



SOUTH PARK

**SOUTH PARK HIGH SCHOOL ATHLETIC OFFICE**

Phone: 412.655.1111~ Fax: 412.655.4505

**Parents/Guardians/Student Athletes**

**PHYSICALS MUST BE PERFORMED, SIGNED AND DATED (SECTION 6- PG.6), BY A PHYSICIAN BEGINNING JUNE 1, 2019 TO BE VALID**

**ALL OTHER PAGES (1, 2, 3, 4, 5, - 7, 8, 9, 10, 11) MUST BE SIGNED AND DATED WHERE REQUIRED BY BOTH THE PARENT/GUARDIAN and STUDENT ATHLETE!**

**PHYSICAL PACKETS AND/OR SECTION 7 FOR SPMS AND SPHS FALL SPORTS ARE DUE IN THE SOUTH PARK HIGH SCHOOL ATHLETIC OFFICE**

**BY November 8, 2019**

**DO NOT ATTACH: IMMUNIZATION RECORDS, PRESCRIPTION INFORMATION or DOCTOR'S ORDERS INTENDED FOR THE SCHOOL NURSE TO THIS PACKET!**

**\*SPHS STUDENTS PLEASE FORWARD THESE ITEMS TO THE SPHS MAIN OFFICE**

**\*\*SPMS STUDENTS PLEASE FORWARD THESE ITEMS TO THE SPMS MAIN OFFICE**

**\*REMINDER: ATHLETES THAT HAVE TURNED IN A PHYSICAL FORM TO PARTICIAPTE IN FALL SPORTS, ONLY NEED TO TURN IN A SECTION 7 FORM (*see SPHS athletic webpage*), IF PARTICIPATING IN ADDITIONAL SPORTS THROUGHOUT THE 2019-2020 SCHOOL YEAR**

Athletic Director: [tom.kayda@sparksd.org](mailto:tom.kayda@sparksd.org)

Athletic Trainers: [adam.nelson@sparksd.org](mailto:adam.nelson@sparksd.org)

[julie.atherton@sparksd.org](mailto:julie.atherton@sparksd.org)

Administrative assistant: [stacie.klocek@sparksd.org](mailto:stacie.klocek@sparksd.org)



**UPMC Sports Medicine**

**Athletic Training and  
Development**

3200 South Water Street  
Pittsburgh, PA 15203  
T 412-432-3770  
F 412-432-3774

Dear Parent/Guardian:

As part of a contractual agreement between UPMC Sports Medicine and the South Park School District, UPMC provides certified athletic trainers to aide in the prevention, recognition, evaluation, and treatment of athletic injuries.

To treat your son or daughter, two forms must be signed by parents/guardians of the student-athlete. One is the "Consent for Treatment, Payment and Health Care Operations" (**Pg.7**). This gives the athletic trainer(s) and other associated healthcare personnel permission to assist or participate in providing care in the event of an injury or illness. The other form is the "Authorization for Release of Protected Health Information" (**Pg. 8**). This form allows the athletic trainer(s) to communicate with medical personnel and the school district's athletic department personnel in order to provide consultation, treatment and establish a plan of care for the injured or ill patient.

**Please note that these forms have no relationship to your health insurance plan and in no way influence your choice of medical care.** UPMC, as the employers of the certified athletic trainer(s) in the South Park School District, must have these forms completed in order to provide care for your son or daughter to comply with privacy and standard consent to treat laws.

In addition, copies of the UPMC Notice of Privacy Practices documents can be viewed at <http://www.upmc.com/HospitalsFacilities/hipaa/Pages/privacy-notice.aspx>.

**Please sign the attached documents.** If you revoke this authorization or consent form, please contact the athletic office at 412-622-3944. We look forward to your student-athlete's safe participation in Pittsburgh Public Schools athletics. Thank you for your time.

