

CEDAR CLIFF HIGH SCHOOL

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2024-2025

Dear Parent or Guardian:

All student-athletes must obtain a Comprehensive Initial Pre-participation Physical Exam (CIPPE) NO EARLIER than May 1, 2024, for the 2024-2025 school year either through their family physician or at the school offered physical exam. The PIAA physical form is the only paperwork accepted by West Shore School District.

Student-Athletes may attend physical examinations given by Red Cedar at **Cedar Cliff High School (Library)**, 3:00 P.M. on Thursday, February 20, 2025.

Athletes can attend this physical, and must bring cash, check or a money order made payable to Red Cedar in the amount of \$25.00. Sections 1-5 of the physical packet must also be completed by the parent beforehand.

ALL PHYSICAL PAPERWORK IS DUE TO CEDAR CLIFF HIGH SCHOOL NO LATER THAN FRIDAY, FEBRUARY 21, 2025. ANY PAPERWORK NOT TURNED IN PRIOR TO THE FIRST DAY OF PRACTICE WILL RESULT IN THE STUDENT-ATHLETE NOT BEING ELIGIBLE TO PARTICIPATE IN THE FIRST OFFICIAL PRACTICE/TRYOUT UNTIL ALL PAPERWORK IS SUBMITTED.

| |
|--|
| <p>FULL PHYSICAL PACKET</p> |
|--|

WEST SHORE SCHOOL DISTRICT

Activity Fees • 2024-2025

Fall Sports

| Cluster A - \$45.00 | Cluster B - \$95.00 |
|---------------------------|-----------------------|
| Cross Country | Marching Band/Guard |
| Junior High Cross Country | Cheerleading |
| Junior High Field Hockey | Field Hockey |
| Freshman Football | Football |
| Golf | Soccer (Boys & Girls) |
| Tennis (Girls) | Volleyball (Girls) |

Winter Sports

| Cluster A - \$45.00 | Cluster B - \$95.00 |
|---------------------------------------|---------------------------|
| Freshman Basketball (Boys & Girls) | Basketball (Boys & Girls) |
| Junior High Basketball (Boys & Girls) | Swimming/Diving |
| Freshman Wrestling | Wrestling |
| Indoor Guard | |

Spring Sports

| Cluster A - \$45.00 | Cluster B - \$95.00 |
|-----------------------------------|-------------------------|
| Tennis (Boys) | Baseball |
| Junior High Soccer (Boys & Girls) | Lacrosse (Boys & Girls) |
| Junior High Track (Boys & Girls) | Softball |
| Junior High Volleyball (Girls) | Track (Boys & Girls) |
| | Volleyball (Boys) |

Student Cap - \$190.00

Family Cap - \$380.00

ACTIVITY FEE IS APPLIED TO EACH ACTIVITY THROUGHOUT THE YEAR

Activity Fee

Your child has expressed an interest in participating in an athletic program at Cedar Cliff High School. These are programs for those students desiring a level of competition beyond that provided in the physical education program. An activity fee is required for participation in athletics and student activities.

All Activity Fees have been adjusted to absorb the additional convenience fees that may be charged by paying online. The chart lists the fees paid per sport you can also click on the link provided for fees [Activity Fee Forms](#). The fee will be assessed per sport and activity. There is a student cap of \$190.00 and a family cap of \$380.00. Fees **must be paid** and submitted within a minimum of one (1) week of the start of practice for the athlete's season. Please see below the ways to pay your student's Activity Fee.

1. Pay Online

Families who would like to pay student activity fees online, must create a LINQ Connect account to do so (if you have not already done so). To begin using LINQ, please follow this link:

<https://linqconnect.com> (this payment system is also utilized for the school lunch program).

