



Our Lady of the Sacred Heart High School

1504 Woodcrest Avenue, Coraopolis, PA 15108-3054

Phone: (412) 264-5140 • FAX: (412) 264-4143

E-Mail: info@olsh.org • Web Page: www.olsh.org

2011/2012 School Year

Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in the athletic program offered by Our Lady of the Sacred Heart High School. We encourage his/her participation in our formal athletic programs, but feel it is necessary to explain to you school policy regarding participation.

All students and parents are expected to follow the guidelines as set forth in the OLSH Parent-Student Handbook and by the WPIAL/PIAA.

You may or may not be aware of the difficulty in obtaining adequate insurance coverage against injury to students who participate in athletic programs. If you are not, I would like to explain to you that the school does NOT carry insurance for any athletic activity. This is a standard policy for the Diocese of Pittsburgh.

It is the policy of the school that no student will be permitted to engage in any competitive or interscholastic sport without first securing insurance. And, you undoubtedly carry your child under an insurance coverage (ex. Blue Cross, Blue Shield, Pennsylvania's Children Health Insurance [www.chipcoverspakids.com]) which is provided by either your employer, by you directly, or through Pennsylvania's Health Insurance. In order for your child to participate in the athletic program of OLSH without problem of medical expenses being paid, you must sign and return the attached form (SECTION 1). In the event of injury, prompt medical care will be provided for your child on the basis of YOUR INSURANCE. OLSH will not assume medical responsibility for any injury sustained while engaging in any athletic activity sponsored by OLSH.

The school purchases the best possible equipment and uniforms for our athletes. The cost of outfitting our athletes is increasing tremendously each year. Therefore, we would appreciate the parents assistance in controlling the loss of the school's equipment and uniforms. Equipment and uniforms will be issued to all athletes at the beginning of the sport season and collected at the end of the season. Once a child receives the equipment and/or uniforms, it is his/her responsibility to return what was issued at the beginning of the season. Any student who has LOST, STOLEN, or KEPT the equipment and/or uniform MUST pay for them. (See "Tuition and Fees" in the OLSH Parent-Student Handbook.) It is your child's responsibility to take proper care of OLSH's property. With your assistance, I am sure that we can eliminate any future problems.

Students should understand and keep in mind that being selected to represent their school as an interscholastic athletic activity is a privilege. All should realize that participation in athletics is part of a total educational experience. OLSH is pleased to have your child participate in its athletic program.

Thank you very much for your cooperation.

Sincerely
Bud Beatty
Bud Beatty, Athletic Director
bbeatty@olsh.org

Attachments



NEWS RELEASE

FOR IMMEDIATE RELEASE
Friday, January 28, 2011

PIAA STRENGTHENS CODE OF ETHICS

At its meeting of Thursday, January 27, 2011, the Pennsylvania Interscholastic Athletic Association, Inc. (PIAA) Board of Directors amended its Code of Ethics, which is set forth in the PIAA By-Laws. The Code of Ethics provides guidance as to appropriate standards of behavior by those persons involved in interscholastic athletics.

The first change related to the means by which Coaches address potentially poor performances by Contest officials, such as referees. PIAA has a review process for Contest officials. Coaches are participants in that process. The Code of Ethics was amended to emphasize that Coaches should raise criticisms and concerns through this process and not through the media. PIAA Executive Director Brad Cashman noted that some Coaches have used referees as scapegoats in the media to explain defeats. This approach is unfair to opponents and officials and is not acceptable behavior.

The Code of Ethics was also amended to make clear PIAA's expectation of courteous and appropriate behavior by spectators of athletic events. While enthusiastic support of Teams and student-athletes is encouraged, the Board of Directors made clear that boorish behavior and efforts to provoke, intimidate, or berate Coaches, Contest officials, student-athletes, and/or other spectators, or to interfere with the Contest, will not be tolerated. Those fans engaging in such conduct may be removed from the site and barred from future attendance. PIAA Executive Director Brad Cashman remarked that spectators are an important part of the interscholastic experience and that unsportsmanlike and rude behavior is detrimental to the purposes of interscholastic athletics.

Finally, the Board of Directors made minor and clarifying changes to the Code of Ethics as it applies to Contest officials.