Sincerely,

UPMC Sports Medicine



## 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 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> 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 # ( ) \_\_\_\_\_

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](http://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 6 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.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Bothered by light or noise</li> </ul> | <ul style="list-style-type: none"> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Difficulty paying attention</li> <li>• Memory problems</li> <li>• Confusion</li> </ul> |
|--|---|

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

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.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Student-Athlete	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Student-Athlete's Name	Date <u>   </u> / <u>   </u> / <u>   </u>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Parent/Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Parent/Guardian's Name	Date <u>   </u> / <u>   </u> / <u>   </u>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### 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):			<b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b> 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> 32. Have you been hit in the head and been confused or lost your memory? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> 33. Do you experience dizziness and/or headaches with exercise? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur			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:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<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"/>	44. Has anyone recommended you change your weight or eating habits?	<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"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest			46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back    Lower back    Hip    Upper Thigh    Knee    Calf/shin    Ankle    Foot/ Toes			<b>FEMALES ONLY</b>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<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"/>	48. How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<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 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) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_



\_\_\_\_\_  
Print Athlete's Name\_\_\_\_\_  
Print Athlete's Sport

As part of a contractual agreement with UPMC Sports Medicine, certified athletic trainers may aide in the prevention, recognition, evaluation, and treatment of athletic injuries. **Please note that the forms below have no relationship to your health insurance plan and in no way, influence your choice of medical care.** UPMC must have these forms completed to comply with privacy and standard consent to treat laws.

### **(1) UPMC Authorization for Release of Protected Health Information**

- I authorize UPMC to provide information related to the athlete's care to family/school/team physicians, school nurses, coaches, athletic directors, school principals, EMS personnel, and such other persons as is necessary needed for them to provide consultation, treatment, establish a plan of care or determine whether the athlete may resume participation in school or sports activities.
- I authorize UPMC to use the athlete's medical information for UPMC internal departmental reporting purposes.
- I authorize UPMC (including its hospitals, other entities and programs) to use medical or other information maintained on electronic information systems or stored in various forms about the athlete's care, health care operations, or payment for treatment and services.
- I understand that the health record(s) released by UPMC may be re-disclosed by the facility/person that receives the record(s) and therefore (1) UPMC and its staff/employees has no responsibility or liability because of the re-disclosure and (2) such information may no longer be protected by federal or state privacy laws.
- I understand that this Authorization is in effect for a period of one year from the date signed by the athlete.
- I understand that this Authorization is in effect if the athlete is treated for an injury during off-season workouts; however, no time frame specified shall go beyond one year from the date of signature.
- I understand that I have the right to revoke this Authorization form at any time by sending a written request to UPMC at the location where the Authorization was provided.
- I understand that my decision to revoke the Authorization does not apply to any release of my health record(s) that may have taken place prior to the date of my request to revoke the Authorization.
- I understand that I am entitled to a copy of this completed Authorization form.

\_\_\_\_\_  
Print Athlete's Name\_\_\_\_\_  
Print Athlete's Sport**(2) UPMC Consent for Treatment and Healthcare Operations**

I consent to the provision of care. I understand that this care may include medical treatment, special tests, exams, evaluation, treatment, and rehabilitation of athletic injuries. I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examination and/or treatment are kept confidential.

I understand and agree that others may assist or participate in providing care. This may include, but may not be limited to team physician, school nurse, and licensed physical therapists. Under the direction of a certified athletic trainer, college/university athletic training students and high school student aides may also provide care.

I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment.

In the event of ImPACT baseline testing, I understand the ImPACT baseline testing provided by UPMC Sports Medicine is not intended to prevent, diagnose, or treat a concussion and is not to be administered following a possible concussion. If the athlete suffers a concussion, the administration of an ImPACT post-test is generally conducted at the discretion of the concussion specialist at their facility.

**(3) UPMC Privacy Practices**

I understand that copies of the UPMC Notice of Privacy Practices document are available at the school, can be sent in the mail upon my request or viewed at <http://www.upmc.com/patients-visitors/privacy-info/Pages/default.aspx>. I give UPMC and its designees permission to use my information as described in the UPMC Notice of Privacy Practices.

By signing below, I am acknowledging the above (1) Authorization for Release of Protected Health Information, (2) Consent for Treatment and Healthcare Operations, and (3) Notice of Privacy Practices.