Step by step instructions are listed on the West Shore School District website under this link:

<https://www.wssd.k12.pa.us/ActivityFee.aspx>

2. Pay by Check or Money Order

Families who prefer **not to utilize** the online system can submit a check or money order made payable to West Shore School District as follows:

West Shore School District
Attention: Athletic/Student Activity
Fee 507 Fishing Creek Road
PO Box 803
New Cumberland, PA 17070

4. Waiver Option

Families who wish to apply for an Activity Fee Waiver can find the Activity Fee Waiver Form at this link: [Activity Fee Waiver Form](#) or can obtain one from the high school athletic office.

The spring sports season begins Monday, March 3, 2025. Individual coaches will let their players know at what time and place to pick up any required equipment. The individual coaches will let the athletes know where practice is and when it starts.

**Sports Offered at Cedar Cliff High School
(SPRING)**

Spring Sports:

| | | | | |
|-----------------------|------------|-----------------|---------------|--|
| Baseball | Head Coach | Justin Secrest | (Grades 9-12) | jsecrest07@comcast.net |
| Softball | Head Coach | Lindsay Aucher | (Grades 9-12) | lsowe365@gmail.com |
| Boys Tennis | Head Coach | Joseph Diminick | (Grades 9-12) | jdiminick@wssd.k12.pa.us |
| Boys Track and Field | Head Coach | TBD | (Grades 9-12) | |
| Girls Track and Field | Head Coach | TBD | (Grades 9-12) | |
| Boys Lacrosse | Head Coach | Nate Nale | (Grades 9-12) | nateness47@gmail.com |
| Girls Lacrosse | Head Coach | TBD | (Grades 9-12) | |
| Boys Volleyball | Head Coach | Matthew Uibel | (Grades 9-12) | muibel@wssd.k12.pa.us |

Junior High/Freshman Spring Sports:

| | | | | |
|--------------------------------|------------|-----------------|--------------|--|
| Boys Soccer (Junior High) | Head Coach | Jake Nilphai | (Grades 7-8) | jakenilphai@gmail.com |
| Girls Soccer (Junior High) | Head Coach | Sandra Stoner | (Grades 7-8) | sstoner@wssd.k12.pa.us |
| Boys/Girls Track (Junior High) | Head Coach | Patrick Tierney | (Grades 7-8) | ptierney@wssd.k12.pa.us |
| Girls Volleyball (Junior High) | Head Coach | Molly DelCollo | (Grades 7-8) | mdelcollo@wssd.k12.pa.us |

Athletic Trainer:

| | | | |
|------------------|---------------|--------------------|--|
| Athletic Trainer | Head Trainer | Jessica Levendusky | jlevendusky@wssd.k12.pa.us |
| Athletic Trainer | Asst. Trainer | TBD | |

*****All physical paperwork must be turned into the athletic trainer a minimum of one (1) week before the official PIAA practice for the season begins.**

**WEST SHORE SCHOOL DISTRICT
HIGH SCHOOL AND MIDDLE SCHOOL**
Physical Checklist



Submit checklist with completed packet materials.

Student Name: _____

School: _____

Sport: _____

Follow checklist per criteria listed below.

Physical Packet (Full)

☐ Complete PIAA Physical Packet

☐ Section 1 – Personal and Emergency Information

☐ Section 2 – Certification of Parent/Guardian

☐ Section 3 – Understanding Risk of Concussion

☐ Section 4 – Understanding Risk of Cardiac Arrest

☐ Section 5 – Health History

Section 6 – PIAA Comprehensive Initial Pre-Participation Physical Evaluation & Certification of Authorized Medical Examiner

ALL PIAA PHYSICALS MUST BE DATED JUNE 1, 2024 OR LATER

☐ West Shore School District - Waiver of School Insurance, Acknowledgment of Risk & Consent to Participate, Authorization for Release of Medical Information Form

☐ Medical Release/Insurance Form

☐ **Submit Completed Physical Packet to High School Athletic Trainer**

☐ Submit Activity Fee Payment or a Request for Waiver of Activity Fee Form
(**Must** be submitted within a minimum of one (1) week of the start of practice for activity)

☐ Submit West Shore School District Athletic Code of Conduct to High School Athletic Department

**FOR HOMESCHOOL, CYBER SCHOOL AND
CHARTER SCHOOL STUDENTS ONLY**

Submit Intent to Participate Form

Available on the District website www.wssd.k12.pa.us on the Cedar Cliff and Red Land High School Athletics Department Web pages



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 **May 1st** and shall be effective, regardless of when performed during a school year, until the latter of the next **April 30th** or the conclusion of the spring sports season.

