



**SAINTS JOHN NEUMANN AND MARIA GORETTI
CATHOLIC HIGH SCHOOL**
1736 SOUTH TENTH STREET
PHILADELPHIA, PENNSYLVANIA 19148
Phone (215) 465-8437 Fax (215) 462-2410
www.neumanngorettihs.org

Dear parents and students,

Students who plan to participate in Fall, Winter or Spring sports must have the attached **PIAA Comprehensive Initial Pre-Participation Physical Evaluation** forms completed prior to the date of the first tryout for their sport. New forms must be completed each year. Also included are the **Consent Form for Electronic Communication with Minors** and the **Sports Transportation Permission Form**. All forms must be on file in the Athletic Office for all student athletes at SS. John Neumann and Maria Goretti High School.

These PIAA forms are not in place of the medical forms that must be completed for our school nurse for the Archdiocese of Philadelphia and the School District of Philadelphia. You will receive the Nurse's forms in a separate communication.

DUE TO ESCALATING COSTS THERE IS AN ATHLETIC FEE FOR EACH SPORT

Athletics remains our most heavily subsidized program. Athletic fees are billed for each sport that a student participates in. These fees help to defray some of the costs of transportation and officials. These fees cover only a fraction of the actual cost that the school incurs to support the Athletic programs.

Parents should be prepared to pay this fee before the student tries out for the team. If the student does not make the team the fee will be credited to tuition.

Athletic Fee (for each sport)	\$300	Fall Sports – non Football, typically billed in September
	\$375	Fall Sports – Football, typically billed in September
	\$300	Winter Sports typically billed in December
	\$300	Spring Sports typically billed in March

Students in two or three sports --- \$300 (or \$375) 1st sport; \$275 2nd sport; \$250 3rd sport

Additional fees for uniforms and equipment may apply. Coaches will notify the player. The fee for each sport is **NON-REFUNDABLE** for any of the following reasons, no exceptions:

- Once the season begins
- If the student quits the team once the season begins
- If the student is suspended or dismissed from the team

Courage, Compassion, Commitment



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Directions: All students who are trying out for a sport at Neumann-Goretti **MUST** fill out the attached “PIAA Comprehensive Initial Pre-Participation Physical Evaluation” forms. Completed forms must be submitted to the Athletic Director’s Office prior to the date of the first tryout for your sport. Forms must be **signed and stamped** by your Doctor in order to be valid.

NAME: _____ **HOMEROOM** _____

NEUMANN-GORETTI CLASS OF: Freshmen _____ Sophomore _____ Junior _____ Senior _____

SPORT(S): FALL _____ WINTER _____ SPRING _____

AGE: _____

GRADE SCHOOL ATTENDED: _____

YEAR GRADUATED 8th GRADE: _____

CURRENT PARISH: _____

Section 1 Personal and Emergency Information

Section 2 Certification of Parent/Guardian
NOTE: PARENTS, IF YOUR CHILD IS PLANNING ON PARTICIPATING IN MORE THAN ONE SPORT, SIGN NEXT TO EACH SPORT HE/SHE MAY BE INTERESTED IN

Section 3 Understanding of Risk of Concussion and Traumatic Brain Injury

Section 4 Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs

Section 5 Health History

Section 6 PIAA Comprehensive Initial Pre-Participation Physical Evaluation and Certification of Authorized Medical Examiner
NOTE: TAKE THESE FORMS TO YOUR DOCTOR. THE DOCTOR MUST SIGN, DATE AND **STAMP** THIS FORM (Section 6) IN ORDER FOR THIS CERTIFICATION TO BE VALID.

COMPLETED FORMS MUST BE SUBMITTED TO THE ATHLETIC DIRECTOR’S OFFICE PRIOR TO THE DATE OF THE FIRST TRYOUT FOR YOUR SPORT.

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SECTION 6: HEALTH HISTORY

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like asthma or diabetes)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Heart infection | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
- | Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/Fingers | Chest |
|------------|------------|----------|-----------|-------|-----------|--------------|-----------|
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/Toes |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |

CONCUSSION OR TRAUMATIC BRAIN INJURY

- | | | |
|--|--------------------------|--------------------------|
| 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do you experience dizziness and/or headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you unhappy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. How many periods have you had in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

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

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

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

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

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

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

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

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

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

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

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

Due to _____

Recommendation(s)/Referral(s) _____

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

Address _____ Phone (_____) _____

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

PHYSICIAN'S STAMP



ARCHDIOCESE OF PHILADELPHIA

Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Parish/School: SS. John Neumann and Maria Goretti Catholic High School

Parish/School Organization: _____

Name of Participant: _____

Address: _____

City/Town, State and Zip Code: _____

Home Phone: _____ Parent/guardian cell phone: _____

Parent/guardian E-mail: _____

Please note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.

Optional information:

Participant's e-mail: _____

Participant's cell phone: _____

Sharing of a minor's contact information: (If the following statement is not checked, the information will not be shared.)

_____ I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this parish organization.

Name of Parent or Guardian _____
(please print)

Signature of Parent or Guardian _____

Date: _____



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SPORTS FEE

Dear Parents,

There is a Sports Fee associated with your child playing a sport at Neumann-Goretti High School. This fee is needed to offset cost such as transportation, official fees and other costs that are required to field a team in a sport.

This fee will be charged to your account when a student tries out for a particular team. Should a student not make the team or decides to not play before the first game/match, the fee will be credited on your account. There will be no refunds applied after the first game/match.

Please sign below that you and your child have read the above statements.

X _____
(student's signature)

X _____
(date)

X _____
(parent's signature)

X _____
(date)

X _____
(parent's signature)

X _____
(date)

This form must be returned to the Athletic Director prior to the start of the season.

Courage, Compassion, Commitment



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SPORTS TRANSPORTATION PERIMSSION FORM

We (I) as parent(s) or legal guardian(s) of _____ give permission
(student's name)
for our child to be transported to and from sporting events through school during the sports season.

Team: _____ Season: _____

This permission includes all related programs and events associated with the season. In consideration for our (my) child's participation, we (I) and our (my) child agree and understand that we assume the risks inherent in transportation, and with full knowledge of the risks, we agree to release harmless Neumann-Goretti High School, and the Archdiocese of Philadelphia and their related employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to transportation.

We also consent to and give permission for emergency medical care for our (my) child that may be needed as a result of our (my) child's participation.

Insurance: _____

Group # _____

I.D. # _____

X _____
(student's signature)

X _____
(date)

X _____
(parent's signature)

X _____
(date)

X _____
(parent's signature)

X _____
(date)

This form must be returned to the Athletic Director prior to the start of the season.

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