\_\_\_\_\_  
Athlete signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent or guardian signature/relationship\_\_\_\_\_  
Date\_\_\_\_\_  
Parent or guardian signature/relationship\_\_\_\_\_  
Date

For Office Use Only:

Sign here if patient failed to acknowledge receipt of Notice of Privacy Practices: \_\_\_\_\_

Reason given by patient for failure to acknowledge receipt of the Notice of Privacy Practices: \_\_\_\_\_

Use this form only after a dated fall physical has been submitted, in order to participate in either winter or spring sports

<----- PLEASE READ ----->

Use this form only after a dated fall physical has been submitted, in order to participate in either winter or spring sports

### 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                       |
|--|--------------------------|--------------------------|
| 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"/> |
| 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"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 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"/> |
| 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?  | <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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENTAL RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned hereby request(s) South Park School District to permit the following "STUDENT" to participate in the following "ACTIVITY": \_\_\_\_\_

STUDENT \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

The undersigned agree(s) to the following:

**FIRST: CERTIFICATE OF GOOD HEALTH** - The undersigned do/does accept the responsibility for STUDENT's physical examination. It is hereby CERTIFIED that STUDENT has no known physical condition which could be affected by participating in the above activity and that STUDENT is in good health at the present.

**SECOND: RELEASE IN FULL** - The undersigned releases the South Park School District and all of the members of its Board of School Directors, its Administration, teachers, instructors and coaches from all claims, and all consequential damages on account of, or in any way arising out of, **ALL PERSONAL INJURIES AND OR DEATH** which may result from STUDENT's participating in the activity program aforesaid.

**THIRD: ASSUMPTION OF RISK** - The undersigned have has acknowledged and are/is aware that the above activity may require intense bodily contact and/or many unusual traumatic events, any of which are capable of causing injury and possible death. We/I do, therefore, ASSUME ALL RISK OF INJURY OR DEATH and acknowledge that we/I have explained said risks to STUDENT and that STUDENT is willing to participate in said activity program regardless of the aforesaid risks.

**FOURTH: INDEMNIFICATION** - That in the event of any claim, or suit arises on behalf of or by STUDENT, as a result of his/her participate in the aforesaid activity program, either before or after his/her attaining the age of 18, we the undersigned agree to indemnify, hold harmless and forever defend the South Park School District and all of the members of the Board of School Directors, the Administration, teacher instructors and coaches against all claims or payments, etc., arising from our/my STUDENT's participation in the aforesaid activity program as a result of personal injuries, death or other type of harm suffered by him/her or us/me.

**FIFTH: LACK OF INSURANCE** - The undersigned have has acknowledged and are is aware that the South Park School District and all of its members of its Board of Directors, its administration, teachers, instructors and coaches will not and do not provide any health and/or accident insurance for the STUDENT in relation to his/her participation in the aforesaid activity or activity program.

Intending to be legally bound hereby, having read the above AGREEMENT, we I do hereby fix our my hand(s) and seal(s).

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

SOUTH PARK SCHOOL DISTRICT

\_\_\_\_\_  
Date  
Approving Official

## SOUTH PARK HIGH SCHOOL ATHLETICS

**"The Parent's Pledge"**

*Cooperation among coaches, athletes, parents, and school personnel is essential if students are to realize the values of athletic participation. Like coaches and athletes, parents must make commitments to the athletic program to assure these values. We ask that you read, sign and return the following "PLEDGE" and as needed, discuss your reactions with your child's coach or the school's Athletic Director as outlined below.*

*Thank-you!*

As the parent of an athlete of this school, I promise.....

- To work closely with all school personnel to assure an appropriate academic, as well as athletic experience for my child while he/she is in school.
- To assure that my child will attend all scheduled practices and athletic contests.
- To require my child to abide by the athletic department's training rules.
- To acknowledge that the coach has the ultimate authority to determine strategy and player selection and that playing time is **NOT GUARANTEED**. Coaches have the responsibility to put the most competitive team in the contest.
- To promote mature behavior from students and parents during athletic contests.
- To work closely with coaches and other school personnel to identify a reasonable and realistic future for my child as a student athlete.

If you have a concern with a coach, you should.....

