

CARLYNTON BAND PARENTS ASSOCIATION ASSESSMENT LETTER

Dear Band Parent / Student,

Before you know it 'Band Camp' will be here, so we are sending this letter to inform you about the 2019-2020 marching season assessment for the Carlynton Band Parent Association. The assessment fee is \$125.00 per student. As in the past, if the parent or guardian works at four functions per student, then your assessment is reduced to \$85.00.

This year the collection of the assessment fee is to be handled the same as last year. We are requiring the first installment of \$50.00 to be paid ON or BEFORE the first day of Band Camp, July 29, 2019. The second and final payment is due October 1, 2019.

As in the past, if a student's assessment has not been paid and their account is not in good standing then the student will not be permitted to perform until it is corrected (paid). Please sign and detach the bottom portion of this letter, indicate whether you will be deducting the payment from your student's account, or if you will be enclosing a check. Your signature authorizes the Band Parent Association to deduct the payment from your student's account and that you accept the terms of this letter. Checks should be made payable to Carlynton Band Parents Association (CBPA).

Please return this form to me ON or BEFORE July 29, 2019. Non-payment of assessment may result in collection action as appropriate. Mail this form to Annette Lherbier, 18 Walnut St., Pittsburgh, PA 15205. Any questions or concerns can be emailed to me at alherbier@verizon.net.

Please note, assessments must be paid, and accounts in "good standing" for students to be eligible to perform during the Marching Season, and to participate in the Band Trip and the Band Banquet.

Sincerely,

Annette Lherbier (Treasurer)

Student Name _____

Deduct \$ _____ from band account (assessment) or

Check enclosed \$ _____ Check # _____

Parent/Guardian Signature _____ Date _____

Auxiliary Uniform Care Instructions:

(For the stretchy velvet/velour Uniforms put into service 2016/2017)

Band members are given a clean uniform at the beginning of the band season. It is the band member's responsibility to keep the uniform clean and in good repair for each event.

Alterations

Your uniforms have been altered for you. If any mending is required, please let Mr. Obidowski know ASAP since safety pins can create holes in the velvet.

Cleaning

Tunic/Pants/Gloves – Stretch Velvet / Velour with Sequins

If mud splashes onto velvet, let it dry completely, THEN brush it off with a dry towel before washing.

Turn uniform inside out before HAND WASH ONLY in cold water & mild detergent. DO NOT soak. DO NOT wring or twist. Line Dry.

Garment Bag

Hand wipe with dishwashing soap.

Pompoms

Machine wash warm, dry on low heat.

Replacement Costs

Dress \$99	Tunic \$84	Pants \$40	Garment Bag \$15	Gloves \$15
Raincoat \$50	Headband / Head Ribbon \$5	Pompoms \$35	Pompom Carrying Bag \$15	

CHECK LIST FOR WINTER UNIFORMS

Dress Tunic Pants Gloves
Head Ribbon Garment Bag
COVER THE ANKLE black socks
Split Sole Dance Sneaker
Color Guard: Guard gloves & under armour

CHECK LIST FOR SUMMER UNIFORM

Green Aux. Shorts Yellow Aux. Shirt
Head Ribbon
NO-SHOW black socks
Split Sole Dance Sneaker

Revised April 2017

2019 – 2020 Carlynton Golden Cougar Marching Band

BAND CAMP CHAPERONE SIGN-UP FORM

Below is a list of days that we will need chaperones for Band Camp. We need to have at least two (2) chaperones present at all times. Band Camp will be held July 29th – August 9th from 8:00 am – 2:30 pm, and is mandatory. If you are able to help out, even if only for two hours, please fill out the days and times you will be available WITH A PHONE NUMBER YOU CAN BE REACHED AT and return this form to: Niki MacMurdo at the June 5th Band Parents meeting or give it to any of the Board members ASAP and they will get it to Niki. All chaperons must have: Department of Human Services Child Abuse History Clearance, Pennsylvania State Police Request for Criminal Records Check, Federal Criminal History Record Information (CHRI). Residents of PA for longer than 10 years can fill out an alternate form to satisfy the Federal Criminal History Record Information requirement. There is a link to the PA Department of Education Background Checks site on the Band Parents Page of our Band website. Please apply for record checks as soon as possible as it takes some time to get.

