

**Each Student MUST have NEW Sports Physical EACH school year.
New School year starts June 1, 2008 through May 31, 2009.**

**SCHOOL PHYSICALS FOR ALL FALL SPORTS
2008/2009**

Physicals for all **FALL ATHLETES** (entering grades 7 through 12) will be available with our school physician, Dr. Nemeec at the: **Forbes Family Practice, Forbes Regional Hospital, 2566 Haymaker Road, Professional Office Bldg #1, Ground Floor** on the following dates:

Grades 10, 11, and 12 Physical date:

WEDNESDAY - JULY 23, 2008 3:00 PM – 5:00 PM

Grades 7, 8, and 9 Physical date:

WEDNESDAY - JULY 30, 2008 3:00 PM – 5:00 PM

THESE WILL BE THE ONLY DATES FOR ATHLETIC PHYSICALS

Fall Sports include the following:

Boys

**Football (7, 8, 9, 10, 11 & 12)
Soccer (7, 8, 9, 10, 11 & 12)
Cross Country (7, 8, 9, 10, 11 & 12)
Golf (9, 10, 11 & 12)**

Girls

**Soccer (7, 8, 9, 10, 11 & 12)
Volleyball (9, 10, 11 & 12)
Cross Country (7, 8, 9, 10, 11 & 12)
Tennis (9, 10, 11 & 12)
Basketball (7 & 8)
Cheerleading (7, 8, 9, 10, 11 & 12)
Golf (9, 10, 11 & 12)**

Please dress in SHORTS and if you wear GLASSES bring them.

Please pick-up the necessary packet of forms from the Gateway High School office OR Gateway Middle School office. (Packets will be available after July 1, 2008.)

ALL FORMS are to be signed by PARENT/GUARDIAN.

- 1. Section 1: Personal and Emergency Information**
- 2. Section 2: Certification of Parent/Guardian (2 Pages)**
- 3. Section 3: Health History**
- 4. Section 4: Private Physical – DO NOT COMPLETE FOR SCHOOL PHYSICAL**
- 5. Emergency Care Card for coach (cardstock)**
- 6. Student Athletic Guidelines**

Bring all of these completed forms with you.

IF ALL FORMS ARE NOT TURNED IN, YOU WILL NOT BE CLEARED TO PARTICIPATE OR PRACTICE YOUR SPORT.

**The fee for the physical is \$15.00. Please bring CASH, checks will not be accepted.
If you have any questions, please call the Athletic Office at (412) 373-5750**

***PLEASE NOTE Change of location for physicals. This should allow for less waiting time.**

Don't forget to use our web site for sports information – www.highschoolsports.net

HIGH SCHOOL SPORTS .NET

PARENT'S GUIDE

HighSchoolSports.net has accurate, complete, and up-to-date scheduling information directly from your school's athletic office.

You can access your school's site on HighSchoolSports.net directly from your school's web site, or you can go to www.HighSchoolSports.net and choose your state and school.

At the top of the main page of your school's site is the school name and contact information, as well as the local weather report.

2-DAY is a list of events happening in your school today and tomorrow. Previous Events shows the previous day's events with scores and quick links to Stats and Photographs entered for that game. For more information on how to upload your own photos, click on **BLEACHERS** on HighSchoolSports.net.

To see this week's events, click on the **WEEK** tab. To see the entire current month and to view other months, click on the **MONTH** tab. To view a team's schedule, click on **SEASON**.



RSS adds sports schedules to your RSS Reader or to your own web page.

SYNC adds sync your schedules to your handheld by way of your desktop calendar including Outlook, Palm, and iCal.

When you click on **SEASON** to choose your team; only sport is required. Gender and level are optional. When the team's schedule is displayed, you can print it by clicking on **PRINT**. Clicking on any school's name or facility underlined in blue will take you to MapQuest.com for directions to that school or facility.

To view game stats, click on **STATS** next to a game.

Get an email or a message on your cell phone or email letting you know that a game has been changed, postponed, or cancelled and when scores, stats, and photographs have been entered by signing up for *Schedule Change Notifications*.