- Call the coach to set up an appointment. If the coach cannot be reached, call South Park High School's Athletic Director, Thomas Kayda at 412-655-3111 and he will be happy to arrange a meeting for you. *Please contact the athletic director if you have any unresolved concerns.*
- *Most importantly and in the spirit of good sportsmanship*, please do not attempt to confront a coach or engage in discussion with a coach immediately before or after a contest, practice or on game day. These can be highly emotional times for both the coach and the parent. Discussions under times of high emotions do not promote the best outcome in the resolution of issues.

Appropriate Concerns for Parents to Discuss with Coaches:

1. Treatment of their child
2. Ways for their child to improve
3. Concerns about their child's behavior

Issues **NOT** appropriate to discuss with coaches:

1. Playing time/positions/assignments
2. Team Strategy
3. Play calling
4. Other students

Pledge Endorsed: \_\_\_\_\_ Athletes Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



### DEPARTMENT OF ATHLETICS

*Athletic Director: Thomas Kayda*  
 2005 EAGLE RIDGE ROAD SOUTH PARK, PA 15129-8885  
 (412) 655-3111 (VOICE) (412) 655-4505 (FAX)

### ACKNOWLEDGEMENT OF ATHLETIC MANUAL

Please visit [www.sparksd.org](http://www.sparksd.org) on the athletic homepage, under "Links" to access the Athletic Manual

I \_\_\_\_\_ have read the South Park High  
 (Name of Athlete)  
 School Athletic Manual. I pledge that I will ***NOT*** participate (even willingly), in  
*ANY* hazing activities. I fully understand the responsibilities of becoming a  
 participating South Park School District Athletic Team Member.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*And*

We/I as the parent/guardian of \_\_\_\_\_  
 (Name of Athlete)  
 have read the Athletic Manual for student athletes and fully understand the  
 responsibilities of our son/daughter and ourselves, while he/she is participating as a  
 South Park School District Athletic Team Member.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATIVE WEBSITES

WWW.SPARKSD.ORG – On the athletic webpage: Directions, Schedules, NCAA information (on page 7 of Guidance Handbook) and other information on athletic programs.

WWW.SOUTHPARKWPAL.ORG- See rSchoolToday for schedules, postponements and cancellations. Parents can sign up to be notified of the most current schedule changes. This is extremely helpful during the spring sports season, when postponements and cancellations occur almost daily. South Park School District reserves the right to postpone or move an athletic event when circumstances dictate the need, including but not limited to the last minute of an event. Web –based scheduling provides the most up to date version of particular athletic events. *Please remember that it is more than likely that these changes will not be reflected on printed hard copies of previous schedules.*

WWW.THECOACHES CIRCLE- Very important for the potential college athlete. Provides information that you may need to help an athlete play at the next level.

# NCAA ELIGIBILITY CENTER QUICK REFERENCE GUIDE



Eligibility Center

## NCAA Division I Initial-Eligibility Requirements

### Core Courses: (16)

- **Initial full-time collegiate enrollment *before* August 1, 2016:**
  - **Sixteen (16) core courses** are required (see chart below for subject-area requirements).
- **Initial full-time collegiate enrollment *on or after* August 1, 2016:**
  - **Sixteen (16) core courses** are required (see chart below for subject-area requirements).
    - Ten (10) core courses completed before the seventh semester; seven (7) of the 10 must be in English, math or natural/physical science.
      - These courses/grades are "locked in" at start of the seventh semester (cannot be repeated for grade-point average [GPA] improvement to meet initial-eligibility requirements for competition).
  - *Students who do not meet core-course progression requirements may still be eligible to receive athletics aid and practice in the initial year of enrollment by meeting academic redshirt requirements (see below).*

### Test Scores: (ACT/SAT)

- Students must present a corresponding test score and core-course GPA on the sliding scale (see Page No. 2).
  - **SAT:** critical reading and math sections.
    - Best subscore from each section is used to determine the SAT combined score for initial eligibility.
  - **ACT:** English, math, reading and science sections.
    - Best subscore from each section is used to determine the ACT sum score for initial eligibility.
- All ACT and SAT attempts *before* initial full-time collegiate enrollment may be used for initial eligibility.
- **Enter 9999 during ACT or SAT registration to ensure the testing agency reports your score directly to the NCAA Eligibility Center. Test scores on transcripts will not be used.**