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 # () _____

Parent/Guardian E-mail Address: _____

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 or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

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. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

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

F. **Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

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) occurs when the heart suddenly and unexpectedly stops beating. 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 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

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

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

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

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, 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 experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. 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 this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

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"/> | <input type="checkbox"/> | 34. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection | | | 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"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) | <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"/> |
| 11. Has anyone in your family died for no apparent reason? | <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"/> |
| 12. Does anyone in your family have a heart problem? | <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"/> |
| 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"/> | 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <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"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you unhappy with your weight? | <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: | | | 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper arm Elbow Forearm Hand/ Fingers Chest | | | 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/ Toes | | | 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a stress fracture? | <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"/> |
| 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"/> | MENSTRUAL QUESTIONS- IF APPLICABLE | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | 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. When was your last menstrual period? | | |

| #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 |
| Cardiopulmonary | | <input type="checkbox"/> Physical stigmata of Marfan syndrome |
| 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 ____/____/____

West Shore School District Waiver Of School Insurance

I, the undersigned, being a parent or guardian of _____, hereby represent to the West Shore School District that the above-named student is covered by medical and hospitalization insurance which will be kept in force throughout the school year: _____. Therefore, I do not wish to subscribe to the plan available through the District by private carrier. I hereby waive any claim against the School District for injuries incurred by the above-named student while participating in a school-sponsored activity.

Signed: _____ Date: _____
(Parent/ Guardian)

Acknowledgement of Risk and Consent to Participate

I/We hereby acknowledge that participation in athletics involves a risk of injury. I/We understand that this risk includes severe injuries possibly involving paralysis, permanent mental disability, or death, and that these injuries may occur, in some instances, as the result of unavoidable accidents. I/We assume these risks and give consent to participate in athletic activities during the current school year by the undersigned athlete and parent/guardian.

Signed: _____ Date: _____
(Athlete)

Signed: _____ Date: _____
(Parent/Guardian)

Authorization for Release of Medical Information

I grant permission for the WSSD appointed Physician(s) and Nurse(s), Student Athlete's Primary Physician, any Physician serving a WSSD Student Athlete and Certified Athletic Trainer(s), at their discretion, to disclose all medical and individual identifiable Protected Health Information relating to any sports injury, including but not limited to diagnosis, treatment, prognosis, likelihood and timing of recovery, and recommendation concerning ability to play competitively and safely to the WSSD appointed Physician(s) and Nurse(s) , Certified Athletic Trainer(s), Coach(s) and Athletic Director. It is my understanding that the purpose of disclosure about the extent and nature of any sports-related injury is for the purpose of rehabilitation, training, recovery, and ability to play competitively and safely.

Signed: _____ Date: _____
(Parent/Guardian)

W E S T S H O R E S C H O O L D I S T R I C T

Medical Release/Insurance Form

Please Print: To be completed and signed by student's parent or guardian.

School _____ School Year _____ Current Grade _____

Student's Name _____ Date of Birth _____

Student Address _____

Parent/Guardian's Name(s) _____

Address (if different from student) _____

Parent/Guardian's Phone #s 1. (_____) _____ 3. (_____) _____

Please list in order of preference for calls.