DATE	TIME AVAILABLE
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Monday, July 29 th , 2019	_____
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Tuesday, July 30 st , 2019	_____
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Wednesday, July 31 st , 2019	_____
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Thursday, August 1 st , 2019	_____
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Friday, August 2 nd , 2019	_____
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Monday, August 5 th , 2019	_____
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Tuesday, August 6 th , 2019	_____
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Wednesday, August 7 th , 2019	_____
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Thursday, August 8 th , 2019	_____
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Friday, August 9 th , 2019	_____
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STUDENT'S NAME	_____
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PARENT'S NAME	_____
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TELEPHONE NUMBERS	_____
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**REMINDER: Please pack a lunch, water bottle, sunscreen & comfortable shoes (no flip flops).
WATER IS ALWAYS AVAILABLE**

Carlynton Band Forms Checklist

Student's Name _____ Date _____

Due by first day of Band Camp July 29, 2019:

PIAA Pre-Participation Physical Evaluation Form
All pages. (Only if you did not have school free physical.) _____

AHN form _____

Carlynton Emergency Medical Form _____

Emergency Medical Information and Consent form
(Do not forget to fill in insurance information) _____

Band Parents contact list _____

Musician/Auxiliary Uniform Loan Agreement _____

Parent/Student agreement form _____

Other Forms (Check form for Due Dates):

Shoe/summer uniform/show t-shirt order form _____

Assessment _____

2019-2020 Carlynton Golden Cougar Marching Band

CHAPERONE SIGN-UP FORM (must have Clearances to Chaperone)

8/13/19 – Kennywood Day _____

8/24/19 – Pirates Game National Anthem _____

8/30/19 – Home Game w/ Ft. Cherry 7 pm _____

9/6/19 – Away Game @ Apollo Ridge 7 pm _____

9/13/19 – Away Game @ South Side Beaver 7 pm _____

9/14/19 – CARLYNTON BAND FESTIVAL 7 pm _____

9/20/19 – Home Game w/ Serra Catholic 7 pm _____

9/27/19 – Away Game @ Riverside 7 pm _____

10/4/19 – Home Game w/ Burgettstown 7 pm _____

10/11/19 – Away Game @ Brentwood 7 pm _____

10/18/19 – Home Game w/ South Allegheny 7 pm _____

10/24/19 – Bloomfield Halloween Parade _____

10/25/19 – Away Game @ Seton La Salle 7 pm _____

STUDENTS' NAME _____

PARENT'S NAME _____

TELEPHONE NUMBERS _____

Please consult the band calendar on the web for any changes or additions & call times.

www.carlyntonband.org

BRING TO BAND PARENT MEETING JUNE 4TH AT 7 PM OR TO BAND CAMP

CARLYNTON MARCHING BAND PARENTS ASSOCIATION

CONTACT LIST 2019-2020

Student's Last Name: _____

Student's First Name: _____

Instrument / Section: _____

Street Address and Zip Code: _____

Home Telephone Number: _____

Parent's Cell or Second Number: _____

Indicate whether cell or second number is mother / father / guardian, Work or Private:

Parent / Guardian Names: _____

Parents' Email Address to send Band information: _____

Text number to send Band information: _____

This list is used primarily by "Executive Committee / Board Members of the Association", but in the past it has been given to all band families. This is one of our emergency contact lists as well as used for the email list. It is helpful that we are able to contact each other and that the students also can contact each other. **Please sign below at ONE of the two places to indicate if you permit us to share this information with all the band families.**

I GIVE MY PERMISSION FOR MY STUDENTS' INFORMATION TO BE GIVEN TO ALL BAND FAMILIES:

Signature / Date: _____ Signature / Date: _____

I do NOT want my students' information to be given to all the band families and to only be used by the Executive Committee / Board members and email contact:

Signature / Date: _____ Signature / Date: _____

The Band Parents Association explicitly prohibits the use of the band contact list for solicitations of any type.

ASSESSMENT / DING CREDIT FORM

The yearly "Assessment Fee" is \$125.00. There are many ways to lower this assessment through volunteering. Every family is responsible to keep track of their own "Assessment Credits", also known as "DINGS". In order to receive the \$40.00 discount on your assessment you must volunteer 4 times per student. Bring this form with you to each event, and **have the chairperson sign your form.** Please note that some activities are worth more than one DING, chairing an activity for example. A complete listing is available in the Handbook on the band website. We count on volunteers, so please get involved, and save money at the same time!