The changes are effective immediately.

A copy of the revisions is attached to this News Release.

Pennsylvania Interscholastic Athletic Association, Inc.
550 Gettysburg Road P.O. Box 2008
Mechanicsburg, PA 17055-0708
1(800) 382-1392 (717) 697-0374 Fax: (717) 697-7721
www.piaa.org

CODE OF ETHICS PERTAINING TO HIGH SCHOOL ATHLETICS

This Code of Ethics Pertaining to High School Athletics is to be regarded not only as recommendations, but also as rules governing the conduct of schools, student-athletes, Coaches, Contest officials, Athletic Directors, Principals, and the public.

* * *

Section 3. Coaches Should:

- A. Have a fair, unprejudiced relationship to student-athletes.
- B. Teach student-athletes to win through legitimate means only. Striving to win at any cost is distinctly unethical.
- C. Give opponents full credit when they win.
- D. Control one's temper at all times.
- E. Not use, and discourage the use of, profanity, obscene gestures, and/or obscene language.
- F. Recommend the use of competent Contest officials and support their decisions. The Coach should direct concerns and criticisms of Contest officials through the appropriate review process and not criticize the actions or decisions of Contest officials through the media or to before student-athletes and/or spectators.
- G. Counteract unfounded rumors of questionable practices by opponents. To establish the truth or falsity of these rumors the Coach should refer them directly to the authorities of the school concerned.
- H. Not recruit students for an athletic purpose.
- I. Maintain control of the Team for which the Coach is responsible.

Section 4. Contest Officials Should:

- A. Have thorough preparation in the current rules and approved officiating techniques of the sport.
- B. Be physically fit and mentally alert.
- C. Have a neat, distinctive, and approved uniform.
- D. Report for duty at least 30 minutes before the scheduled start of a Contest.
- E. Honor all agreements to officiate Contests.
- F. Control one's temper in all relations with students, Coaches, member schools, and spectators at all times.
- G. Call them as one sees them.
- H. Make clear any interpretations and announcements.
- I. Following a Contest officiated, not discuss plays or student-athletes of a Team in that Contest with any of their future opponents.

* * *

Section 7. The Public Should:

- A. Realize that gambling on Contests, the consumption of alcoholic beverages, and/or the use of illegal drugs, anabolic steroids, and/or other performance enhancing drugs in connection with Contests are all detrimental to the best interests of athletics and the standards which PIAA is endeavoring to foster.
- B. Not use profanity, obscene gestures, and/or obscene language while attending Contests.
- C. Not attempt to provoke, intimidate, and/or berate Coaches, Contest Officials, student-athletes, and/or other spectators.
- D. Not interfere with any Contests.

Any spectator who evidences poor sportsmanship and/or behavior inconsistent with this Code of Ethics may be removed from a Contest venue and may be prohibited from attending future Contests.

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 four Sections of the CIPPE Form. Upon completion of Sections 1, 2, and 3 by the parent/guardian, and Section 4 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 performed earlier than June 1st and shall be effective, regardless of when performed during a school year, until the next May 31st.

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 5 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 6 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 Should be Aware _____

Student's Prescription Medications _____

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	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Lacrosse	
Girls' Soccer	
Softball	
Boys' Tennis	
Track & Field	
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 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.

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

F. Understanding of risk of concussion and head injury: I hereby acknowledge that I am familiar with the nature and risk of concussion and head injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or head injury. Information relevant to concussion in high school sports is available on the PIAA Web site at www.piaa.org/piaa-for/sports-med.

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

SECTION 3: 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 every 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 your 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 HEAD INJURY							
<input type="checkbox"/> High blood pressure			31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or head injury?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart murmur			33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart infection			34. Have you ever had a seizure?	<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"/>	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"/>					
11. Has anyone in your family died for no apparent reason?	<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"/>					
12. Does anyone in your family have a heart problem?	<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"/>					
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"/>	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"/>					
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<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"/>					
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"/>	42. Are you unhappy with your 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"/>	43. Are you trying to gain or lose weight?	<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"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY			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?			49. How many periods have you had in the last 12 months?				
22. Do you regularly use a brace or assistive device?	<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 4: 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) Date of CIPPE ____/____/____