



RADNOR RAPTORS

ULTIMATE FRISBEE

New Players

Spring

General Information

Welcome to Radnor High School's Ultimate Frisbee!

Our Spring Pre-season Parent Meeting will be announced by separate email.

Pre-season start will be announced by separate email.

Radnor Invitational is early spring and will require all families to help please!

Field locations will be announced as soon as field assignments are confirmed by
RHS and/or Radnor Township

What you will need to be eligible to play:

- 1) **Forms** (see following pages) **BRING WITH YOU TO YOUR FIRST PRACTICE**
YOU WILL NOT BE ABLE TO PARTICIPATE UNTIL ALL FORMS ARE TURNED IN!
 - 2) **Dues are due at the first practice** and include one practice disc. Please check the website for total amount. **Please make the check payable to Radnor UF**
 - 3) **Uniforms:** Due to a change in uniform orders, a separate order form will be sent out later by email.
 - 4) **Cleats** for outside, **Sneakers** for the gym, **Water**, **2 t-shirts (one white and one dark)**, **practice disc** (included with dues), **SPIRIT!**
- 📱 For all schedule and practice updates, information will be distributed through Team Snap. Please register online to be contacted by email or text message.
- 📱 Check out our web site for more information: www.radnorultimate.com
- 📱 Any additional questions? Email RadnorUF@yahoo.com

Note: Radnor Ultimate Frisbee (RUF) is a school club. Although the RHS athletic department has been supportive of RUF's teams, RUF does not receive the financial support or other benefits (i.e., transportation) given to other school athletic teams. RUF team activities are paid for with dues and the proceeds of various fundraisers. Players are responsible for their own transportation and many participate in carpools to practices, games and tournaments. To facilitate carpools, a carpool info sheet is available on our website (RadnorUF.com) and a roster of players is distributed early in the season. The Radnor Ultimate Frisbee Club is a member of the Philadelphia High School Ultimate Educational League (PHUEL) along with 27 other high schools in the Philadelphia area. PHUEL is a subgroup of the Philadelphia Area Disc Alliance (PADA).



RADNOR RAPTORS

ULTIMATE FRISBEE

New Players

Spring season

Forms

The following forms are needed from any player who did not play Ultimate in Fall.

☐ **PIAA SECTION 1-7**

Note: This form is needed by RHS. Sections 1-7 must be completed. **Section 7 requires an Authorized Medical Examiner's (AME) signature.**

☐ **RTSD Permission from Parents, Guardians for Medical Treatment**

Note: This form is required for participation in all Radnor School District Sports.

☐ **PADA Waiver: Assumption & Acknowledgement of Risks**

Choose ONE for your age: Youth under 18 OR Adult over 18

Note: This form is required for insurance.

☐ **PHUEL Player's Medical Information Form**

Note: This form is required to play at all PHUEL sponsored events.

☐ **USA Ultimate Medical Authorization Form**

Note: This form is required to play at all USA Ultimate sponsored events.

☐ **Radnor Ultimate Frisbee Club Player Expectations**

Note: This form is required for participation in all RUF events.

☐ **Radnor Ultimate Frisbee Club Transportation**

Note: This form is required for participation in all RUF events.

☐ **Uniform Order Form:** to be sent later

Note: **1 uniform set (white jersey, black jersey) will be required** – additional pieces are optional

☐ **Radnor Ultimate Logo Disc Order Form** (*optional disc - not included in dues*)

☐ **Radnor Ultimate Magnet Order Form** (*optional - not included in dues*)

☐ **Team*Snap Sign up**

Note: Please turn this in so we can get you started with Team Snap

☐ **Team*Snap Info**

Note: Please keep this copy at home so you will know what to do!



**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 seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 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 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st 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 8 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 9 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, 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 7 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.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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) occurs when the heart suddenly and unexpectedly stops beating. 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 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, 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 experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. 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 this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

Signature of Student-Athlete

Print Student-Athlete's Name

Date ____/____/____

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ____/____/____

Section 5: 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 of 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
Revised – October 7, 2020