When completed, please return this form to:

Jackie Henke, 122 Patterson Ave., Carnegie, PA 15106 or jackiehenke@verizon.net

Jackie would appreciate it if you could email her after each event so she can keep track as we go along. Waiting until the end of the season makes record keeping harder for all of us. If you know who is chairing your activity, you can ask them to notify Jackie for you.

Thank you,

Band Member's Name:

Parent Volunteer's Name:

PLEASE LIST DATE AND ACTIVITY / COMMITTEE THAT WAS VOUNTEERED FOR, AND GET SIGNED BY CHAIRPERSON.

DING 1: _____

DING 2: _____

DING 3: _____

DING 4: _____

Second Band Member's Name: _____

DING 1: _____

DING 2: _____

DING 3: _____

DING 4: _____

Carlynton High School Athletic Department
Emergency Medical information and Consent Form

Name: _____

Address: _____

Home or Primary Telephone #: _____

Blood Type: _____

Pre-Existing Circulatory / Pulmonary Conditions: _____

Allergies or Allergic Reactions: _____

Inhalers: _____

Medications: _____

Date of Tetanus immunization: _____

Other pertinent Medical information: _____

In Case Of Emergency, Please Contact This Parent / Guardian:

Name: _____

Address: _____

Telephone #s: (H) _____ (W) _____ (C) _____

Relationship to Student: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy # _____ Group # _____

Family Physician: _____ Phone # _____

I, _____, Parent / Guardian of _____ recognize that as a result of participation in athletics, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. In this case, I authorize school personnel to act on my behalf according to their best judgment in an emergency requiring medical attention for which service I will pay.

Signature of Parent / Guardian _____ Date _____



Carlynton School District Athletic Department

Emergency Medical Information and Consent Form

Name: _____

Address: _____

City, State, Zip: _____

Telephone #: (_____) _____ - _____

Blood Type: _____

Pre-Existing Circulatory/Pulmonary Conditions: _____

Allergies or Allergic Reactions: _____

Inhalers: _____

Medications: _____

Date of Tetanus Immunization: _____

Other Pertinent Medical Information: _____

In case of an emergency, please contact:

Name: _____

Address: _____

Telephone #'s: (H) _____ (W) _____ (Cell) _____

Relationship to Student: _____

INSURANCE INFORMATION

Insurance Company _____

Policy Number _____ Group Number _____

Family Physician _____ Phone Number _____

I, _____, parent / guardian of _____, recognize that as a result of participation in athletics, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. In this case, I authorize school personnel to act on my behalf according to their best judgment in any emergency requiring medical attention for which service I will pay.

Signature of Parent / Guardian: _____ Date: _____

This form must be kept with the team medical kit. It must be available at all team conditioning workouts, practices, and contests.

Hello Band Families,

On behalf of myself, Mr. Todd Obidowski and the Executive Board we would like to welcome you to the 2019-2020 Carlynton Golden Cougar Marching Band. With the start of a new band season, we are looking forward to seeing many familiar faces return this year along with welcoming new members. The Carlynton Golden Cougar Marching Band is comprised of phenomenal young men and young women who are exceptionally talented. We are very proud of how hard they work and this can be seen in their half time performances year after year.

It is the responsibility of the Executive Board to support Mr. Obidowski and it is the responsibility of the band parents to support our band so we can make it the best that it can be. There are plenty of opportunities for you to do this by volunteering throughout the season. Please sign up to volunteer because your support will be most appreciated, not only by us but also by all of the students who participate in Marching Band. If we work together we will have an extraordinary season.