### Core Grade-Point Average:

- Only core courses that appear on the high school's List of NCAA Courses on the NCAA Eligibility Center's website ([www.eligibilitycenter.org](http://www.eligibilitycenter.org)) will be used to calculate your core-course GPA. Use this list as a guide.
- **Initial full-time collegiate enrollment *before* August 1, 2016:**
  - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale A (see Page No. 2).
  - Core-course GPA is calculated using the **best 16 core courses** that meet subject-area requirements.
- **Initial full-time collegiate enrollment *on or after* August 1, 2016:**
  - Students must present a corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
  - Core-course GPA is calculated using the **best 16 core courses** that meet both progression (10 before seventh semester; seven in English, math or science; "locked in") and subject-area requirements.

#### **DIVISION I Core-Course Requirement (16)**

- 4 years of English
- 3 years of math (Algebra I or higher)
- 2 years of natural/physical science (1 year of lab if offered)
- 1 year of additional English, math or natural/physical science
- 2 years of social science
- 4 years of additional courses (any area above, foreign language or comparative religion/philosophy)

#### **DIVISION I – 2016 Qualifier Requirements**

*\*Athletics aid, practice, and competition*

- 16 core courses
  - Ten (10) core courses completed before the start of seventh semester. Seven (7) of the 10 must be in English, math or natural/physical science.
    - "Locked in" for core-course GPA calculation.
- Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.300) on Sliding Scale B (see Page No. 2).
- Graduate from high school.

#### **DIVISION I – 2016 Academic Redshirt Requirements**

*\*Athletics aid and practice (no competition)*

- 16 core courses
  - No grades/credits "locked in" (repeated courses after the seventh semester begins may be used for initial eligibility).
- Corresponding test score (ACT sum score or SAT combined score) and core-course GPA (minimum 2.000) on Sliding Scale B (see Page No. 2).
- Graduate from high school.

Sliding Scale A Use for Division I prior to August 1, 2016		
NCAA DIVISION I SLIDING SCALE		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.550 & above	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	59
2.700	730	60
2.675	740-750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840-850	70
2.425	860	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	80
2.125	960	81
2.100	970	82
2.075	980	83
2.050	990	84
2.025	1000	85
2.000	1010	86

Sliding Scale B Use for Division I beginning August 1, 2016		
NCAA DIVISION I SLIDING SCALE		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.550	400	37
3.525	410	38
3.500	420	39
3.475	430	40
3.450	440	41
3.425	450	41
3.400	460	42
3.375	470	42
3.350	480	43
3.325	490	44
3.300	500	44
3.275	510	45
3.250	520	46
3.225	530	46
3.200	540	47
3.175	550	47
3.150	560	48
3.125	570	49
3.100	580	49
3.075	590	50
3.050	600	50
3.025	610	51
3.000	620	52
2.975	630	52
2.950	640	53
2.925	650	53
2.900	660	54
2.875	670	55
2.850	680	56
2.825	690	56
2.800	700	57
2.775	710	58
2.750	720	59
2.725	730	60
2.700	740	61
2.675	750	61
2.650	760	62
2.625	770	63
2.600	780	64
2.575	790	65
2.550	800	66
2.525	810	67
2.500	820	68
2.475	830	69
2.450	840	70
2.425	850	70
2.400	860	71
2.375	870	72
2.350	880	73
2.325	890	74
2.300	900	75
2.299	910	76
2.275	910	76
2.250	920	77
2.225	930	78
2.200	940	79
2.175	950	80
2.150	960	81
2.125	970	82
2.100	980	83
2.075	990	84
2.050	1000	85
2.025	1010	86
2.000	1020	86

For more information, visit [www.eligibilitycenter.org](http://www.eligibilitycenter.org) or [www.2point3.org](http://www.2point3.org).



# NCAA ELIGIBILITY CENTER QUICK REFERENCE GUIDE



Eligibility Center

## Division II Initial-Eligibility Requirements

### Core Courses

- **Division II currently requires 16 core courses.** See the chart below.
- **Beginning August 1, 2018**, to become a full or partial qualifier for Division II, all college-bound student-athletes must complete the 16 core-course requirement.

