

# LENAPE VALLEY REGIONAL HIGH SCHOOL

Athletic Department  
"Home of the Patriots"

Robert Poggi  
Athletic Director

Spring Sports - 2017

Stanhope, NJ 07874  
(973) 347-7600

Dear Parent/Guardian:

Sports offered for the spring season are: Baseball, Softball, Boys' & Girls' Track, Boys' & Girls' Lacrosse, Golf and Boys' Tennis. All teams will start practice on Friday, March 3, 2017.

1. The NJSIAA requires a comprehensive physical at least once every 365-day period for all athletes who plan to participate on any interscholastic team / squad. Your son/daughter must pass this physical before he/she may try out for any team. *The physical is reviewed by Lenape Valley's school physician- J. Casella, D.O. for final clearance.*
2. Please complete the attached forms and return them to the health office **no later than Friday, February 24, 2017.**
3. All students will be required to pass 30 credits in the previous school year, including summer school, to be academically eligible for the first semester (fall). All students must earn 15 credits by January 31 to be eligible for the second semester (spring). **Student eligibility is determined at the end of each marking period.** If you have any questions about academic eligibility or exceptions to the rule, your child's guidance counselor or the athletic director can help.
4. *The State of New Jersey Department of Education has revised the standards and requirements for a comprehensive physical examination. Due to the changes in the state requirements for the physical examination, students must see their primary medical doctor.*
5. Once completed, this physical will be good for 365 days. Each additional season that an athlete participates in a sport, an update of the medical history and permission forms must be completed and returned to the Health Office. This reevaluation is necessary for each sport season.
6. Final clearance date for anyone participating in spring sports is Tuesday, February 28th. Understand that any prospective athlete that turns his/her physical or re-evaluation papers in after the start of practice may forfeit his/her opportunity to try out for that team and/or reduce his/her opportunities with the team. Late forms may take up to 3 school days for review and response.
7. **Without the appropriate completed forms on file, your student will not be allowed to participate in practice or competition.** *Additionally, only Lenape Valley Regional School District original forms will be accepted* (this is according to State Code).
8. Photo copies and Fax copies of forms are not accepted.

## Information about Athletic Injuries

**Whenever a student is injured in a particular sport and requires a physician's note, he/she shall not be permitted to practice or take part in athletics until he/she has received a release from the treating physician. This release must be placed on file in the Health Office and in the Athletic Trainer's Office.**

**The athletic trainer and the school nurse must be notified of any injuries within 24 hours of the injury**

*Please follow the directions below to be sure your child will be able to start practice with the team of his or her choice:*

Required Signatures and Pamphlets	Parent	Student	Signatures completed	Pamphlets for your reading can be found on the school Web site
Emergency form	X			
Permission form	X	X		
Sudden Cardiac Death Pamphlet , Sign-Off Sheet (on back of permission form)	X	X		X
Sports-Related Concussion and Head Injury Fact sheet and Parent/Guardian Acknowledgement Form	X	X		X
NJSIAA Steroid Testing Policy – consent to Random Testing	X	X		X
Preparticipation Physical Evaluation “History Form”	X	X		
Athletic Trainer Authorization Form	X			
Student/Athlete Contract	X	X		
Sports-Related Eye Injuries				X

- **Take these completed forms with you to your doctor. The physician will need to complete the front and back of the physical form. Vision screening on the form must be completed by the physician. Completed original forms MUST be returned to the Health Office by February 24, 2017.**
- **Please carefully review all forms to assure they are complete and signed in all appropriate places before returning them to the health office. Incomplete forms will be returned to you, thus preventing your child from participating until they are returned complete.**


We, at Lenape Valley, want your child to achieve a positive experience in our athletic program. If we can be of any help, please feel free to call.

**Attachments: Sport-Related Concussion & Head Injury Fact Sheet (Parent Copy, School Copy to be signed and returned), Sudden Cardiac Death in Young Athletes (parent copy), NJSIAA steroid Testing Policy (to be signed and returned)**

Yours in sports,

**Robert Poggi**  
Robert Poggi  
Director of Athletics

**Justin Corcoran**  
Justin Corcoran, (ATC)  
Athletic Trainer

  
Ruth Kelley (BSN)  
School Nurse

**Please remember: Without the appropriate completed forms on file, your student will not be allowed to participate in practice or competition. Additionally, only Lenape Valley Regional School District original forms will be accepted.**

LENAPE VALLEY ATHLETIC DEPARTMENT

ATHLETIC CONSENT AND AGREEMENT

(Must be completed and returned to the Athletic Department before athletic participation)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPORT \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

.....