Enclosed you will find information that you and your child will need for Band Camp and for the 2019-2020 season. All of the forms in this packet are important and several forms are necessary for your child to participate in Marching Band. Please review all of the forms and return them on or before the dates listed on the forms. Band Camp will begin on **Monday, July 29, 2019. Specific forms must be turned in on the first day of Band Camp.** These forms include Emergency Medical Consent Form, Contact List and a Physical **dated after June 1, 2019. No one will be allowed to participate in Band Camp without these forms on file.** Carlynton Athletic Department will be offering FREE physicals on **Monday June 3, 2019 at 2:00 in the High School Gym.**

Band Camp is **mandatory**. Please see the enclosed flyer regarding Band Camp. Rookie Camp for any new Band Members will begin on **Tuesday, July 16, 2019.** Returning Band Members are encouraged to come out and help the Rookies before Band Camp starts. If there are any questions and/or conflicts regarding Band Camp please contact Mr. Obidowski as soon as possible.

An Assessment Letter is enclosed and the first payment is due to Annette Lherbier on or before the first day of Band Camp. To reduce the cost of your assessment, please volunteer. By volunteering as little as four times per child you will be able to lower your assessment fee.

The best way for us to communicate with each other is through email. Please make sure that you give your email address to Niki MacMurdo at **carlynton.marching.band@gmail.com** so you can be added to her email chain to

receive important information. Also, please refer to the Marching Band website www.carlyntonband.com for updates or changes. You will be able to access the Calendar, Forms, and Announcements to keep you up to date on all of our upcoming events and any changes that can arise.

Please make sure that you order a Summer Uniform for your child. The form to do this is in this packet. Each band member must have shorts and a shirt. Band members are also required to purchase shoes which can be ordered during Band Camp. Your child will also be fitted for their band uniform during Band Camp. If you should ever need assistance with your child's uniform, please contact Becky Heffner.

This year, we will be hosting the Carlynton Golden Cougar Marching Band Festival of Bands on **Saturday, September 14, 2019**. The event showcases bands from the surrounding areas and it is one fantastic evening. We are very excited for this evening and we are encouraging everyone to participate in this event so that it is a continued success. This is one of our biggest fundraisers and profits from this event will benefit our band members greatly. Please look for a "sign-up" sheet during Band Camp. Also, Monica Dugan will be putting together a Band Festival Program again this year. We will begin selling ads for the program over the summer. This is a great way to raise money for your child. All ads sold will profit 50% of the cost of the ad and this will be put into your child's band account.

Lastly, we would like to invite you to attend our monthly meeting. It is held in the High School Band Room at **7:00 p.m. on the first Tuesday of every month** (unless noted as a different day on the Band Calendar). This is a great time for all of us to come together to brainstorm new ideas that will benefit the band. The meeting also keeps you informed on what is going on with the band and any important decisions that need to be addressed during this time. We would love for you to attend and help us make this the best band season yet!! If you would like to volunteer to chaperone, please refer to the Band Parent menu on the Marching Band website and use the link at the bottom of the page to see what is needed to obtain your clearances.

Thank you very much and I am looking forward to a great season,

Heather Aliano

President - Carlynton Band Parents Association



Allegheny
Health Network

Sports Medicine

Patient Name: _____ Date: _____

Date of Birth: (xx/xx/xxxx) : _____ Last 4 (Four) digits of SSN: _____

Address: _____

Phone Number: _____ Fax Number: _____

Authorization for Release of Protected Health Information

I hereby authorize the West Penn Allegheny Health System, Inc. – Allegheny General Hospital certified athletic trainer(s) and team physician(s) to release my Protected Health Information (PHI):

Please choose who will receive the information and the method of delivery. Be certain that information is accurate and complete. Incomplete authorizations are invalid.

☐ School Administration, Athletic Directors, Secretaries, Nurses and Coaches (if student), and parent (if student is 18 or older):

The PHI I would like to have released is as follows:

☐ Release my entire chart (I understand that information may include acquired immunodeficiency syndrome (AIDS) or infection with human immunodeficiency virus; mental health care; treatment for alcohol and/or drug abuse; and sexually transmitted disease unless otherwise indicated).