2. (_____) _____ 4. (_____) _____

Person to contact in an emergency if unable to reach parent/guardian:

Contact Name _____ Phone # (_____) _____

Family Physician _____ Phone # (_____) _____

Medical Insurance

Name of Company _____ Policy # _____

Name of Employing Company _____

Company Address _____

Medical Record

Complete all lines even if only with the words "None" or "Not Applicable"

Allergies to Medication _____

Other Allergies _____

Serious Illnesses _____

Current Medication(s) _____

Other Health Problems _____

Date of Last Tetanus Shot _____

Parental Consent

I hereby give consent for my child, _____ to participate in _____ and declare that we have either school insurance or family insurance to cover any accidents, and in consideration of my child's participation in said school activity. I hereby release the West Shore School District, its directors, agents, and employees of all responsibility and liability, for loss or injury to his/her person or property.

Parent/Guardian's Signature _____ Date _____

I consent for a qualified physician to perform any medical or surgical procedures he deems advisable to the welfare of this applicant while he/she is participating in school-supervised events. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for this applicant. The undersigned does hereby assume and agree to pay any indebtedness or physician's and surgeon's fees and hospital charges for such services.

Parent/Guardian's Signature _____ Date _____

Relationship to Student _____

WEST SHORE SCHOOL DISTRICT

ATHLETIC AND STUDENT ACTIVITY CODE OF CONDUCT

Memorandum of Understanding For Athletes and Students Participating In Interscholastic Athletics and Student Activities

The undersigned have read and understand the “Code of Conduct for West Shore School District Students Participating in the Interscholastic Athletic and Student Activities Program” as provided in the West Shore School District *Athletic and Student Activities Manual*. Further, we have read and understand the rules and regulations provided by the coach/director for this sport(s)/student activity. We understand the Athletic and Student Activity Code of Conduct applies throughout the school year and for conduct that occurs on and off school property. The below affixed signature(s) denote our agreement to abide by the Athletic and Student Activity Code of Conduct and promote decorum which serves as a positive role model in our community and beyond.

Participant’s Name _____

Season(s) (circle all that apply) Fall Winter Spring

Sport(s)/Student Activity _____

Participant’s Signature _____

Parent/Guardian Signature _____

Date _____

Coach’s/Director’s Signature Fall _____

Coach’s/Director’s Signature Winter _____

Coach’s/Director’s Signature Spring _____

CODE OF CONDUCT
FOR
WEST SHORE SCHOOL DISTRICT STUDENTS
PARTICIPATING IN THE INTERSCHOLASTIC ATHLETIC AND STUDENT
ACTIVITIES PROGRAM

Athletic and Student Activities are an extension of the educational experience that the District offers. Therefore, student participation is voluntary and is a privilege, not a right. Those who choose or are selected to participate must be aware of this and abide by the code of conduct for the West Shore School District athletic and student activities program; each participant will receive an Athletic and Student Activities Code of Conduct, be required to sign the **Athletic and Student Activities Code of Conduct Memorandum of Understanding** and is expected to operate within the framework of the code and regulations.

This code of conduct is designed to further describe expectations as outlined in the District's Athletic and Student Activities Philosophy and Objectives statement of the *Athletic and Student Activities Manual* and appropriate Board policies. The Athletic and Student Activities Code of Conduct and the **Athletic and Student Activities Code of Conduct Memorandum of Understanding** will be distributed the first day of practice during the season.

I. Definitions

The following definitions shall apply:

Athletic/Student Activity Suspension – exclusion for a given period of time from competitions, events, and any other functions (trips, banquets, etc.) related to the activity excluding practice. Inclusion or exclusion from practice will be made on a case-by-case basis by the review committee. A suspension will not necessarily be limited to the season during which the infraction occurred but may be imposed during subsequent seasons. Where applicable, a suspended athlete's/student's name may be removed from award consideration and from similar recognitions.

Review Committee – body to conduct informal hearings, comprised of two building administrators, the Director of Human Resources or Director of Secondary Education and the building athletic director.

Substantiated – found to have committed a stated offense based on an investigation of an event.

