SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: _____/_____/_____ Age of Student on Last Birthday: _____ Grade for Current School Year: _____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # ( )_____ Parent/Guardian Current Cellular Phone # ( )_____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name_____ Relationship _____

Parent/Guardian E-mail Address:_____

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 # ( )_____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.
Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No
1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?	❑	❑
An additional note to item #1. if serious illness or serious injury was marked "Yes", please provide additional information below		
2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	❑	❑
3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?	❑	❑
4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?	❑	❑
5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?	❑	❑
6. Do you have any concerns that you would like to discuss with a physician?	❑	❑

#'s	Explain yes answers; include injury, type of treatment & the name of the medical professional seen by student

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 8: Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age_____Grade_____

Enrolled in _____School

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

_____

_____

_____

_____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type)_____ License #_____

Address_____ Phone ( )_____

Physician's Signature _____MD or DO *(circle one)* Date_____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type)_____ License #_____

Address_____ Phone ( )_____

Physician's Signature _____MD or DO *(circle one)* Date_____

Section 9: CIPPE Minimum Wrestling Weight

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name _____ Age_____ Grade_____

Enrolled in _____ School

INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight _____/_____ Percentage of Body Fat _____ MWW _____

Assessor's Name (print/type)_____Assessor's I.D. #_____

Assessor's Signature_____Date_____/_____/_____

CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of _____ during the 20____ - 20____ wresting season.

AME's Name (print/type) _____ License #_____

Address_____ Phone ( )_____

AME's Signature _____MD, DO, PAC, CRNP, or SNP (circle one) Date of Certification ___/___/___

For an appeal of the Initial Assessment, see NOTE 2.

NOTES:

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.

2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

RIDLEY HIGH SCHOOL

901 MORTON AVENUE
FOLSOM, PENNSYLVANIA 19033
(610) 534-1900 #1261
(610) 237-9641 FAX
dwagner@ridleysd.org

MR. DANIEL G. WAGNER
ASSISTANT PRINCIPAL

RHS Student-Athlete Code of Conduct

As a student-athlete at Ridley High School, you represent yourself, your team, and your school both on and off the field. The way you carry yourself sets the tone for your teammates, classmates, and the community.

Being part of a team is about more than just playing the game—it's about building character, learning leadership, and showing respect. Sportsmanship means competing with integrity, fairness, and respect for others. These qualities make our athletic programs stronger and help create a positive experience for everyone involved.

Expectations for Student-Athletes

When you participate in sports at Ridley High School, you are expected to:

- Show dignity and respect in all situations, win or lose.
- Respect the rules of the game, the officials, and their decisions.
- Respect opponents, teammates, coaches, and parents—both from Ridley and from visiting schools.
- View every competition as a chance to learn and grow.
- Encourage other students and fans to demonstrate positive sportsmanship.
- Follow all school rules, including those related to drugs, alcohol, and fighting, in school, at games, and in the community.

Why It Matters

As an athlete, you're one of the most visible representatives of Ridley High School. Your behavior reflects not only on you, but also on your teammates, coaches, and school community. Good sportsmanship shows pride in yourself and in Ridley, and reminds everyone that athletics are meant to be fun and rewarding. Below, please find Ridley School District's policy on hazing:

Policy Manual - Section 200 – Pupils – Hazing Code 247

Purpose

The purpose of this policy is to maintain a safe, positive environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the district and are prohibited at all times.

Definitions

For purposes of this policy **hazing** is defined as any activity that recklessly or intentionally endangers the mental health, physical health or safety of a student or causes willful destruction or removal of public or private property for the purpose of initiation or membership in or affiliation with any organization recognized by the Board.

Endanger the physical health shall include but not be limited to any brutality of a physical nature, such as whipping; beating; branding; forced calisthenics; exposure to the elements; forced consumption of any food, alcoholic beverage, drug, or controlled substance; or other forced physical activity that could adversely affect the physical health or safety of the individual.

Endanger the mental health shall include any activity that would subject an individual to extreme mental stress, such as prolonged sleep deprivation, forced prolonged exclusion from social contact, forced conduct which could result in extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual.

Any hazing activity, whether by an individual or a group, shall be presumed to be a forced activity, even if a student willingly participates.

Authority

The Board does not condone any form of initiation or harassment, known as hazing, as part of any school-sponsored student activity. No student, coach, sponsor, volunteer or district employee shall plan, direct, encourage, assist or engage in any hazing activity.[1][2][3][4]

By signing below, you agree to uphold these expectations. You also understand that if these standards are not followed, it may affect your privilege to remain on the team.

Signatures

Printed Student Name	Student Signature	Date
Printed Parent Name	Parent Signature	Date

Thanks,
Daniel G. Wagner, Jr.
Assistant Principal, Ridley High School

RIDLEY SCHOOL DISTRICT

MEDIA RELEASE

Student Printed Name: _____
FIRST *MIDLE* *LAST*

Date of Birth: _____ School: _____
MM/DD/YYYY

Parent/Guardian Printed Name: _____
FIRST *MIDLE* *LAST*

I grant permission for media usage of my child's image (photographs and/or video) for publications including:

Website *Newsletters* *YouTube* *Approved Internal and Public Media (News channels, newspapers, magazines, X, etc.)*

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below, which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. I also may change my decision in writing to the principal's office.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release. I also may change my decision in writing to the principal's office.

Student Address: _____
STREET *CITY, ST* *ZIP CODE*

Student Signature: _____ Date: _____

**REQUIRED Signature if student is under 20 years of age:

Parent/Guardian Signature: _____ Date: _____

It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.

RIDLEY HIGH SCHOOL
EMERGENCY INFORMATION FORM

NAME:_____ BIRTH DATE:_____AGE_____

HOME #:_____

ADDRESS:_____

_____

PARENT OR GUARDIAN (Circle one)

NAME:_____

DAYTIME PHONE NUMBER:_____

EMAIL ADDRESS:_____

PARENT OR GUARDIAN (Circle one)

NAME:_____

DAYTIME PHONE NUMBER:_____

EMAIL ADDRESS:_____

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE CONTACTED:

NOTIFY:_____ PHONE #:_____

FAMILY DOCTOR:_____ PHONE #:_____

DATE LAST TETANUS TOXOID BOOSTER:_____ PREFERRED HOSPITAL:_____

KNOWN ALLERGIES:_____

The trainer/nurse/coach/physician may apply first aid treatment until the family doctor can be contacted and we give our consent for trainer/nurse/coach/physician to use their judgement on securing medical and/or surgical treatment and ambulance service if parents cannot be reached.

DATE:_____ PARENT/GUARDIAN SIGNATURE:_____

All information is considered confidential between parties concerned: Students/Athlete, Parent or Guardian, Physician, School Physician and Staff within the Ridley School District.