Do not release: ☐ AIDS/HIV ☐ Mental Health History ☐ Drug & Alcohol

☐ Other (specifically identify exact information to be disclosed, including specific dates of service):

- I understand that this Authorization shall expire one (1) year from the date of signature unless otherwise specified below.
- I understand that I may revoke this Authorization at any time by mailing or personally delivering a signed, written notice of revocation to the healthcare provider at which this Authorization was executed. Such revocation will be effective upon receipt, except to the extent that the recipient has already taken action in reliance on this Authorization.
- I understand that I am not required to sign this Authorization as condition of my obtaining treatment.
- I understand that, to extent that any recipient of this information, as identified above, is not a "covered entity" under Federal Law, the information may no longer be protected by federal and state law. I understand that, in these circumstances, the individual receiving this information may be permitted to re-disclose the information. I understand that my healthcare provider is not responsible should the individual receiving this information re-disclose the information.
- I am entitled to a copy of this completed Authorization upon my request.
- I hereby acknowledge that I have read and fully understand the above statements as they apply to me.

Signature of Patient

Date

Signature of Parent, Legal Guardian or Authorized Representative

Date

Witness/Staff Member Signature

Date

If signed by an Authorized Representative, complete the following:

Printed Name of Personal Representative: _____

Description of Authority to act for individual: _____

Oral Authorization

Only to be used if patient is physically unable to sign. This is NOT applicable to HIV related information or Drug & Alcohol Treatment.

I witness that the nature of this release has been explained to the patient, that the patient understood the nature of the release and freely gave oral authorization (two witnesses are required).

Witness: _____

Witness: _____

Date: _____

Date: _____



Allegheny
Health Network

Sports Medicine

**Authorization for Consent of Treatment, by Licensed Athletic Trainer(s)/Team Physicians,
Within the Scope of Practice**

I, _____ (printed name of parent, legally authorized representative, or athlete if over 18) hereby authorize West Penn Allegheny Health System, Inc. – Allegheny General Hospital (AGH) Certified Athletic Trainer(s)/Team Physicians to provide only those services they are qualified through education or experience and which is allowed by their practice acts and other pertinent regulation.

This authorization is valid for 1 calendar year from the date below.

I understand that this authorization is subject to revocation at any time, except to the extent that West Penn Allegheny Health System, Inc. – Allegheny General Hospital has already taken action in reliance upon it. A photocopy or facsimile of this authorization will be considered valid unless otherwise specified. I also understand and agree that this authorization will terminate as set forth above unless I revoke this authorization in writing to AGH (1307 Federal Street, Suite 500, Pittsburgh, PA 15212).

Parent, Guardian, or Athlete (if over 18) Signature

Date

Witness

IMPORTANT DATES TO REMEMBER

MAY 26 – CARNEGIE MEMORIAL DAY PARADE (Report time TBA)

MAY 27 – CRAFTON MEMORIAL DAY PARADE (Report time TBA)

May 27 – Banquet. 6:00 at Knights of Columbus Hall in Crafton

JUNE 4 – BAND PARENT MEETING 7PM (High School Band Room)

JUNE 28 – CRAFTON CELEBRATES PARADE (Report time TBA)

JULY 16-18 – ROOKIE BAND CAMP (10AM – 12PM) HIGH SCHOOL BAND ROOM

JULY 17 – SHOW T-SHIRT/SHOE/SUMMER UNIFORM ORDERS DUE

JULY 29 – ASSESSMENT FEE – 1ST PAYMENT DUE TO ANNETTE LHERBIER ON/OR BEFORE JULY 29TH AND FINAL PAYMENT DUE NO LATER THAN OCTOBER 1, 2018

JULY 29 – AUGUST 9 – BAND CAMP (8AM – 2:30PM) Band camp is Mandatory. Please plan work schedule & vacations accordingly.

AUGUST 6 – BAND PARENT MEETING 7PM (Location TBD)

AUGUST 9 – BAND PICTURE DAY.

AUGUST 9 – PREVIEW FAMILY SHOW 1PM (High School Field)

AUGUST 13 – KENNYWOOD DAY (Report time TBA)

AUGUST 24 – Play Anthem at Pirate Game (Report time TBA)

SEPTEMBER 3 – BAND PARENT MEETING 7PM (High School Band Room)

SEPTEMBER 14 – BAND FESTIVAL 7PM (Honus Wagner Field)

ALL DATES ARE AS OF 4/4/19, SO PLEASE CHECK CALENDAR ON THE BAND WEBSITE FOR CHANGES OR ADDITIONS BEFORE EACH EVENT.