BY SIGNING THIS AGREEMENT I AM ACKNOWLEDGING THAT I HAVE REVIEWED AND WILL ABIDE BY THE FOLLOWING:

1. PARENTAL CONSENT AND STUDENT ACKNOWLEDGEMENT FORM
2. NJSIAA POLICY AND CONSENT TO RANDOM STEROID TESTING
3. ELIGIBILITY POLICY
4. SUBSTANCE ABUSE POLICY
5. NJSIAA BANNED DRUG CLASSES
6. CONCUSSION POLICY AND CONSENT TO IMPACT TESTING
7. "SUDDEN CARDIAC DEATH IN YOUNG ATHLETES" INFORMATIONAL PAMPHLET
8. ATHLETIC TRAINER AUTHORIZATION FORM
9. STUDENT/ATHLETE CONTRACT

ALL OF THESE FORMS/POLICIES ARE AVAILABLE ON THE DISTRICT WEBSITE [www.lvhs.org](http://www.lvhs.org) (go to "Athletic Forms") OR A HARDCOPY WILL BE SUPPLIED AT THE LENAPE VALLEY HIGH SCHOOL MAIN OFFICE.

*I hereby certify that I have reviewed the policies above and it is with my full knowledge and consent that my child participate in the above named sport and he/she will abide by the rules and policies set forth by the Lenape Valley Board of Education and the NJSIAA.*

*In the case of injury, the athletic trainer, coach, school nurse or administrator has my permission to have him/her treated at the nearest hospital if I cannot be reached.*

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

Parent/Guardian Name (PRINTED) \_\_\_\_\_

Student Signature \_\_\_\_\_ Sport \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Address: \_\_\_\_\_

Is there any pertinent medical information that you would like the athletic staff or emergency personnel to be aware of? \_\_\_\_\_

\_\_\_\_\_

**LENAPE VALLEY REGIONAL SCHOOL DISTRICT ATHLETIC PERMISSION FORM (FORM #2)**

**Student Name:** \_\_\_\_\_  
(Printed)

I hereby request to be enrolled as a candidate for a position on the team(s) designated below, with full knowledge that physical hazards may be encountered that may cause bodily injury.

Fall Sport \_\_\_\_\_

Winter Sport \_\_\_\_\_

Spring Sport \_\_\_\_\_

I understand that the risks of playing a sport include a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that I, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for my son/daughter to participate in the above listed sport(s) at Lenape Valley Regional High School and to travel to and from contests, practices, and any other event associated with the respective program through transportation arranged by the school.

I understand that even though safety precautions are taken to protect the athlete, accidents can and do take place that many cause bodily injury when my son/daughter is participating in the athletic program. I understand that the Lenape Valley Regional Board of Education provides medical insurance for students participating in interscholastic athletics.

I give my permission for the team physicians to perform a physical examination and for those individuals who are assisting with the Lenape Valley Regional sports physical examinations to review my son/daughter's medical history and physical examination forms in conjunction with their assigned duties. I also give permission to the team physicians and athletic trainers to render whatever emergency care may be needed at the time of injury.

I understand that the risks of playing a sport included a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that my child, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

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

*NJSIAA*



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

## NJSIAA STEROID TESTING POLICY

### CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	_____ Date
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	_____ Date

LENAPE VALLEY REGIONAL HIGH SCHOOL

**NJSIAA PARENT/GUARDIAN CONCUSSION POLICY AND CONSENT FOR IMPACT TESTING**

**I HAVE READ AND UNDERSTAND THE NJSIAA CONCUSSION POLICYACKNOWLEDGEMENT FORM. I UNDERSTAND THAT IF MY CHILD IS SUSPECTED OF SUSTAINING A CONCUSSION, HE OR SHE WILL BE REQUIRED TO BE EVALUATED BY A LICENSED MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY. A DEFINITIVE DIAGNOSIS MUST BE RECEIVED (DIAGNOSIS OF "CONCUSSION" OR "NO CONCUSSION"). A GENERIC DIAGNOSIS OF "HEAD INJURY" WILL NOT SATISFY FOR RETURN TO ACTIVITY.**

If your child is diagnosed with a concussion there are state guidelines/protocols which will be followed regarding return –to – play.

I give Lenape Valley High School permission to administer a pre-concussion baseline and/or a post-concussion assessment **ImPACT** Test. ImPact (Immediate Post-Concussion Assessment and Cognitive Testing) is administered at Lenape Valley High School. It is a computer-based cognitive test. I understand that my child may need to be tested more than once, depending upon the results of the test. There is no charge for this test. Lenape Valley High School has my permission to release the ImPACT results to my child's primary care physician, neurologist or other attending physician. I understand that the general information regarding the test data may be appropriately provided to my child's guidance counselor and teachers for the purpose of providing temporary academic modifications, if necessary.