The first step is to sign up and choose the team you want to receive notices for. You will get an email with an "activate" link. You must click on it before you can receive notifications.

Please be sure that you have set your SPAM filter to allow email from both @HighSchoolSports.net and @ScheduleStar.com

You can also add your cell phone or pager number to receive *Schedule Change Notifications*.

To make changes to your preferences at HighSchoolSports.net, click on **ACCOUNT MANAGER** in the black bar below the schedules. This is where you can add additional email addresses, cell phones, and add or remove teams from your notifications.

To print a customized calendar, please sign up. Then you will have a "View My Calendar" option to view and print a customized calendar with the sports and schools you need to see.

For complete instructions on free HighSchoolSports.net features, please go to HighSchoolSports.net and click on **FAQ**.

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 the student's first sport in a 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 four Sections of the CIPPE Form. Upon completion of Sections 1, 2, and 3 by the parent/guardian, and Section 4 by an Authorized Medical Examiner, 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 shall be performed no earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

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 5 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, of the student's school will then determine whether Section 6 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Age _____ Grade _____

Current Physical Address _____

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

EMERGENCY INFORMATION

Primary Emergency Contact Person'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 Should be Aware _____

Student's Prescription Medications _____

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, 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.

Sport	Signature of Parent of Guardian - for EACH Sport to play in the YEAR
Baseball (Spring)	
Basketball Girls 7&8 (Fall)	
Basketball (Winter)	
Cheerleading (Fall, Winter)	
Cross Country (Fall)	
Football (Fall)	
Golf (Fall)	
Soccer (Fall)	
Softball (Spring)	
Swimming & Diving (Winter)	
Tennis Girls (Fall)	
Tennis Boys (Spring)	
Track & Field (Spring)	
Volleyball Girls V/JV (Fall)	
Volleyball Girls 7&8 (Winter)	
Volleyball Boys (Spring)	
Wrestling (Winter)	

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 Practices or Scrimmages and Contests involving PIAA member schools. Such requirements, which are posted on the PIAA web site 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 seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth age records name and residence address of parents(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 herein named student's name, likeness, and athletically related information in reports of Practices or Scrimmages and 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 Practices or Scrimmages and Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeon's fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature _____ Date _____

SECTION 3: HEALTH HISTORY

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

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<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"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			32. Have you been hit in the head and been confused or lost your memory?	<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"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<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"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or failing?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan syndrome?	<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"/>
15. Have you ever spent the night in a hospital?	<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"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, that caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<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"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<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"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
Head Neck Shoulder Upper arm Elbow Forearm Hand/ Fingers Chest			43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/ Toes			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
			FEMALES ONLY		
			47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			48. How old were you when you had your first menstrual period?		_____
			49. How many periods have you had in the last 12 months?		_____
			50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

No(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 4: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner performing the herein named student's comprehensive initial pre-participation physical evaluation 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) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

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		
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) _____

Authorized Medical Examiner's Name (print/type) _____ License # _____

Address _____ Phone () _____

Authorized Medical Examiner's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Date ____/____/____

ATHLETIC EMERGENCY CARE CARD
Gateway School District

Sport: _____ **Grade:** _____ **Home Phone:** () _____

Athlete's Last Name _____ **First** _____ **Middle** _____ **Sex** _____

Business Phone: () _____ **Mother** () _____ **Father**

Cell Phone/Pager: () _____ **Mother** () _____ **Father**

In case of accident or illness and you are unable to contact either parent, please contact: (These individuals are familiar with my child and have given permission for their names to be listed.)

1.) Name _____ **Phone** () _____
Address _____

2.) Name _____ **Phone** () _____
Address _____

3.) Family Physician's Name _____ **Phone** () _____
Family Dentist's Name _____ **Phone** () _____

4.) If unable to contact me, permissions is granted to arrange for emergency hospital treatment if required in keeping with emergency regulations stated below.