<https://www.carlyntonband.com/band-calendar>

*******The band now uses Remind for messaging. Sign up with the app at rmd.at/cgrband or text @cgrband to 81010**

Marching Band Uniform Maintenance

(For Green Bibber Pants, Green/white/gold jacket & shako hat put into service 2010)

Alterations

All alterations and repairs will be done for you by someone designated by the Band Director. Parents are NOT permitted to alter or repair the Marching Band Uniforms either themselves or by another person. The Marching Band Uniforms must look uniform in all ways.

Cleaning

In order to maintain the uniform appearance over the 10+ year life of the uniform, uniforms will be dry cleaned, all at once, periodically by a professional service for you at no cost.

If your uniform need additional cleaning, please advise the Band Director or Uniform Committee. After payment of the current fee, they will take the uniform to and from the cleaners for you.

Shakos are hand wipe only – so be careful to keep them from getting soiled. ONLY the shakos go in the shako boxes.

White Performance Gloves

One pair of white performance gloves will be issued at the beginning of each marching season. These gloves are to be stored in one of the back pockets of the uniform garment bag, NEVER in the shako box.

Uniforms shall be stored in the high school uniform room at all times. Black Performance shoes must be taken home after each event.

Replacement Costs

Coat.....\$295.00
Shako (Hat).....\$70.00
Gloves.....\$3.00
Garment Bag.....\$15.00

Uniform Replacement Fees (as of June 2011)

Pants.....\$160.00
Plume.....\$25.00
Raincoat.....\$50.00

CHECKLIST FOR WINTER UNIFORM

Coat Bobber Pants Gloves
Garment Bag

COVER THE ANKLE black socks
Black Performance Shoes

CHECKLIST FOR SUMMER UNIFORM

Green Shorts Yellow Shirt

NO-SHOW black socks
Black Performance Shoes

As of May 2012

MUSICIAN UNIFORM LOAN AGREEMENT 2019-2020

Student's Name _____

Parent's Name _____

Address _____

Telephone _____

The uniform below is loaned to the above student from August 2019 to May 2020. Replacement Fees (as of June 2011)

Replacement costs:

Coat..... \$295.00

Shako (Hat) \$70.00

Plume \$25.00

Gloves \$3.00

Bibber Pants \$160.00

Shako Box\$6.00

Garment Bag \$15.00

Raincoat	\$50.00
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I agree to see that the uniform loaned to my child is properly cared for and returned on the agreed upon date. In case of loss or damage to the uniform while in possession of my child, I further agree to pay for the repair and/or replacement of the uniform(s).

No alterations or cleaning will be done unless authorized by the Band Director.

I fully understand the terms of this agreement:

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

[illegible]

Carlynton Cougar Marching Band

Parent / Student Agreement Form

I have received / read the Carlynton Cougar Marching Band Handbook. The handbook can be viewed on the band's website at www.carlyntonband.org. Please read before you sign, if you have any questions, bring them with you to the June band parents meeting. I realize that it takes full cooperation, willingness to make sacrifices and dedication from 100% of the students and parents to make our band as good as it can be.

I further realize that failure to follow the stated policies in this book or directions from the band directors will result in disciplinary action, which could lead to dismissal from the band. I will do my best to cooperate and represent the Carlynton Cougar Marching Band with integrity at all times.

I agree to support all of the policies stated within the Carlynton Band Handbook.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____



PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 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 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 # () _____

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 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, 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:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

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

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

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

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

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) is when the heart stops beating, suddenly and unexpectedly. 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 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, 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 have SCA die from it.

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. 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 and understand the symptoms and warning signs of SCA.

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	Date____/____/____
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	Date____/____/____

SECTION 5: HEALTH HISTORY

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

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> <input type="checkbox"/> 32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> <input type="checkbox"/> 33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			34. Have you ever had a seizure?	<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"/>	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"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<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"/>
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<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"/>
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:			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"/>
22. Do you regularly use a brace or assistive device?	<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"/>		

#s	Explain "Yes" answers here:

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

Student's Signature _____ Date ____/____/____

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

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

SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____/_____/_____ (_____/_____, _____/_____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/____ L 20/____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ **CLEARED** ☐ **CLEARED**, with recommendation(s) for further evaluation or treatment for: _____

☐ **NOT CLEARED** for the following types of sports (please check those that apply):

☐ COLLISION
 ☐ CONTACT
 ☐ NON-CONTACT
 ☐ STRENUOUS
 ☐ MODERATELY STRENUOUS
 ☐ NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

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

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Authorized Date of CIPPE ____/____/____

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 _____

Section 9: CIPPE MINIMUM WRESTLING WEIGHT

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name _____ Age _____ Grade _____
Enrolled in _____ School _____

INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight _____ / _____ Percentage of Body Fat _____ MWW _____

Assessor's Name (print/type) _____ Assessor's I.D. # _____

Assessor's Signature _____ Date ____/____/____

CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of _____ during the 20____ - 20____ wrestling season.

