

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 \$375	Fall Sports – non Football, typically billed in September Fall Sports – Football, typically billed in September
	\$300	Winter Sports typically billed in December 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 of 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:			HOMER	OOM
NEUMANN-G	GORETTI CLASS OF: Fresh	men Sophomore _	Junior	Senior
SPORT(S):	FALL	WINTER	SPRIN	<b>1G</b>
AGE:				
GRADE SCI	HOOL ATTENDED:			
YEAR GRAI	DUATED 8 <sup>th</sup> GRADE:			
CURRENT I	PARISH:			
Section 1	Personal and Emergency I	nformation		
Section 2	Certification of Parent/Gua NOTE: PARENTS, IF YO MORE THAN ONE SPOR INTERESTED IN	OUR CHILD IS PLANNIN		
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 Init Authorized Medical Exam NOTE: TAKE THESE FO DATE AND <b>STAMP</b> THE	niner DRMS TO YOUR DOCTO IS FORM (Section 6) IN C	R. THE DOCTO	OR MUST SIGN,

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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required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  44. Has anyone recovery your weight or eating the cast, or crutches? If yes, circle below:	gain or lose weight?		
cast, or crutches? If yes, circle below:  Do you limit or cast.	nmended you change		
	habits?	_	
in Meck Strongs Spps Since	refully control what you		
arm Fingers eat? eer Lower Hip Thigh Knee Cell/shin Ankle Foot/ 46. Do you have any	concerns that you would		
back back like to discuss with	doctor?		
PENALES ONE			
	id a menstrual period?		
instability? 48. How old were yo	ı when you had your first		
Do you regularly use a brace or assistive menstrual period?	ls have you had in the		
device?  49. How many period last 12 months?	io navo you nau in tilo		_ A12
50. Are you pregnan	?		
#'s Explain "Yes" answers here:			
ereby certify that to the best of my knowledge all of the information herein is true and complete.			
udent's Signature			
nuonto organituto	Date/		
ereby certify that to the best of my knowledge all of the information herein is true and complete.			

Grade\_\_\_\_

# SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signification physical pre-participation physical	ned by the Au al evaluation (6	thorized Medical Examiner CIPPE) and turned in to the	(AME) perf Principal, o	forming to the Prin	the herein nam ncipal's designe	ed student's come, of the student's	prenensive school.
Student's Name					Age	Grad	e
Enrolled in		School	Sport(s)_				
HeightWeight							
If either the brachial artery	blood pressure	(BP) or resting pulse (RF	') is above t	he follow	ving levels, furt	her evaluation by	the student
primary care physician is rec Age 10-12: BP: >126/82, RF	ommended.						
Age 10-12: BP: >126/82, RP Vision: R 20/ L 20/					Unequal_		
MEDICAL	NORMAL				FINDINGS		
Арреагапсе	<del>                                     </del>						
Eyes/Ears/Nose/Throat							
Hearing							
Lymph Nodes	<del> </del>			-			
		☐ Heart murmur ☐ Fem	and pulped to	ovaluda a	ortic coarctation		
Cardiovascular		Physical stigmata of Ma			Offic Coarctanon		
Cardiopulmonary							
Lungs							
Abdomen							
Genitourinary (males only)							
Neurological							
Skin							
MUSCULOSKELETAL	NORMAL		ABN	NORMAI	FINDINGS		
Neck							
Back							
Shoulder/Arm							
Elbow/Forearm							
Wrist/Hand/Fingers							
Hip/Thigh							
Knee							
Leg/Ankle			- W			-	
Foot/Toes							
	on the basis of one participate in dian in Section EARED with reasonable following type	of such evaluation and the Practices Inter-School Pr	student's He actices, Scrir sive Initial Pr er evaluation hose that app	mmages re-Partici or treate	, and/or Contest pation Physica	sts in the sport(s)	consented to
Due to	mkadalilinakan manan						
Recommendation(s)/Refe	паl(s)						
AME's Name (print/type)				D)		License #	
Address		MD. DO. PAC. CRNP. or SNP	(circle one)	Pno Certificat	ne ( ) ion Date of CIF	PPE//_	_

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 Orgar	stration:
Name of Participan	t:
Address:	
City/Town, State an	nd Zìp Gode:
Home Phone:	Parent/guardian cell phone:
Parent/guardian E-	mail:
Please note: By propermission for elections related activities.	oviding the email address and cell phone number of a minor, the parent or guardian grants conic communication from the group leader to this young person in regards to all group
Optional information	on;
Participant	's e-mail:
Participant	's cell phone:
Sharing of a minor be shared.)	's contact information: (If the following statement is not checked, the information will not
I give my p adult lead	permission for my child's email and cell phone number to be shared with other minors and ers who are associated with the activity of this parish organization.
Name of Parent or	
	(please print)
Signature of Parent	or Guardian
Date:	



1736 SOUTH TENTH STREET
PHILADELPHIA, PENNSYLVANIA 19148
Phone (215) 465-8437 Fax (215) 462-2410
www.neumanngorettihs.org

## 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		X		
	(student's signature)	·	(date)	
X		X		
11	(parent's signature)		(date)	
X		X		
3.5	(parent's signature)		(date)	

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



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## SPORTS TRANSPORTATION PERIMSSION FORM

We (I) as parent(s) or legal guardian(s) of	(student's name) give permission
for our child to be transported to and from sporting	(student's name) sevents through school during the sports season.
Team:	Season:
This permission includes all related programs and of for our (my) child's participation, we (I) and our (risks inherent in transportation, and with full know Neumann-Goretti High School, and the Archdiocetrepresentatives, from claims arising or related to our	se of Philadelphia and their related employees and
Our (my) child understands and agrees to abide by pertaining to transportation.	all rules and regulations established by the school
We also consent to and give permission for emergenceded as a result of our (my) child's participation	ency medical care for our (my) child that may be
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.