### Test Scores

- **Division II** currently requires a minimum SAT score of 820 or an ACT sum score of 68. **Beginning August 1, 2018**, Division II will use a sliding scale to match test scores and core-course grade-point averages (GPA). The sliding scale for those requirements is shown on Page No. 2 of this sheet.
- The SAT score used for NCAA purposes includes **only** the critical reading and math sections. The writing section of the SAT is not used.
- The ACT score used for NCAA purposes is a **sum** of the following four sections: English, mathematics, reading and science.
- **When you register for the SAT or ACT, use the NCAA Eligibility Center code of 9999 to ensure all SAT and ACT scores are reported directly to the NCAA Eligibility Center from the testing agency. Test scores that appear on transcripts will not be used.**

### Grade-Point Average

- Be sure to look at your high school's List of NCAA Courses on the NCAA Eligibility Center's website ([www.eligibilitycenter.org](http://www.eligibilitycenter.org)). Only courses that appear on your school's approved List of NCAA Courses will be used in the calculation of the core GPA. Use the list as a guide.
- The current **Division II** core GPA requirement is a minimum of 2.000. **Division II** core GPA required to be eligible for competition on or after August 1, 2018, is 2.200 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- The minimum **Division II** core GPA required to receive athletics aid and practice as a partial qualifier on or after August 1, 2018, is 2.000 (corresponding test-score requirements are listed on the Sliding Scale on Page No. 2 of this sheet).
- Remember, the NCAA core GPA is calculated using NCAA core courses only.

#### **DIVISION II 16 Core Courses**

- 3 years of English.
- 2 years of mathematics (Algebra I or higher).
- 2 years of natural/physical science (1 year of lab if offered by high school).
- 3 years of additional English, mathematics or natural/physical science.
- 2 years of social science.
- 4 years of additional courses (from any area above, foreign language or comparative religion/philosophy).

DIVISION II COMPETITION SLIDING SCALE		
<i>Use for Division II beginning August 1, 2018</i>		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.300 & above	400	37
3.275	410	38
3.250	420	39
3.225	430	40
3.200	440	41
3.175	450	41
3.150	460	42
3.125	470	42
3.100	480	43
3.075	490	44
3.050	500	44
3.025	510	45
3.000	520	46
2.975	530	46
2.950	540	47
2.925	550	47
2.900	560	48
2.875	570	49
2.850	580	49
2.825	590	50
2.800	600	50
2.775	610	51
2.750	620	52
2.725	630	52
2.700	640	53
2.675	650	53
2.650	660	54
2.625	670	55
2.600	680	56
2.575	690	56
2.550	700	57
2.525	710	58
2.500	720	59
2.475	730	60
2.450	740	61
2.425	750	61
2.400	760	62
2.375	770	63
2.350	780	64
2.325	790	65
2.300	800	66
2.275	810	67
2.250	820	68
2.225	830	69
2.200	840 & above	70 & above

DIVISION II PARTIAL QUALIFIER SLIDING SCALE		
<i>Use for Division II beginning August 1, 2018</i>		
Core GPA	SAT Verbal and Math ONLY	ACT Sum
3.050 & above	400	37
3.025	410	38
3.000	420	39
2.975	430	40
2.950	440	41
2.925	450	41
2.900	460	42
2.875	470	42
2.850	480	43
2.825	490	44
2.800	500	44
2.775	510	45
2.750	520	46
2.725	530	46
2.700	540	47
2.675	550	47
2.650	560	48
2.625	570	49
2.600	580	49
2.575	590	50
2.550	600	50
2.525	610	51
2.500	620	52
2.475	630	52
2.450	640	53
2.425	650	53
2.400	660	54
2.375	670	55
2.350	680	56
2.325	690	56
2.300	700	57
2.275	710	58
2.250	720	59
2.225	730	60
2.200	740	61
2.175	750	61
2.150	760	62
2.125	770	63
2.100	780	64
2.075	790	65
2.050	800	66
2.025	810	67
2.000	820 & above	68 & above

For more information, visit the NCAA Eligibility Center website at [www.eligibilitycenter.org](http://www.eligibilitycenter.org).