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

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP Date of Certification ____/____/____
(circle one)

For an appeal of the Initial Assessment, see NOTE 2.

NOTES:

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.

2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

Request for Excused absence

Carlynton Golden Cougar Marching Band

The request must be turned in two weeks in advance to the director or emailed to: todd.obidowski@carlynton.k12.pa.us, if it is to be considered a valid request. With the exception of emergencies, last minute requests will be considered unexcused!

Please note: The submission of this form does not guarantee that the requested absence will be approved.

I am requesting that _____ be excused.
(Students name)

From the practice/performance scheduled on ____/____/_____.
(Date)

Please detail the reason for the absence:

Submitted by _____ Date Submitted ____/____/_____
(Parent/Guardian) (Date)

The following are considered excused absences:

- Vacations which are not able to be rescheduled
- Weddings, funerals, hospitalization
- Conflicts with other Carlynton activities (details must be worked out on a case by case basis between sponsors)
- Absence from school (does not apply to weekends)
- Serious illness
- Religious conflicts

The following are **NOT** considered excused absences:

- Work
- Haircuts
- Non-emergency doctors' visits (i.e. ones that can be rescheduled)
- Birthdays, relatives in from out of town, concerts, parties, Daytrip vacations, weekend getaways

Attendance Policy

- An unexcused absence from a practice counts as **one strike** and may preclude the student from the next performance (although their attendance would still be required).
- An unexcused absence from a performance counts as **two strikes**.

The accumulation of 3 strikes from July 1, 2019 – June 30, 2020 will result in the student's removal from the marching band.

Show Shirt Order Form:

Name _____ Parent's email address _____
Address _____ Home Phone _____
City/State/Zip _____ Parent's cell number _____

BAND MEMBER SHOW SHIRT ORDER & EXTRA SHIRTS			
QTY	SIZE (ADULT S, M, L, XL, 2X, 3X, 4X)	PRICE \$9.00 (except 2X – 4X = \$10.00)	TOTAL

Price may be reduced. Updates on pricing will be communicated via email. If you are not yet on the email distribution list, please email carlynton.marching.band@gmail.com

SHOW SHIRT ORDER TOTAL = _____

PAYMENT ENCLOSED:	CHECKS (Payable to "Carlynton Band Parents Association" or "CBPA")	NO Cash in mail PLEASE!
Band Account Withdraw		
Signature to withdraw from band account:	(Funds must be available. I understand there must be adequate funds to cover this expense or I will be responsible for the difference.)	

Mail order forms with payment to: Heather Aliano, 510 Gormley Ave., Carnegie, PA 15106

ORDERS DUE no later than JULY 17, 2019

LATE ORDERS or orders out of group order **WILL** be subject to **additional charges**.

Show shirts/Band and Auxiliary Summer Uniform/Shoe Information

Show shirts:

Each band member is required to order a show shirt to wear as part of the uniform ensemble. T-shirts are designed by the seniors based on the theme of the show, and are to be worn as designated for each event by the band director, (Parent Preview Show, Kennywood Day, Under the Uniform Jacket, Pep Rallies, etc.). Extra shirts may be ordered for family members.

Mail orders to: Heather Aliano, 510 Gormley Ave., Carnegie, PA 15106

Summer Uniforms:

Summer uniforms are required for Kennywood parade and summer parades.

