

New Electronic Athletic Physical Information:

*Starting this winter, we will be moving completely online for athletic physical forms *What you as a parent need to know:

- 1. Follow the directions on the back of this page after going to the following website: https://studentcentral.bigteams.com/
- 2. Once you create your parent account, you will link your student(s) accounts to yours.
- 3. Complete the entire Emergency Contact page with your information.
- 4. Click on Forms (left side), then on Athletic Forms.

 Complete All- Sections 1-5, HIPAA, Consent to treat and BASD Policy Letter form online as a parent with your signature and then have your student sign using their account. (you're able to switch to your students account at the top of the page)
- 5. Print Section 5 and Section 6(PIAA Physical Doctor Form) and
 After Section 6 is completed by the doctor, take a picture and upload it to your account
 (the trainer will keep the physical document on file in their office)

Physical Dates and details:

- Tuesday, February 20, 2024 from 5:00 pm 7:00 pm (In Liberty HS Auxiliary Gym)
- Thursday, February 15, 2024 from 5:00 pm 7:30 pm (In Freedom HS Main Gym)
- o COST: FREE
- Make your appointment using this link for Liberty HS:

https://www.signupgenius.com/go/70A0944AAA92FA7FA7-47295886-basd

- *If you're student played a fall sport/had a physical completed in the summer, follow these steps:
- 1. Follow the directions on the back of this page after going to the following website: https://studentcentral.bigteams.com/
- 2. Once you create your parent account, you will link your student(s) accounts to yours.
- 3. Complete the entire Emergency Contact page with your information.
- 4. Click on the fall sport your played and any winter/spring sport you will be trying out for.
- 5. Click on Forms (left side), then on Athletic Forms.
- 6. Forms 1-6, HIPPA and Consent will be marked incomplete, click on Form 7 which is the recertification form and fill in all areas.

Section 7: Re-Certification by Parent/Guardian (Spring)

If you have any questions, please feel free to reach out to Laurie Muller: lmuller@basdschools.org - English Speaking

**Si necesita ayuda en español, póngase en contacto con Maria Guzman en mguzman@basdschools.org o 610-691-7200, extensión 50951.



BigTeams Student Central Parents – Create Your Student Account Help Guide

- 1. Go to https://studentcentral.bigteams.com/
- 2. Click Sign Up to Create New Account and complete the four step account creation
 - Who is this account for? Select Parent/Guardian
 - What School are you registering for? Liberty High School, Bethlehem
 - Input your Personal Information for your Parent/Guardian account
 - Input Username (Your Email) and Create Password
- 3. From the Linked Accounts page in My Profile, click "+ Link Student Account"
- 4. Search for your Student to see if they have already created an account.
 - o NOTE: Check out the Self Help menu for "Account Linking Guide"
- 5. If your student does not have an account, click the hyperlink for "If your student does NOT have an account OR is not yet 13 years old, click HERE" and complete the five steps for creating the student account
- 6. Once created, be sure to input your **EMERGENCY CONTACT** information (Left Navigation under My Profile), and then complete the form requirements by clicking **FORMS** and then **ATHLETIC FORMS**
- 7. After signing the forms as a Parent, navigate back to My Profile followed by Linked Accounts, and have your student(s) use the **Sign In As** button to complete any "Awaiting Athlete Signature" requirements
 - NOTE: Check out the Self Help menu for "(Returning) Student/Parent "Sign In As"
 Feature" help guide
- 8. Once your forms are approved, a notification will be sent to your listed email address and/or mobile number. Notification settings can be adjusted by going to **My Profile** followed by **Notifications**