Athletic/Student Activity Expulsion – loss of participation privileges in the District's athletic/student activity program.

Season – the interval commencing with the approved PIAA starting date of practice or the first day of practice, whichever is later, and terminating with the final competitive event for the sport/student activity.

Probation – imposed for school related offenses that result in students being ineligible to participate in extra-curricular activities until such probation is formally lifted by the Board or administration.

Hazing – any activity that recklessly, intentionally or unintentionally endangers the mental health, physical health or safety of a student for the purpose of initiation or membership in or affiliation with any organization including but not limited to a sport or extracurricular activity recognized by the Board of School Directors.

Endangering the physical health includes but is not limited to any contact of a physical nature such as whipping, beating, branding, forced calisthenics, exposure to the elements, forced consumption of any food, alcoholic beverage, drug or controlled substance, or other forced activity that could adversely affect the physical health or safety of the individual.

Endangering the mental health includes, but is not limited, to any activity that would subject an individual to unusual mental stress, such as sleep deprivation, prolonged exclusion from social contact, forced conduct which might result in extreme embarrassment, or any other activity, which could adversely affect the mental health or dignity of the individual. Any activity if made part of an initiation, shall be presumed to be hazing, even if a student willingly participates.

II. General Rules

- A. An athlete/student who quits a team/activity during the sport/activity season shall not be permitted to participate in another sport/activity during the sport/activity season unless the coaches/directors of all teams/activity involved agree. The athletic director will make the final determination.
- B. The rules listed below are to be read both in addition to and in conjunction with the District's discipline policy. The actions listed below represent serious violations of the Athletic and Student Activity Code of Conduct and may result in the consequences as listed with each action in addition to any penalties imposed pursuant to the District's discipline code. Offenses are cumulative for the year except in the case of #1, which is cumulative for the student's discipline as provided for in other District policies.

- 1. **Possessing, using, delivering, or selling alcohol, or any controlled substance as defined by the Controlled Substance, Drug, Device, and Cosmetic Act while on school property or at a school sponsored activity or while on the way to or from a school sponsored activity or in uniform regardless of location. The term possession includes but is not limited to having previously ingested alcohol, a controlled substance or drug while on the way to school or school sponsored activity.**

Consequence:

- a) Immediate suspension from the team/student activity for a minimum of forty-five (45) calendar days. Violators will be referred to the school's Student Assistance Team (SAT) for possible assessment recommendation. An athlete/student may not participate in the sport/student activity until the assessment has been completed and until any assessment recommendations have been followed.
 - b) If the athlete/student is at a school event, ten (10) days out-of-school suspension as per District School Board Policy 218 and may include expulsion from school.
 - c) In addition to the penalties set forth in (b) above, a second offense will result in athletic/student activity expulsion, and the student will be prohibited from participating on any school team.
- 2. **Action as stated in #1 above occurring offsite and not on the way to or from any school sponsored activity during the athletic/student activity season of which the student participates.**

Consequence:

- a) Immediate suspension from the team/student activity for fifteen (15) calendar days and referral to the school's SAT. Should the offense occur when the SAT is not functioning, the principal and/or athletic director and coach/director will make a referral to a licensed provider appropriate to the offense for an assessment and recommendation. Failure to complete an assessment will result in continued suspension from the team/student activity until the assessment is conducted.
- b) Second offense results in athletic/school activity suspension for the remainder of the season.
- c) A subsequent offense will result in athletic/student activity expulsion.

3. Action as stated in #1 above occurring offsite and not on the way to or from a school sponsored activity during off-season.

Consequence:

- a) Suspension from the team/student activity for fifteen (15) calendar days beginning on the first day of the season.
- b) Second offense results in athletic/student activity suspension from the team/student activity.
- c) A subsequent offense will result in athletic/student activity expulsion.

4. Possessing or using tobacco in any form, whether on or off school property (Off property only applies if the athlete/student was in uniform).