List special health problems, such as diabetes, seizure disorders, severe allergies, or any other problems the Athletic Dept. should be aware of (write NONE if there are none). You must supply necessary medication(s) for your child.

MONROEVILLE MEDICAL EMERGENCY SERVICES 911

In the event of an emergency, ambulances are to be dispatched to the nearest hospital (for home and away events) unless transfer for trauma care is directed by emergency medical services

PARENTS: Please update these names and numbers when changes occur

Date: _____ **Signature of Parent:** _____

STUDENT ATHLETIC GUIDELINES
ELIGIBILITY-TRAINING RULES - COACH'S PREROGATIVES-EQUIPMENT

The following are procedures and regulations relative to participation in the Gateway School District Athletic Program. Failure on the part of student athletes to adhere to these procedures and regulations may subject the student athlete to probation, suspension, or dismissal from the activity in which they are participating.

GUIDELINES:

1. A student athlete's citizenship and conduct must be exemplary at all times. The conduct of a student athlete must be a positive reflection and representation of the Gateway School District.
2. A student athlete must at all times display a positive attitude toward the activity, toward his/her teammates, and toward the coach. Discourteous or inappropriate behavior will not be tolerated. The team and its success shall have preference over personal wishes and desires at all times.
3. Practice, meetings, event attendance:
 - A. A student athlete shall attend all team functions (**practices, meetings, and events**) unless ill/injured, an emergency situation develops, or a coach or doctor excuses a student. On non-school days, coaches must receive notice of the necessity that a student misses a practice, meeting or event before the practice; meeting or event is scheduled to begin.
 - B. A student athlete shall not be permitted to practice or participate in any competition during an "out-of-school" suspension. A student athlete shall be permitted to practice, but not participate in any competition during an "in-school" suspension.
 - C. Except in cases of emergency, any team function missed without proper notification and/or excused by the coach may result in probation, suspension or dismissal from the team.
 - D. Doctor, dentist and other similar appointments should be made during a time, which will not interfere with the student's participation in a team function.
 - E. A student athlete must be in attendance at school on the day of an event (except Saturday) by 10:00 a.m. in order to be eligible to participate in the event. NOTE: Saturday contests require Friday attendance.
4. A student athlete, who is dismissed from a team for disciplinary reasons by the coach, will not be eligible to participate on another team during the same season.

SCHOLASTIC ELIGIBILITY - DETERMINED IN ACCORDANCE WITH THE CURRENT GATEWAY SCHOOL DISTRICT POLICY RELATING TO ATHLETIC ELIGIBILITY REQUIREMENTS.

TRAINING RULES

Student athletes must abstain from the possession of or use of cigarettes, cigars, chewing tobacco, alcoholic beverages and non-prescribed drugs at all times. Failure to comply will result in suspension or dismissal from the team in accordance with the Gateway School District's alcohol and drug policy for extra-curricular activities and athletics.

COACHING PREROGATIVE - Subject to the Gateway School District policies and procedures, school regulations, and state and federal law, the coach is the decision-maker with regard to the following items:

1. Selection, placement and play of student-athletes
2. Practice times, dates and procedures
3. Establishment and enforcement of all guidelines and training rules related to an activity
4. Event strategies
5. Varsity letter awards

EQUIPMENT ISSUE- each student athlete must return all issued equipment within two days of the last game or practice of the season. The student athlete must pay for lost or stolen equipment or he/she will not be permitted to participate in any additional athletic activity. Stealing, possessing or wearing stolen equipment from any Gateway athletic activity will be cause for suspension or dismissal.

AGREEMENT

We, the undersigned, have read the above procedures and regulations, and do hereby agree to the terms as stated. Furthermore, we agree to first contact the "Coach-In-Charge" pertaining to any problem(s) dealing with player/team personnel in accordance with school policy. If necessary, a meeting will then be scheduled between the undersigned, the coach, and the Director of Athletics.

GRADE _____

SPORT _____

STUDENT ATHLETE _____

DATE _____

PARENT/GUARDIAN _____

DATE _____

Failure to sign will eliminate your child from participation.