Print Parent/Guardian's Name

SECTION 6: 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):			CONCUSSION OR TRAUMATIC BRAIN INJURY		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			32. Have you been hit in the head and been confused or lost your memory?	<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"/>	33. Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<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"/>
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"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<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"/>
15. Have you ever spent the night in a hospital?	<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"/>
16. Have you ever had surgery?			39. Have you had any problems with your eyes or vision?	<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"/>	40. Do you wear glasses or contact lenses?	<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"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<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"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Head Neck Shoulder Upper arm Elbow Forearm Hand/ Fingers Chest			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/ Toes			45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<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"/>	FEMALES ONLY	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<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?	_____	_____
			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 7: 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
Cardiopulmonary		<input type="checkbox"/> Physical stigmata of Marfan syndrome
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 ____/____/____

Radnor Township School District
Permission from Parent, Guardian for Medical Treatment

School Year: _____

Sport _____

Last Name	First	Initial	Grade	School District	Student Birthdate
-----------	-------	---------	-------	-----------------	-------------------

As a parent/guardian I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Home Phone _____ Father's Work # _____ Mother's Work # _____

Cell # _____ Father _____ Mother _____

Street Address	City	State	Zip
----------------	------	-------	-----

If Parent cannot be reached call:

1. _____
Name Tele # relationship

2. _____
Name Tele # relationship

In the event of an emergency requiring medical attention, I grant permission to a physician or other hospital personnel designated by the Radnor coaching staff to attend my son/daughter.

Print Parent/Guardian Name	Signature Parent/Guardian	Date
----------------------------	---------------------------	------

Family Physician _____ Tele # _____ Dentist _____ Tele # _____

INSURANCE COVERAGE:

You are required to provide medical insurance coverage in order to participate in our interscholastic program. This certifies that my child has proper and adequate coverage.

Insurance Company	Policy No.	Group No.
-------------------	------------	-----------

Subscriber SS # _____ Subscriber Name _____

Does your child wear: contacts/ glasses Has you child ever had: asthma/ diabetes / kidney injury / heart condition
If yes, please explain: _____

Is your child allergic to any medication? _____

Is there any condition other than stated above, that a physician should be aware of? _____

Has your child ever repeated a grade after 6th grade: (circle) 7th 8th 9th 10th 11th 12th

White - Coach

Canary - Trainer

Pink - Athletic Dept.

PADA Waiver - Under 18
ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT
AND
PARENTAL CONSENT AGREEMENT

In consideration of my minor child being permitted to participate in the PHILADELPHIA AREA DISC ALLIANCE ("PADA") sponsored Activities ("Activities") I agree to the following:

1. I understand that PADA organizes and manages leagues and tournaments for the sport known as Ultimate Frisbee (hereinafter "Ultimate"). I understand the nature of Ultimate to be a physical activity which involves significant running and jumping. While Ultimate is a non-contact sport, I understand that collisions between players can occur and collisions between the player and the ground can occur. I understand that participants in PADA Activities range in age from 16 to 50 and that play often involves both genders on the same field at the same time. I fully understand that: (a) PADA Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the conditions in which the Activity takes place; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as the result of the Minor's Participation in the Activity.

2. I know Minor's experience and physical capabilities and believe the Minor to be qualified to participate in PADA Activities. I further agree to instruct the Minor that if at any time the Minor believes conditions of the Activities to be unsafe, he/she shall immediately discontinue participation in the Activity.

3. I hereby release, discharge, covenant not to sue, and agree to hold harmless PADA, their respective administrators, directors, officers, volunteers and employees, other participants and if applicable, owners or lessors of premises where Activities are held from all liability, claims, demands, losses, or damages on the Minor's account caused or alleged to be caused in whole or in part by their negligence, including negligent emergent care assistance.

4. I understand that in the event Minor requires medical assistance, effort will be made to contact me, but should such effort fail, I agree to permit Minor to be transferred to the nearest hospital or medical care facility.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Minor Child (Please print)

Date

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

School Name (PHUEL events) Radnor High School Team Name: Radnor

PADA Waiver - Over 18
ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT

In consideration of my being permitted to participate in the PHILADELPHIA AREA DISC ALLIANCE ("PADA") sponsored Activities ("Activities") I agree to the following:

1. I understand that PADA organizes and manages leagues and tournaments for the sport known as Ultimate Frisbee (hereinafter "Ultimate"). I understand the nature of Ultimate to be a physical activity which involves significant running and jumping. While Ultimate is a non-contact sport, I understand that collisions between players can occur and collisions between the player and the ground can occur. I understand that participants in PADA Activities range in age from 16 to 50 and that play often involves both genders on the same field at the same time. I fully understand that: (a) PADA Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the player's own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the conditions in which the Activity takes place; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as the result of my participation in the Activity.