Consequence:

- a) If at school event, in-school suspension as per District code and other penalties as allowed by District School Board Policy 222.
- b) One contest athletic/student activity suspension.
- c) Second offense results in athletic/student activity suspension from the team/student activity for ten (10) calendar days. A subsequent offense will result in additional suspensions or expulsion from the team/student activity for the remainder of the season.

5. Intentional damage (vandalism), theft, or degradation of school or person's property from any location on school property or off school property during any school sponsored event or related to any school sponsored activity.

Consequence:

- a) See District discipline policy for possible penalties including administrative probation, suspension or expulsion depending on the severity of the offense and other penalties, including referral to law enforcement authorities as allowed by District School Board Policy.
- b) Immediate athletic/student activity suspension from the team/student activity for up to seven (7) calendar days, depending on severity of the incident, payment of restitution or return of property.

6. Failure to return equipment.

Consequence:

- a) Suspension from all program participation until equipment is returned or paid for.

7. Acts that constitute a violation of the Pennsylvania Criminal Code, whether or not delineated as part of the student code of conduct.

Consequence:

- a) Immediate athletic/student activity suspension from the team/student activity for the remainder of the season or the school year depending upon the severity of the offense.
- b) The athlete/student must petition to have the athletic/student activity suspension lifted after the period of suspension.

8. Failure to carry out the directions or rules and regulations established by the coach/director. (Such rules and regulations must be distributed in writing to all athletes/students and be approved by the principal and/or athletic director).

Consequence:

- a) As established by each coach/director.

9. Any improper conduct, which either violates District policy or constitutes behavior inappropriate for a District student representative.

Consequence:

- a) As established by each coach/director, may include suspension from the team/student activity or expulsion depending on the nature of the violation.
- b) As established by the District discipline code.

10. Use of Anabolic Steroids. The use of anabolic steroids is prohibited.

Consequence:

- a) A violation of this policy or District School Board Policy 227 shall result in immediate suspension from the team/student activity for the remainder of the season and may result in expulsion from athletics/student activities.

Procedural Guidelines for Code of Conduct

- (1) If an infraction is reported, the coach/director shall notify the athletic director or administration of the alleged conduct or violation. Either the administrator or the coach/director at the direction of the administrator shall investigate, to determine if a violation of the code has occurred.
- (2) If, after investigation, a violation of the code can be substantiated, the coach/director, after consultation with the administration and athletic director, shall impose the appropriate consequence by giving written notice to the athlete/student, the athlete's/student's parents or guardian, the athletic director, and the building administrator. Imposition of disciplinary consequences by the athletic director is in addition to any disciplinary penalty imposed by the building administration pursuant to District policy.
- (3) The athlete/student or parent/guardian may appeal the coach's/director's decision to the administration who will convene a Review Committee to hear the appeal and render a decision. Such decision will be made within ten (10) business days of the appeal. During the ten (10) business days, the initial disciplinary action imposed will remain in effect. Appeal of the discipline penalties imposed by the building administrator under District policy is governed by the school code.
- (4) If the parent/guardian or athlete/student is not satisfied with the decision of the Review Committee, a hearing may be requested within five (5) business days of the decision. The appeal shall be in writing and directed to the Superintendent of Schools or designee. The Superintendent or designee has complete discretion whether or not to hear the appeal. If the Superintendent or designee decides to hear the appeal, such hearing shall be conducted within ten (10) business days of the date of the appeal. If such hearing is granted, the initial disciplinary action will remain in effect. The appeal hearing shall be informal and the decision of the Superintendent or his/her designee shall be final.
- (5) Once an athletic/student activity suspension or athletic/student activity expulsion has been imposed, the athlete/student will not be permitted to participate in any competitions, events or other functions unless the recommendation for suspension/expulsion is reversed after appeal.
- (6) An expulsion includes forfeiture of any school related awards for that season.
- (7) Nothing in the code shall preclude any building principal, in consultation with the athletic director, from suspending or excluding an athlete/student from an athletic team/student activity for any violation of the disciplinary rules of the West Shore School District.
- (8) Athletic and Student Activity Code of Conduct and District School Board Policy infractions and discipline imposed are not limited to the season in which the infraction occurred.

