

**GROVE CITY AREA SCHOOL DISTRICT**  
**SPRING 2022 ATHLETIC RECERTIFICATION PACKET**

**SPRING SPORTS OFFERED:**

**VARSAITY/JV BASEBALL**  
**VARSAITY/JV GIRLS SOFTBALL**  
**VARSAITY BOYS TENNIS**  
**VARSAITY BOYS & GIRLS TRACK & FIELD**  
**MS GIRLS VOLLEYBALL**  
**MS BOYS & GIRLS TRACK & FIELD**

**IF YOU ALREADY PARTICIPATED IN A SPORT THIS YEAR (2021-2022), YOU SIMPLY NEED TO COMPLETE THE ASSUMPTION OF RISK & SECTION 7 & 10 AND RETURN.**

**PLEASE COMPLETE AND RETURN BOTH FORMS TO THE NURSE BY JANUARY 31ST FOR MIDDLE AND HIGH SCHOOL ATHLETES.**

**IF WE NEED FURTHER INFORMATION, THE URSE OR ATHLETIC DIRECTOR WILL CONTACT YOU.**

**GROVE CITY AREA SCHOOLS ASSUMPTION OF RISK FORM**

We, the undersigned, understand that students who are involved in sports/extra-curricular activities may, by the nature of the sport/activity, suffer injuries while participating. We are aware of that danger, understand that danger and voluntarily the responsibility, financial and otherwise, for those risks of injury.

We further acknowledge that we have been encouraged by school district representatives to discuss the dangers with the coach/advisor of the activity. We further agree to hold the Grove City Area School District, its school board members, all its employees, and volunteers harmless should injuries arise from participation in the activity.

Printed name of student	Signature of student	Date
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date

**STUDENT INSURANCE RELEASE FORM**

It is the policy of the Grove City Area School District that all students involved in interscholastic sports must carry insurance or purchase school insurance. School insurance does not cover football. If you are purchasing school insurance, it must be purchased at least two weeks prior to the first practice date.

A waiver must be signed by the parents/guardians absolving the Grove City Area School District of all responsibility toward payment of any medical fees occurring as a result of any accident or injury that may occur while the student athlete is actively engaged in any interscholastic sport.

To comply with the school board policy, please check ONE of the following statements below and sign.

\_\_\_\_\_ We give my permission for our son/daughter to participate in interscholastic athletic events and accept full responsibility for any accident or injury that may occur while he/she is actively engaged in sports. We have insurance coverage through a medical insurance carrier.

\_\_\_\_\_ We have purchased school insurance. We give our permission for our son/daughter to participate in interscholastic events and accept full responsibility for any accident or injury that may occur while he/she is actively engaged in that sport.

Printed name of parent/guardian	Signature of Parent/Guardian	Date
---------------------------------	------------------------------	------

For students 18 and over: By signing below, I evidence my intent to participate in interscholastic athletic events and I accept full responsibility for any accident or injury that may occur to me while actively engaged in that sport.

Printed name of Student	Signature of Student	Date
-------------------------	----------------------	------

**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.

- |   |   |
|---|---|
| <p>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"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have any concerns that you would like to discuss with a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

#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 10: 2020-2021 SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19**

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

**NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.**

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student's school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student's participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student's school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student's school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student's school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student's school athletic plan.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Print Student's Name

\_\_\_\_\_  
Signature of Parent/Guardian Print Parent/Guardian's Name