claims, liability, loss or damage, including costs and counsel fees which the District may incur as a result of the participation of my/our child in interscholastic athletics or activities, or any injury (including death) that may result therefrom.

PARENT AND STUDENT SIGNATURE SECTION

By signing below, we attest that we have received, read and understand the information provided and agree to all terms.

1. Student/Parent Assumption of Risks and Release Form
2. Extra-Curricular Activities/Athletics section of the Student Planner
3. Parent/Coach Communication Plan
4. Student Code of Conduct found in the Conrad Weiser High School Student Planner
5. Website release form on page 2 of this packet

The parent/guardian and student athlete must sign this form in order to have the student athlete participate in any interscholastic sports program for the current school year.

⑦	⑧	⑧	⑧
Parent/Guardian Signature	Date	Student Signature	Date

PLEASE NOTE: If only one parent/guardian is living with or has sole legal custody, it is their obligation to notify the non-custodial parent/guardian of the contents of these documents.

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND 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 # () _____

SUPPLEMENTAL HEALTH HISTORY:

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

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any concerns that you would like to discuss with a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

#'s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

(Parents - please read the following information, detach and keep for future reference)

**CONRAD WEISER
ATHLETIC DEPARTMENT**

44 Big Spring Road
Robesonia, PA 19551
(610) 693-8566
Fax (610) 693-8511

PARENT/COACH COMMUNICATION PLAN

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefits to children. As parents, when your child becomes involved in our program, you have a right to understand what expectations are placed on your child. This begins with clear communication from the coach of your child's program.

Communication You Should Expect from Your Child's Coach

1. Philosophy of the program
2. Expectations the coach has for your child as well as all the players on the squad
3. Locations and times of all practices and contests
4. Team requirements, i.e. practices, special equipment, out-of-season conditioning
5. Discipline that may result in the denial of your child's participation

Communications Coaches Expect from Parents

1. Concerns expressed directly to the coach
2. Notification of any schedule conflicts well in advance

As your child becomes involved in the programs of the Conrad Weiser School District, he or she will experience some of the most rewarding moments of his or her life. It is important to understand that there also may be times when things do not go the way you or your child wish. At these times, discussion with the coach is encouraged.

Appropriate Concerns to Discuss with Coaches

1. The treatment of your child
2. Ways to help your child improve
3. Concerns about your child's behavior

We realize it is very difficult to accept your child's not playing as much as you may hope. *Coaches are professionals.* They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. The following things must be left to the discretion of the coach.

Issues Not Appropriate to Discuss with Coaches

1. Playing time
2. Team strategy
3. Play calling
4. Other student athletes

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedures should be followed to help promote a resolution to the issue or concern.

Procedure for Discussing a Concern with a Coach

1. Please encourage your child to speak directly with the coach. Many times the matter can be taken care of at that time.
2. You can set up an appointment with the coach by calling the athletic office at (610) 693-8566.

3. **Please do not attempt to confront a coach before or after a contest or practice.** These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.
4. If the meeting with the coach did not provide a satisfactory resolution, **call and set up an appointment with the athletic director to discuss the situation.**

Expectations of Parent/Guardian

1. Support your student athlete's efforts toward success.
2. Work to promote a positive environment that is conducive to the development of the student athlete.
3. Become familiar with and review with your student athlete the rules and regulations.
4. Communicate any concerns in a timely manner, according to district protocol.
5. Treat all coaching personnel with courtesy and respect and insist your student athlete do the same.

Since research indicates a student involved in co-curricular activities has a greater chance for success during adulthood, these programs have been established. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided here makes both your child's and your experiences with the Conrad Weiser School District athletic program less stressful and more enjoyable.

ATTENDANCE RULES FOR PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Students are expected to be in school or they cannot participate in extracurricular activities. Exceptions will be made for specific circumstances when needed. The underlying philosophy is that if students need to miss, they should miss as little time as possible and it needs to be verified by a note from someone other than the parent.

- a) **Medical/Dental Appointments** – students need to have a note from the doctor or dentist. Students should be in school before and/or after whenever possible. If the appointment takes longer than approximately the thirty minutes that might usually be expected, the student should see that the note from the doctor or dentist includes what time the student left the office to verify the extra time.
- b) **Funerals** – students may need to miss at times for funerals. The student should bring a note from the parent the day before the funeral and turn it in to the office. The note should explain the amount of time that the student will miss, which will vary based on the time and location of the funeral and specific circumstances. The student should see the Principal or Athletic Director to verify that there are no problems.
- c) **Court Hearings** – if a student needs to miss because of a court proceeding, the student should have a subpoena or something from the court specifically verifying the time that the student had to be in court.
- d) **College Visits** – Students should try to schedule college visits on days off from school (such as in-service days, days between semesters, vacation days) if at all possible. Visits should also be planned for days between seasons or out of season if possible.

If visits need to occur on a school day during the season, the student should bring in a note from parents three to five days ahead of time and be prepared to explain why the visit needs to occur on this date or on that approximate date.

The visit needs to be approved ahead of time by the Principal or Athletic Director. The student will need to have something from the college to verify the visit in order to participate in extra-curricular activities that day.

- e) **Driver Tests** – driver tests should be scheduled on a day or time other than during school. If this seems impossible, it should be scheduled to miss as little school time as possible. The student should bring in a parent note two or three days ahead of time and get approval from the Principal or Athletic Director. The student will then need to bring verification from the driver test site to verify being there.
- f) **Senior Pictures** – senior pictures should be scheduled for the summer before grade 12 to avoid any problems. A maximum of 1-1/2 hours of time missed would be allowed with parent note and confirmation from the photographer.

REMINDER – a parental note DOES NOT take the place of a dentist, doctor, college visit, or a driver test site note.

William Harrison
Athletic Director

WH/wjb
Athletic.ParentCoach Communication Plan