**PLAYER**

**2017 BIG 33 PLAYER HEALTH & CODE OF CONDUCT FORM**

**Each participant is required to provide a front & back copy of their insurance card.**

|  |  |  |
| --- | --- | --- |
| ***Participant Name:*** | ***Age:*** | ***Date of Birth:*** |
| ***Address:*** | | ***Home #:***  ***Cell #:*** |
| ***Father/ Guardian’s Name:***  ***Address (if different from participant):*** | | ***Home #:***  ***Cell #:*** |
| ***Mother/Guardian’s Name:***  ***Address (if different from participant):*** | | ***Home #:***  ***Cell #:*** |

The participant will be provided with appropriate medical care deemed necessary by the Big 33 medical staff and will be taken to the Hershey Medical Center if needed. If the participant is taken to Hershey Medical Center, please indicate the following:

Call participant’s (please circle one**) mother father both guardian**

Name(s):

Contact Number(s):

Other (please explain):

The PSFCA Big 33 organization, including directors, advisors, sponsors, volunteers and all the people who assist in the operations of all Big 33 activities, will not be held responsible for bodily injury or damage to any Big 33 player. All medications, if needed, will be dispensed by a parent or parent approved chaperone or legal guardian.

By signing this statement, a parent or legal guardian does relinquish the right to file suit in the event of injury while traveling to and from or during participation in the Big 33 event(s).

I have read the above release form and accept responsibility for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Participant*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent or Guardian Signature Date*

**2017 BIG 33 PLAYER HEALTH & CODE OF CONDUCT FORM**

(To be completed by parent or guardian)

Participant Name \_Date / / \_

**GENERAL** - Have you ever had, or now have, any of the following?

**YES NO EXPLAIN**

Asthma

Diabetes

Heart Problems:

Dizziness

Chest Pain

Extra Heart Beat

Black Outs

Heart Murmur

Prolapsed Valve

Rheumatic Fever

Cancer

Allergies:

Medication

Food

Bites

Pets

High Blood Pressure

Abnormal Bleeding

Hepatitis

Tuberculosis

Blood Disease

A Test for HIV

Drug/Alcohol Use

Cysts or Lumps

Boils

Jock Itch

Athletes Foot

Eye Problems

Do you wear corrective lenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they worn during participation?

What is your prescription? (you may have to contact your eye doctor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If contacts, what type and brand of solutions do you use?

Do you take any medicine routinely ?

Date of last tetanus shot?

**DENTAL** -

**YES NO EXPLAIN**

Do you have a Dentist?

*(If yes, please give name and address)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cavities

False Teeth

Many Toothaches

Missing Teeth

Pain w/ Hot or Cold

Swelling

**Participant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABDOMINAL** - Have you ever had, or now have, any of the following?

**YES NO EXPLAIN**

Appendicitis

Stomach Trouble

Bleeding from Rectum

Injury to Spleen

Hernia

Injury to Kidney

**PAIRED ORGANS** - Are the following paired organs intact and normal so far as you know?

(Indicate absence of any organs)

**YES NO EXPLAIN**

Lungs

Kidneys

Testes

Eyes

**NEUROLOGICAL** - Have you ever had, or now have, any of the following? **If you suffered a concussion in 2010 to present, you must provide us with a copy of your “return to play” note from your physician.**

**YES NO EXPLAIN**

Head Injury

Fracture

Concussion Number? When

Unconsciousness How long?

Neck Injury

Fracture

Pinched Nerve

Frequent Headaches How often?

Seizure Disorder

Nervous Disorder

**EAR-NOSE-THROAT** - Have you ever had, or now have, any of the following?

**YES NO EXPLAIN**

Hearing Difficulty

Frequent Earaches

Problems Breathing

Through Chest or Nose

Broken Nose

Frequent Tonsil Infection

**ORTHOPEDIC** - Have you ever had, or now have, any injury to any of the following? Please note **right** or **left** side, and multiple injuries.

**YES NO EXPLAIN**

Neck

Shoulder

Upper Arm/Elbow

Forearm/Wrist

Hand/Fingers

Back/Ribs

Hip/Groin

Thigh

Knee

Lower Leg

Ankle

Foot/Toes

**Participant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list and explain any diagnostic tests (X-rays, MRI, bone scan, CAT scan) performed.

Please list any other injuries to bones, joints, muscles or nerves not listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FAMILY HEALTH HISTORY** - Has any member of the family died from, or now has, any of the following? Please note the relationship.

**YES NO EXPLAIN**

Sudden Death

Heart Disease

Diabetes

High Blood Pressure

Seizure Disorder

Sickle Cell Trait/Disease

Please list any other health problems not previously listed, including hospitalizations or surgical operations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been treated for any other medical condition in the past year?

**YES NO EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physician’s Name and Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Participant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE**

1. Primary health/accident insurance for ALL PSFCA Big 33 Football Classic participants is required and the responsibility of each parent/guardian. The PSFCA Big 33 Football Classic does not provide primary insurance coverage however, carries an “excess” accident policy covering the practices and game events. Please attach a front & back copy of all insurance cards (including dental and vision plans).
2. My son/daughter has my/our permission to participate in the PSFCA Big 33 Football Classic. The above responses are true to the best of my knowledge. I certify that our son/daughter is covered through our health/accident coverage.

Parent/Guardian Signature Date

* **If your son/daughter is not covered through your own health/accident coverage please check here.** 🞏

Please list any other medication needs that we should be made aware of. This is very important in order for us to be proactive in treating you.

Medication participant is currently receiving:

Dosage:

Please list any supplements, vitamins, over the counter or maintenance drugs you take on a daily basis:

**PSFCA BIG 33 PRIDE RULES AND CODE OF SPORTSMANSHIP**

PSFCA Big 33 Football Classic aspires to be an outstanding educational-athletic organization that provides a high-quality experience to every student-athlete and a safe, welcoming environment for all.