Instrumentalist MALE:

- Gold performance wicking t-shirt printed with band logo
- Green wicking mesh shorts with logo (7" or 9" inseams available)
- Black Drill Master shoes (available at band camp or online) with no show socks

Instrumentalist FEMALE:

- Gold performance wicking V-neck t-shirt printed with band logo
- Green wicking mesh shorts with logo (7" or 9" inseams available)
- Black Drill Master shoes (available at band camp or online) with no show socks

AUXILIARY (Cougarette and Colorguard):

- Gold performance wicking V-neck t-shirt printed with band logo
- Green cheer style shorts with logo
- Dance shoes (available at band camp or online) per sponsor

Musician Shoes:

- Black Drill Master Shoes

Auxiliary Shoes: The Colorguard and Cougarette coaches will coordinate shoe orders for these groups

Mail Orders for Summer Uniform & Shoes to: Marcy Davis, 90 E. Crafton Ave., Pittsburgh, PA 15205

ALL ORDERS DUE no later than JULY 17, 2019

LATE ORDERS or orders out of group order **WILL** be subject to **additional charges**.

NO returns due to size mistakes – Please see the samples provided for sizing!

Summer Uniform samples will be available to try on during rookie camp July 16, 17. 10am to 12pm

If you do not know the size shoe you need submit the order form with payment by July 17th. Leave the size **blank**. Shoes will be fitted on one if the first days of Band Camp.

Summer Uniform/Shoe Order Form:

Name _____ Parent's email address _____
 Address _____ Home Phone _____
 City/State/Zip _____ Parent's cell number _____

SUMMER UNIFORMS		
CIRCLE SIZE	PRICE	TOTAL
MALE – Gold performance shirt Youth Large Adult S M L XL 2XL	\$17.00 2XL \$18.00	
FEMALE – Gold performance V-neck Shirt Youth Large Adult S M L XL 2XL	\$17.00 2XL \$18.00	
Male/Female INSTRUMENTALIST–Green mesh sorts – 7” Inseam Youth Large Adult S M L XL 2XL	\$13.00 2XL \$14.00	
Male/Female INSTRUMENTALIST – Green mesh sorts – 9” Inseam Youth Large Adult S M L XL 2XL	\$15.00 2XL \$16.00	
AUXILIARY - Green mesh cheer shorts Youth Large Adult S M L XL 2XL	\$13.00 2XL \$14.00	

SUMMER UNIFORM ORDER TOTAL = _____

Instrumentalist Shoes				
Black Drillmaster shoes	() Boy () Girl	Size _____	\$34.00	Total = _____

PAYMENT ENCLOSED:	CHECKS (Payable to “Carlynton Band Parents Association” or “CBPA”)	NO Cash in mail PLEASE!
FOR EASE OF RECORD KEEPING PLEASE SEND SEPARATE CHECKS FOR SUMMER UNIFORM, AND SHOE ORDERS. WE APOLOGIZE FOR THE INCONVENIENCE!		
Band Account Withdraw		
Signature to withdraw from band account:	<p>(Funds must be available. I understand there must be adequate funds to cover this expense or I will be responsible for the difference.)</p>	

Mail order forms with payment to: Marcy Davis, 90 E. Crafton Ave., Pittsburgh, PA 15205

ORDERS DUE no later than JULY 17, 2019

LATE ORDERS or orders out of group order **WILL** be subject to **additional charges.**

WELCOME TO THE
CARLYNTON GOLDEN COUGAR MARCHING BAND

BAND CAMP 2019-2020

DATES: JULY 29TH – AUGUST 9TH

Band Camp is mandatory. Please plan vacations/work accordingly

8:00 AM – 2:30 PM

(PREVIEW SHOW ON FRIDAY AUGUST 9TH FOR FAMILY AND FRIENDS) @
1:00 PM

PLACE – CARLYNTON JR/SR HIGH SCHOOL BAND ENTRANCE, AKA “THE
DOCK”

WHAT TO BRING

COMFORTABLE CLOTHES & SHOES, NO FLIP FLOPS

WATER BOTTLE

SUN SCREEN

LUNCH (WE HAVE A REFRIGERATOR AVAILABLE)

INSTRUMENT AND MUSIC (FOR MUSICIANS)

A GREAT ATTITUDE!!!

BE PREPARED TO WORK HARD, MAKE NEW FRIENDS, AND PARTICIPATE
IN AN ACTIVITY THAT WILL MAKE YOU PROUD.

QUESTIONS: TODD OBIDOWSKI – BAND DIRECTOR

Todd.obidowski@carlynton.k12.pa.us