



Keystone High School Athletics 2024-2025

RECERT PACKET

- ★ Athlete and their parent/guardian must fill out and sign the attached recertification form (Section 7) - If you were previously injured and are not “cleared”, your physician needs to fill out sign Section 8. - *Changes to Personal Information and Emergency Information are only needed if something has changed since the start of school this year; **The Supplemental Health History and signatures must be completed***
- ★ Copy of front and back of student’s health insurance card - Your child must have some type of health insurance coverage that remains in effect for their sports season(s).
- ★ **Return to Mrs. Porter in the Jr High office by the following date:**

FALL SPORTS

JH Golf: **Before** August 21, 2024 🏌️🚩

JH Girls Basketball: **Before** September 30, 2024 🏀

WINTER SPORTS

JV/V Basketball, Wrestling: **Before** November 8, 2024 🏀🤼

JH Boys Basketball: **Before** December 16, 2024 🏀

SPRING SPORTS

Track & Field, Baseball, Softball, JH Volleyball: **Before** February 24, 2025 🏃⚾️🏈🏐

- ★ If, at any time you are participating in two sports, the Declaration of Primary Sport must be filled out and signed by all parties and returned no later than the end of the first week of the second sport’s mandatory practice to the Jr High Office
- ★ **Athletic Activity Fees:**
One athlete in a family is \$100 for the first sport; \$50 for the second sport;
Two or more athletes (7th-12th grade) per family is \$200 total for the 24-25 year.
Checks payable to **Keystone School District**

***Failure to turn in these forms by the required date could result in not being eligible to participate!**

Keystone School District Parent-Coach Communication

Keystone School District Interscholastic Athletic Philosophy

The Board of School Directors recognizes the value of a program of interscholastic athletes as an integral part of the total experience for all students of the District and the Keystone Community. Interscholastic athletes should compliment academic life, rather than compete with it, and sports should enhance students' experiences during their school years.

Athletic contests and practice sessions provide many opportunities to teach the values of competition and sportsmanship. Students participating in the District's Interscholastic athletics program are expected to compete at the highest level of athletic competence, and every effort should be made to ensure the team's success. Athletes should aspire to reach these objectives through traditional and universal values, such as honesty, integrity, commitment and hard work. *Winning* is important, but winning within the rules is paramount.

Parent-Coach Communication

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each perspective, we are better able to accept the actions of the other and provide greater benefits to our student-athletes. Parents/Guardians have a right to understand what expectations are placed on a child involved in our program. This begins with clear communication from the coach of your child's program.

Communication You Should Expect From Your Child's Coach

1. Philosophy of the coach.
2. Expectations the coach has for your child, as well as all the players on the team.
3. Location and times of all practices and contests.
4. Team requirements, i.e., practices, special equipment, off-season conditioning.
5. Procedures should your child be injured during participation.
6. Discipline that may result in the denial of your child's participation.

Communication Coaches Expect From Parents

1. Concerns expressly directly to the coach.
2. Notification of any schedule conflicts well in advance.
3. Concerns regarding the coach's philosophy and/or expectations.

As your child becomes involved in the Interscholastic Programs of the Keystone School District, he/she will experience some of the most rewarding moments life offers. It is important to understand that there also may be times when things do not go the way you or your child wish. At these times, discussions with the coach are encouraged.

Appropriate Concerns To Discuss With Coaches

1. Physical/mental treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child's behavior/attitude.

It is very difficult to accept your child not playing as much as you hope. *Coaches are professionals*. They make judgment decisions based on what they believe to be best for all students involved. As mentioned above, certain

concerns are appropriate to discuss with your child's coach. Some concerns, such as the following must be left to the discretion of the coach.

Issues Not Appropriate To Discuss With Coaches

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

There are situations that may require a conference between the coach and the parent/guardian. It is important that each party involved has a clear understanding of the other's position. When a conference is necessary, the following procedures should be followed to help promote a resolution to the concern.

Procedures To Address Concerns

1. As a first step, the issue should be discussed between the student and the coach, if possible. Many problems can be resolved at this step.
2. If the problem is not resolved with a student/coach discussion, the parents/guardians may request a meeting with the coach or coaching staff **and the Athletic Director**. Parents/ Guardians should request a meeting at a mutually convenient time. It is important not to attempt to resolve issues during or after competitions, games or practices.
3. If the issue is not satisfactorily resolved by the coach and the Athletic Director, the problem should then move first to the building Principal, then to the Superintendent, and finally to the School Board.

Expectations of Parents/Guardians

1. Support your student-athlete's effort toward success.
2. Promote a positive home environment that is conducive to the development of the student athlete.
3. Become familiar with the rules and regulations of the District's interscholastic athletic program (PIAA).
4. Communicate concerns in a timely manner, following protocol as outlined above.
5. Treat all coaching personnel with respect, and insist that your student-athlete does the same.
6. Understand that all practices/open gyms are closed and you may not attend.

Research indicates that a student involved in extracurricular activities has a great chance for success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope that the information provided here makes both your child's and your experience with the Keystone School District Athletic Program less stressful and therefore more enjoyable.

Keystone School District

Mr. Michael Hall, Superintendent

Mrs. Kelli McNaughton, High School Principal

Mr. Jason Best, High School Assistant Principal/Athletic Director

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 _____

Parent/Guardian E-mail Address: _____

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 # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below 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.

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 a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> |

An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below

- | | | |
|--|--------------------------|--------------------------|
| 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"/> |
|--|--------------------------|--------------------------|

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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; include injury, type of treatment & the name of the medical professional seen by student

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

Student's Signature _____ Date ____/____/____

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

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

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

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

Address _____ Phone () _____

Physician's Signature _____ MD or DO (*circle one*) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

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

Address _____ Phone () _____

Physician's Signature _____ MD or DO (*circle one*) Date _____