Division I Academic Standards

Division I schools require you to meet academic standards. To be eligible to practice, compete and receive an athletics scholarship in your first year of full-time enrollment, you must meet the following requirements:



DIVISION I

1. Earn 16 NCAA-approved core-course credits in the following areas:

| ENGLISH | MATH (Algebra I or higher) | SCIENCE (Including one year of lab, if offered) | EXTRA (English, math or science) | SOCIAL SCIENCE | OTHER Any area listed to the left or courses listed in additional discipline (world language, comparative religion or philosophy) |
|---------|-------------------------------|--|-------------------------------------|----------------|--|
| 4 years | 3 years | 2 years | 1 year | 2 years | 4 years |

2. Complete your 16 NCAA-approved core-course credits in eight academic semesters or four consecutive academic years from the start of ninth grade. If you graduate from high school early, you still must meet core-course requirements.
3. Complete 10 of your 16 NCAA-approved core-course credits, including seven in English, math or science, before the start of your seventh semester. Once you begin your seventh semester, any course needed to meet the 10/7 requirement cannot be replaced or repeated.
4. Earn a minimum 2.3 **core-course GPA**.
5. Ask your high school counselor to upload your **final official transcript** with proof of graduation to your Eligibility Center account.

EARLY ACADEMIC QUALIFIER

If you meet **specific criteria** after six semesters of high school, you may be deemed an early academic qualifier for Division I and may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

QUALIFIER

You may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

ACADEMIC REDSHIRT

You may practice during your first regular academic term and receive an athletics scholarship during your first year of full-time enrollment but may NOT compete during your first year of full-time enrollment. You must pass either eight quarter or nine semester hours to practice in the next term.

NONQUALIFIER

You will not be able to practice, compete or receive an athletics scholarship during your first year of full-time enrollment.



ELIGIBILITY CENTER

GRADE
9
REGISTER

- » If you haven't yet, **register** for a free Profile Page account at eligibilitycenter.org for information on NCAA initial-eligibility requirements.
- » Use NCAA Research's **interactive map** to help locate NCAA schools you're interested in attending.
- » Find your high school's list of NCAA-approved core courses at eligibilitycenter.org/courselist to ensure you're taking the right courses, and earn the best grades possible!

GRADE
10
PLAN

- » If you're being actively recruited by an NCAA school and have a Profile Page account, **transition** it to the required **certification account**.
- » Monitor the **task list** in your NCAA Eligibility Center account for next steps.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.
- » If you fall behind academically, ask your high school counselor for help finding **approved courses** you can take.

GRADE
11
STUDY

- » Ensure your **sports participation** information is correct in your Eligibility Center account.
- » Check with your high school counselor to make sure you're on track to complete the required number of NCAA-approved **core courses** and graduate on time with your class.
- » Share your **NCAA ID** with NCAA schools recruiting you so each school can place you on its **institutional request list**.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.

GRADE
12
GRADUATE

- » **Request your final amateurism certification** beginning April 1 (fall enrollees) or Oct. 1 (winter/spring enrollees) in your Eligibility Center account at eligibilitycenter.org.
- » Apply and be accepted to the NCAA school you plan to attend.
- » Complete your final NCAA-approved **core courses** as you prepare for graduation.
- » After you graduate, ask your high school counselor to upload your final **official transcript** with proof of graduation to your Eligibility Center account.