2. I hereby release, discharge, covenant not to sue, and agree to hold harmless PADA, their respective administrators, directors, officers, volunteers and employees, other participants and if applicable, owners or lessors of premises where Activities are held from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by their negligence, including negligent emergent care assistance.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature

Date

Printed Name

Witness Signature

Date

Printed Name

Member ID: _____

Team Name: Radnor High School

PHUEL PLAYER'S MEDICAL INFORMATION FORM

Player's Name _____ Birth Date _____

Street Address _____ City _____ Zip _____

Father's Name _____ Home Phone _____ Bus/cell Phone _____

Mother's Name _____ Home Phone _____ Bus/cell Phone _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone _____ Bus Phone _____

Name _____ Home Phone _____ Bus Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I, the undersigned, do hereby release the RADNOR ULTIMATE FRISBEE CLUB, RADNOR HIGH SCHOOL and PHUEL, their boards, employees, teams, officers, coaches, and referees, as well as any organization that holds any tournament that my child may participate in (RELEASED PARTIES) from any claims arising from personal injury, no matter how caused, which may occur to my child during his/her participation in the program, and/or tournaments and games. In addition, I hereby waive any claims, suits, actions, or causes against RELEASED PARTIES for personal injury, no matter how caused, which my child has incurred, may incur or suffer, during his/her participation in games, tournaments, scrimmages and/or practice sessions. I further agree to indemnify and hold forever harmless the RELEASED PARTIES against all losses, including counsel fees and court costs, from any and all claims made against it by any party as a result of my child's actions, negligent or intentional, which may result in injury or loss to another participant, spectator or other person.

Signature _____ **Date** _____

Relation to player: father, mother, or guardian _____

STUDENT E-MAIL: _____

PARENT E-MAIL(S): _____



Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of [Name of chaperone] the Radnor Ultimate Frisbee Club in the event the parents or guardians cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of [Name of participant] _____ recognize the potentially hazardous nature of the sport of

ULTIMATE that an injury might be sustained. These injuries include but are not limited to PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment.

We (I) release USA Ultimate, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

Parent/Guardian:

Name Printed	Signature	Date	Phone
--------------	-----------	------	-------

Parent/Guardian:

Name Printed	Signature	Date	Phone
--------------	-----------	------	-------

Family Physician:

Name Printed	Address	Phone
--------------	---------	-------

Preferred Hospital: _____

Child's Medical Insurance Carrier: _____

Name	Phone
------	-------

Emergency Contact:

Name Printed	Address	Phone
--------------	---------	-------

Specific facts concerning child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted to: _____

Completed forms should be given to the chaperone. Chaperones are responsible for keeping these forms on site at all times. USA Ultimate does not collect these forms (unless otherwise noted).

RADNOR ULTIMATE FRISBEE CLUB PLAYER EXPECTATIONS

Drug and Alcohol Use – Radnor High School policies apply (see DRUG ABUSE AND ALCOHOLIC BEVERAGES section of the RHS Student Handbook) . In addition, the coaches will reserve the right to extend the player’s suspension beyond the school’s policy or expel students from the team for any infraction under this policy.

Tobacco Use – Tobacco use is illegal for anyone under the age of 18 and is detrimental to health and athletic performance. Use of tobacco products by an RUF player of any age will not be tolerated. The coaches reserve the right to suspend a player from practices and/or games if that player is observed using these products. In addition, RHS school policies apply (see Possession or use of cigarettes or tobacco products on school grounds or on school vehicles section of RHS Student Handbook)

Academic Eligibility – Radnor High School policies apply (see ELIGIBILITY FOR ACTIVITIES AND ATHLETICS section of the RHS Student Handbook).

Attendance – Every practice is important. Athletes are expected to attend all practices. If you are going to miss a practice, game or tournament, it’s your responsibility to inform one of your captains and/or coach prior to your absence. Absences may affect a player’s playing time during games/tournaments. During the spring season, attendance will impact the earning of JV/Varsity letters.

Punctuality – Be on time, our field time is limited and precious. Arriving late to practices/games can be disruptive to the team and will interrupt what your coach is working on. Repeated tardiness may affect your letter eligibility during the spring season.