**\*\*\*\*BY SIGNING THE LENAPE VALLEY ATHLETIC DEPARTMENT'S ATHLETIC CONSENT AND AGREEMENT, I ACKNOWLEDGE, UNDERSTAND , AND WILL ABIDE BY THE NJSIAA POLICY ON CONCUSSIONS, AND ALSO GIVE MY PERMISSION TO LENAPE VALLEY HIGH SCHOOL ATHLETIC DEPARTMENT TO ADMINISTER THE ImPACT TEST TO MY SON OR DAUGHTER.\*\*\*\***

State of New Jersey  
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet**  
**Sign-Off Sheet**

Name of School District: \_\_\_\_\_

Name of Local School: \_\_\_\_\_

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: \_\_\_\_\_

Parent or Guardian  
Signature: \_\_\_\_\_

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

**Lenape Valley Regional High School**  
**Emergency Information Card**  
**Athletic Trainer Authorization**

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Lenape Valley Regional High School employs a certified and licensed athletic trainer for the purposes of educating student-athletes and preventing and treating injuries to the student-athletes while participating in school-related athletic events and programs.

**I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff and other qualified health care providers as deemed necessary within in their scope of practice.**

**I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me but that, if necessary, the student athlete will be transported via ambulance to the nearest hospital.**

**I acknowledge that I have received a copy of Lenape Valley Regional High School's student-athlete documentation and without the appropriate completed forms on file, my student will not be allowed to participate in practice or competition.**

I have read this form and understand its contents at this date and time.

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





# STUDENT/ATHLETE CONTRACT

*Athletes, Parents and Coaches working together in harmony for success*

## PROCEDURES

- All participants must have a **signed Physical and Student-Athlete Contract** on file in the Athletic Office in order to participate in interscholastic sports programs.
- Athletes must meet Lenape Valley Regional HS and NJSIAA eligibility requirements (as found in the Lenape Valley Regional HS and the NJSIAA Handbooks) and must have a good citizen status at Lenape Valley Regional High School. Athletes must abide by all school policies, which are located in the Student Handbook.
- All injuries are to be reported immediately to your Coach and to our Athletic Trainer for proper examination and if needed, a referral to appropriate medical personnel or services.
- Students are to be in school if they wish to participate in a scheduled practice or game on that day. Any exception must be approved by the Athletic Director or a building administrator.

## CONDUCT

- Athletes are representatives of Lenape Valley Regional HS and at all times must present themselves in a positive and sportsmanlike manner. ***All athletes, spectators and coaches must show proper respect for opposing teams, their coaches and officials alike.***
- Bus behavior will be beyond reproach. Appropriate demeanor and reasonable volume must be maintained at all times. No abuse, distasteful or obscene language or unsafe actions will be permitted. ***All athletes are expected to arrive and return to the school as part of the team.*** At no time are students allowed to drive themselves to or from athletic contests. Any other arrangement must be made prior to the beginning of the day through the office of the Athletic Director or the building Principal. That will include written parental permission, a detailed rationale for exemption, and the names(s) of assigned driver(s) who will be responsible for the child's safety. ***We encourage all team members, to use the assigned school transportation. This promotes team unity, ensures proper supervision and allows for greater safety of our students.***
- **Hazing:** Lenape Valley Regional HS will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or

**I HAVE READ AND UNDERSTAND THESE RULES AND AGREE TO ABIDE BY THEM.**

Student/Athlete and parent/legal guardian must sign this document prior to issuing a uniform or adding the student's name to the team roster.

expulsion from their team, as well as appropriate school consequences set forth by the School Principal.

## RESPONSIBILITIES

- It is the responsibility of the Head Coach to decide which student/athlete will participate and at which level of play, as well as the amount of playing time that the student will have. Any questions concerning this should follow the Chain of Command Document.
- Athletes will be on time for practice and will be prepared for practice every day. ***They should prioritize their affiliations with community teams and clubs placing the needs of the Lenape Valley Regional HS team first.***
- Athletes are responsible for all equipment issued and for the care of said equipment. Equipment and uniforms are to be worn and used *only* at Lenape Valley Regional HS events. Athletes will be held accountable and submit restitution for any equipment/uniforms mistreated or not returned.
- On game dates, when contests run late, participants are to have prearranged transportation home from school. Every effort should be made to have that transportation waiting at the school for student/athlete pick-up.
- ***Failure to comply with requirements stipulated in the Lenape Valley Regional HS Handbook or any of the rules stated in this contract or stipulated by the Coach regarding curfews, detentions, etc., will result in disciplinary action which may include suspension or dismissal for a designated time as determined by the Head Coach and/or the policy set forth in the Student Handbook.***

**Remember:**

**Everything you say and do should be consistent with the six core ethical values comprising good character: trustworthiness, respect, responsibility, fairness, caring, and citizenship.**

SPORT \_\_\_\_\_

ATHLETE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATHLETE'S PRINTED NAME - \_\_\_\_\_

**Go Patriots!**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**PHYSICIAN REMINDERS**

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>†</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician, APN, PA \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

### HCP OFFICE STAMP

### SCHOOL PHYSICIAN:

Reviewed on \_\_\_\_\_  
(Date)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature: \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

### Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_