As a member of the Big 33 Football Team or Cheerleading Team, you represent more than just yourself. Your actions on and off the field can reflect both positively and negatively upon many people.  As a Big 33 student athlete, you represent:

1. Yourself
2. Your family
3. Your coaches
4. Your school
5. Your community
6. All the Big 33 participants who came before you.

Being a Big 33 athlete is both a *privilege* and a *responsibility*.  The following is a Code of Conduct you will be expected to follow. It will be strictly adhered to. Your conduct is as important as your athletic skills.

**The following and any other acts so deemed by the Big 33 staff will constitute grounds for disciplinary action:**

1. Players and cheerleaders will pledge to support the PSFCA Big 33 Football Classic by securing a program ad at the cost of $200.00. You are encouraged to obtain sponsors to assist in the cost of your program ad.
2. Players and cheerleaders will adhere to all deadlines for program ads, program ad monies, Big 33 medicals forms, and all other paperwork.
3. Players and cheerleaders will show the proper respect to all. They are held to the highest standards of moral conduct and character both on and off the field.
4. Players are not to have any social contact with cheerleaders and vice versa during game week outside of Big 33 sponsored events. This included but is not limited to visiting players at their host family’s home and transportation of any kind in a vehicle. Contact outside of Big 33 events will result in immediate dismissal.
5. Players and cheerleaders will stay in the team-designated area(s), unless excused to leave, by a coach or Big 33 staff member.
6. Players and cheerleaders will not at any time push, shove, punch, kick, fight, bully or be guilty of physical contact as an aggressor upon any official, Big 33 staff, coach, player, cheerleader, spectator, host family or other(s) outside of Big 33 football practice.
7. Players and cheerleaders will not verbally abuse or threaten any official, Big 33 staff, coach, player, cheerleader, spectator, host family or other(s).
8. Players and cheerleaders will not harass, bait or be guilty of objectionable demonstration or dissent at any Big 33 staff’s, coach’s or official’s decision.
9. Players and cheerleaders will abide by a Big 33 staff’s, official’s or coach’s decision.
10. Players and cheerleaders will not use tobacco, alcohol or illegal drugs or act in any way that is detrimental to themselves, their team or the PSFCA Big 33 Football Classic. Drugs, alcohol and tobacco have no place in an athlete's life. **Big 33 participants will be held to zero tolerance.**
11. Any player or cheerleader whose actions on or off the field that result in a legal conviction of a criminal act as determined by a court of law or other actions that are judged by the PSFCA Big 33 to be of such a serious nature that they seriously and negatively impact the PSFCA Big 33 Football Classic, the image in the community and present the potential for liability to the PSFCA Big 33 Football Classic, will be dismissed immediately.
12. If you fail any drug test, you may be removed from the team.
13. Players, coaches and cheerleaders may not use PSFCA Big 33 Football Classic or any PSFCA Big 33 events for their personal political statement or platform.

If any player or cheerleader does not abide by the above Big 33 Code of Conduct, they will be asked to leave the game or event. The PSFCA Big 33 staff has the power to remove anyone whom they deem to be in violation of PSFCA Big 33 By-Laws or Code of Conduct. Upon taking such action, the participant will be responsible for their immediate transportation home. If you are sent home due to disciplinary reasons, no monies will be returned. Prior to leaving, you must return all PSFCA Big 33 items given to you including but not limited to PSFCA Big 33 gear, practice attire, uniforms etc. If damage was caused to any property, parents/guardians are responsible to pay for the damages.

In permitting the athlete to participate in the PSFCA Big 33 Football Classic, I am specifically granting permission, (both during and any time after), to The PSFCA Big 33 Football Classic to use the athlete’s likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities The PSFCA Big 33 and/or applying for funds to support those purposes and activities.

By signing below, you agree to the PSFCA Big 33 Code of Conduct and fully understand the consequences of not abiding by the above rules.

Please check the appropriate box: 🞏 PA PLAYER 🞏 MD PLAYER

Print Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PSFCA BIG 33 PRIDE RULES AND CODE OF SPORTSMANSHIP**

I WILL…

* Respect the game, play fairly, and follow all rules and policies set by the PSFCA Big 33 office and athletic training staff.
* Accept the decisions of coaches, officials, trainers, and PSFCA Big 33 facilitators with good grace.
* Be responsible for the sportsmanship of my teammates and assist in maintaining a respectful environment for all participants.
* Be courteous and respectful to opposing players and coaches.
* Obey all facility rules, while helping to maintain and keep all equipment, locker rooms, cafeterias, common areas, and practice areas at the facility in good condition.
* Refrain from the use of abusive language, profanity, or any behavior which would endanger the health, safety, or wellbeing of any player, official, staff member, or spectator.
* Demonstrate good sportsmanship before, during, and after my PSFCA Big 33 experience, no matter the outcome of the football game. I am representing something much bigger than myself and I am expected to conduct myself in that manner.

***VERY IMPORTANT***

**Please return this completed and signed form and a front & back copy of the athlete’s health insurance card to the Big 33 office at the below address or email to your team coordinator. THANK YOU!**

**DEADLINE: PA - MONDAY, MARCH 27th, 2017**

**MD – SUNDAY, MARCH 19th, 2017**

PA Coordinator ~ Lisa Gemmell at [lgemmell@big33.org](mailto:lgemmell@big33.org)

MD Coordinator ~ Nicole Whitmire at [nwhitmire@big33.org](mailto:nwhitmire@big33.org)

**PSFCA Big 33 Football Classic**

1840 Fishburn Road

Hershey, PA 17033