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to. Has adorder over devised retractived your participation in sporticly bit any reason? Do you have an ongoing majority medicines or pile? Do you have allergies to medicines or pile? Do you have allergies to medicines or pile? Here you ever passed out or nearly passed out DIRING exercise? Here you ever passed out or nearly passed out DIRING exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever passed out or nearly passed out AFTER exercise? Here you ever had a concussion (a. belt passed out on the you had nearly exercise? Here you have the fact from the passed out of the passed out of the passed out on the you had nearly exercised? Here you ever had a herpes also do not passed out on the passed out of the passed out on the passed out on the passed out of the passed out on the passed out of the passed out on the passed out of the passed out of the passed out on the passed out of the passed out on the pass	SECTION 5: HEALTH HISTORY								
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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: Head Neck Shoulder Upper Ebow Foream Hand/ Chest back back 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? When was your last menstrual period? #"s Explain "Yes" answers here: 43. Are you trying to gain or lose weight? Has anyone recommended you change your weight or eating habits? 45. Do you limit or carefully control what you eat? 46. Do you had an wave any concerns that you would like to discuss with a doctor? MENSTRUAL QUESTIONS- IF APPLICABLE			r dislocated joints? If yes, circle			42. Are you unhappy with your weight?			
rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Head Neck Shoulder Upper Elbow Forearm Ankle Fool/ Thigh Knee Califishin Toes Thigh Knee Califishin Toes Toes Have you ever had a stress fracture? 1. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 43. Do you law any concerns that you would like to discuss with a doctor? MENSTRUAL QUESTIONS-IF APPLICABLE 44. Has any one recommended you what you early concerns that you would like to discuss with a doctor? MENSTRUAL QUESTIONS-IF APPLICABLE 45. Do you have any concerns that you would like to discuss with a doctor? MENSTRUAL QUESTIONS-IF APPLICABLE 46. Do you have any concerns that you would like to discuss with a doctor? MENSTRUAL QUESTIONS-IF APPLICABLE 47. Have you ever had a menstrual period? 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. When was your last menstrual period? 49. How many periods have you had in the last 12 months? 50. When was your last menstrual period? 49. How many periods have you had in the last 12 months? 50. When was your last menstrual period? 49. How many periods have you had in the last 12 months? 50. When was your last menstrual period? 49. How many periods have you had in the last 12 months? 50. When was your last menstrual period?	19.	Have	you had a bone or joint injury that	_	_				
Cast, or crutches? If yes, circle below: Head Neck Shoulder Upper Elbow Forearm Hand/ Chest back Do you law and Fingers Ankle Foot/ Toes Toes Toes Toes Toes Toes Toes Toes		required	x-rays, MRI, CT, surgery, injections, ation, physical therapy, a brace, a				nge 🔲		
Upper Lower Hip Thigh Knee Cati/shin Ankle Fool/ Toes 1 46. Do you have any concerns that you would like to discuss with a doctor? 20. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 48. How old were you when you had your first menstrual period? 49. How many periods have you had in the last 12 months? When was your last menstrual period? #*'s Explain "Yes" answers here: I hereby certify that to the best of my knowledge all of the information herein is true and complete.	Hood			Hand/	Chest		you 🗖	_	
Do you regularly use a brace or assistive device? Toes 16 16 16 16 16 16 16 1			am	Fingers	Foot/	eat?			
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 43. How old were you when you had your first menstrual period? 49. How many periods have you had in the last 12 months? 50. When was your last menstrual period? #'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	back	back		П		like to discuss with a doctor?	ب	ш	
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#'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		Do yo	u regularly use a brace or assistive	П		menstrual period?			
#'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			•				he		
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I hereby certify that to the best of my knowledge all of the information herein is true and complete. Student's Signature	#'s				E	xplain "Yes" answers here:			
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Pote / /		_							
,							_Date/_	_/	

Age____

Grade___

Student's Name _____

Section 6: 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. _____School Sport(s) Enrolled in 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 ABNORMAL FINDINGS NORMAL Appearance Eves/Ears/Nose/Throat Hearing Lymph Nodes ... Heart murmur Femoral pulses to exclude aortic coarctation Cardiovascular Physical stigmata of Marfan syndrome Cardiopulmonary Lungs Abdomen Genitourinary (males only) Neurological Skin MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below. the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: □ CLEARED □ CLEARED with recommendation(s) for further evaluation or treatment for:_____ NOT CLEARED for the following types of sports (please check those that apply): ☐ STRENUOUS ☐ MODERATELY STRENUOUS Non-strenuous ☐ COLLISION CONTACT Non-contact Due to ___ Recommendation(s)/Referral(s) License #_____ AME's Name (print/type) _____ Address AME's Signature ______MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ___/__/