Attitude & Conduct – You are expected to come to practices, games and tournaments with a positive attitude. Any unsportsmanlike conduct at any time will not be tolerated (i.e. foul language, disrespect toward coaches, teammates, other players, vandalism, etc.) and could be cause for being removed from a game, sat at practice and/or suspended from the team. Players are expected to leave the fields as they were found by removing all trash and belongings.

PLAYERS AND PARENTS - PLEASE SIGN AND RETURN

We have read and understand the player expectations as stated and agree to abide by these expectations during the Ultimate season.

Player Name (print)	Player Signature	Date
Parent Name (print)	Parent Signature	Date

RADNOR ULTIMATE FRISBEE CLUB TRANSPORTATION

*This form must be signed by the parent or guardian of a
student who intends to play Ultimate.*

Dear Parents/Guardians,

Radnor Ultimate Frisbee (RUF) is considered a club at Radnor High School. Although RUF has the endorsement of the school, the school does not provide financial support or transportation for the players. Students are responsible for their own transportation to all team activities including practices, games and all other team events. As a result, carpools often form to transport players to/from team activities.

If your child does not have your permission to ride with other players, other parents, and/or coaches, it is your responsibility to provide transportation for your child and to ensure that your child does not accept rides from others. In addition, if you do not want your child to drive other players, other parents, and/or other coaches, it is your responsibility to let your child know and to ensure that your child does not offer rides to others. The Radnor Ultimate Frisbee Club is not responsible for arranging transportation or for the safety of players traveling to/from team activities.

PLEASE SIGN AND RETURN

I understand that it is my responsibility to make sure that my player knows the arrangements I have made for transportation and follows my instructions regarding accepting rides from or giving rides to others. I also understand that the Radnor Ultimate Frisbee Club is not responsible for my player's transportation or safety while traveling to/from team events.

PARENT/GUARDIAN Signature

Name (please print)

Date

PARENT/GUARDIAN Email: _____ **Cell #** _____

PLAYER Name: _____ **Cell #** _____

PLAYER Email: _____

Radnor Ultimate Frisbee Magnet Order Form



Girl Magnet



Boy Magnet

To Order:

Fill out this form and attach a check payable to: Radnor UF Club

Player Name: _____

Parent Phone Number: _____

Item	Price Each	Quantity	Subtotal
Girl Magnet	\$5.00	Sold Out	
Boy Magnet	\$5.00		
TOTAL Magnets			

Ultimate Frisbee Disc Order Form

THESE ARE REGULATION WEIGHT DISCS



Ultra-Star White



Radnor

To Order:

Fill out this form and attach a check payable to: **Radnor UF Club**

Player Name: _____

Parent Phone Number: _____

Item	Price Each	Quantity	Subtotal
Ultra-star White Disc	\$10.00		
Radnor White Disc	\$12.00	Out of Stock	
Glo In The Dark Disc	\$13.00		

Total \$

NOTE: In a game, only WHITE discs are allowed



If you are new to team snap, please fill this out and return it with your forms packet so we can issue you an invitation to join. Once you receive your invite to Team Snap, you may follow the directions on the following page to get connected! **All fields are required.**

Player Name_____

Player email_____

Parent Name_____

Parent email_____



Great news!

Radnor Ultimate Frisbee is now using TeamSnap, an online system that will make it easier for us to manage team rosters and update the team schedules. Most importantly, Team Snap will help make sure everyone knows when and where the next practice or game is, even if there are last minute changes.

And it won't cost you anything!

Players and parents will share one ID – **USE THE PLAYER'S EMAIL ADDRESS AS THE USER NAME AND PICK ONE PASSWORD THAT YOU WILL SHARE FOR LOGIN!**

What do you need to do?

*Step 1: When you receive your invitation, click on the link to get to the welcome page. If you are new to TeamSnap, click on the "Create a New Account" button and create a username and password.

*Step 2: If you have an existing TeamSnap account, just accept the invite with your current login.

*Step 3: Please fill in any missing info (address/phone numbers/etc). You will automatically receive emails unless you opt out. **In order to receive texts, you MUST OPT IN!** You will need to fill in your cell phone number AND cell phone carrier. **Texts will be used for last minute changes to schedules SO GET CONNECTED!! 😊😊**

If you have any questions, don't hesitate to contact me.

RUF Board
RadnorUF@yahoo.com

****Please keep this form at home as a reference**