How to plan your high school courses to meet the 16 core-course requirement:

$$4 \times 4 = 16$$

9th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

10th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

11th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

12th
GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

CONTACT THE NCAA ELIGIBILITY CENTER

U.S. and Canada (except Quebec):
877-262-1492 (toll free), Monday-Friday
9 a.m. to 5 p.m. Eastern time
International (including Quebec):
on.ncaa.com/IntlContact



[@ncaaec](https://twitter.com/ncaaec) [@ncaaec](https://www.youtube.com/channel/UCncaaec) [@ncaaec](https://www.facebook.com/ncaaec) [@playcollegesports](https://www.instagram.com/playcollegesports)



ELIGIBILITY CENTER

Division II Academic Standards

Division II schools require you to meet academic standards. To be eligible to practice, compete and receive an athletics scholarship in your first year of full-time enrollment, you must meet the following requirements:

1. Earn 16 NCAA-approved core-course credits in the following areas:

| | | | | | |
|---------|-------------------------------|--|-------------------------------------|----------------|--|
| ENGLISH | MATH (Algebra I or higher) | SCIENCE (Including one year of lab, if offered) | EXTRA (English, math or science) | SOCIAL SCIENCE | OTHER Any area listed to the left or courses listed in additional discipline (world language, comparative religion or philosophy) |
| 3 years | 2 years | 2 years | 3 years | 2 years | 4 years |

2. Earn a minimum 2.2 **core-course GPA**.
3. Ask your high school counselor to upload your **final official transcript** with proof of graduation to your Eligibility Center account.

EARLY ACADEMIC QUALIFIER

If you meet **specific criteria** after six semesters of high school, you may be deemed an early academic qualifier for Division II and may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

QUALIFIER

You may practice, compete and receive an athletics scholarship during your first year of full-time enrollment.

PARTIAL QUALIFIER

You may practice and receive an athletics scholarship but may NOT compete during your first year of full-time enrollment.



DIVISION II

MAKE IT YOURS



ELIGIBILITY CENTER

GRADE
9
REGISTER

- » If you haven't yet, **register** for a free Profile Page account at eligibilitycenter.org for information on NCAA initial-eligibility requirements.
- » Use NCAA Research's **interactive map** to help locate NCAA schools you're interested in attending.
- » Find your high school's list of NCAA-approved core courses at eligibilitycenter.org/courselist to ensure you're taking the right courses, and earn the best grades possible!

GRADE
10
PLAN

- » If you're being actively recruited by an NCAA school and have a Profile Page account, **transition** it to the required **certification account**.
- » Monitor the **task list** in your NCAA Eligibility Center account for next steps.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.
- » If you fall behind academically, ask your high school counselor for help finding **approved courses** you can take.

GRADE
11
STUDY

- » Ensure your **sports participation** information is correct in your Eligibility Center account.
- » Check with your high school counselor to make sure you're on track to complete the required number of NCAA-approved **core courses**.
- » Share your **NCAA ID** with NCAA schools recruiting you so each school can place you on its **institutional request list**.
- » At the end of the school year, ask your high school counselor from each school you attend to upload an official transcript to your Eligibility Center account.

GRADE
12
GRADUATE

- » **Request your final amateurism certification** beginning April 1 (fall enrollees) or Oct. 1 (winter/spring enrollees) in your Eligibility Center account at eligibilitycenter.org.
- » Apply and be accepted to the NCAA school you plan to attend.
- » Complete your final NCAA-approved **core courses** as you prepare for graduation.
- » After you graduate, ask your high school counselor to upload your final **official transcript** with proof of graduation to your Eligibility Center account.

How to plan your high school courses to meet the 16 core-course requirement:

$$4 \times 4 = 16$$

9th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

10th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

11th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

12th GRADE

(1) English
(1) Math
(1) Science
(1) Social Science
and/or other

4 CORE COURSES

CONTACT THE NCAA ELIGIBILITY CENTER

U.S. and Canada (except Quebec):
877-262-1492 (toll free), Monday-Friday
9 a.m. to 5 p.m. Eastern time
International (including Quebec):
on.ncaa.com/IntlContact



@ncaaec @ncaaec @ncaaec @playcollegesports



ELIGIBILITY CENTER