



# GREATER LATROBE HOCKEY CLUB

PO Box 8  
Latrobe, PA 15650

[www.GreaterLatrobeHockey.com](http://www.GreaterLatrobeHockey.com)

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## PLAYER REGISTRATON PACKET

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### TURN IN THE FOLLOWING:

- 1) Check written to GLHC for \$75 Non-refundable Registration Fee
- 2) Completed Player Registration Form
- 3) USA Hockey Registration Confirmation Page
- 4) Player Code of Conduct Form
- 5) Consent to Treat Form
- 6) GLSD Student Handbook Form
- 7) Player Photo Release Form
- 8) New Players to the Greater Latrobe Hockey Club must provide a copy of their birth certificate.

**Physicals:** If you are planning for the player's physical to be completed at the school, the Player's Physical Form Needs Filled out and turned in to the Greater Latrobe Athletic Office PRIOR to the scheduled physical date listed for Ice Hockey. If the physical is going to be completed by your personal physician, then the form must be completed and turned in directly to the Greater Latrobe Athletic Office prior to the start of our season and then it must be cleared by the school's physician for your player to be eligible to participate. The date of the physical completed by any private physician cannot be prior to the last day of the school year. If you had a physical completed and submitted for another sport, make sure you call the athletic office and verify that your player's physical has been cross referenced for hockey.



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## 2017 - 2018 Season

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Welcome to the Greater Latrobe Hockey Club [GLHC]. Players and parents in this organization are representatives of the Greater Latrobe School District. We are very proud of our past and present players, coaching staff, board members, and families that make up this great organization that was established back in 1981.

Hockey, an expensive club sport, is partially funded by the Greater Latrobe School District. Our projected budget for the coming season is in excess of \$80,000.00. Of this, \$15,000.00 generously comes from the school district, leaving us, as a club, to account for the rest of the funds. With this being said, it is essential that you participate in the Club's fundraisers. These fundraisers benefit both the Club and you; keeping Latrobe Hockey's dues the lowest in the area by far for high school hockey.

Please review the following so that you are aware of the basic requirements for participation in the Greater Latrobe Hockey Club.

- 1. Insurance** - Each player should rely on his/her parent's medical insurance should an injury occur. We are enrolled in the Hockey Medical Program (you must provide a copy of your USA Hockey Confirmation Page before taking the ice for any tryout, practice, or game), which is designed to cover any excess medical expenses and which can serve as *limited* insurance for players and families. **Details of the USA Hockey excess insurance can be found at [www.usahockey.com](http://www.usahockey.com)**
- 2. Equipment – Player Jerseys** are \$150 (place order at registration, players not selected following tryouts can cancel order). If you are unable to purchase a jersey set, you may borrow a set if the club has one available. All borrowed jerseys remain the property of GLHC and are to be returned to the Club if the player quits, or at the request of the Board of Directors, or at the conclusion of the season (even if your player is a Senior). Equipment items needed that are not included in your player's dues are: **Hockey Socks** \$30 (Required), **Hockey Shells** \$45 (Required at Varsity Level/Optional at JV or MS), & Individual **Name Plates** \$20 (Required).
- 3. Grades/Eligibility to Participate/School Attendance Requirement** - Players are expected to maintain good grades. Remember the phrase "student/athlete". Your player is a student first. Should a player's grades slip, he/she and or the coaching staff will be notified by the school. School attendance is REQUIRED for your player to be eligible. On game day, if your player is not in school by 9AM (9<sup>th</sup> thru 12<sup>th</sup>) or 10:00AM (6<sup>th</sup> thru 8<sup>th</sup>) he/she is ineligible to participate in a game that day/evening. The coaching staff will adhere to the school district's academic and attendance policies regarding participation and eligibility. **Players with two failing grades or a failing grade and an incomplete, not meeting school attendance requirements, or issued any type of disciplinary suspension are considered ineligible for participation and any game in which they play will be considered a forfeit for that team and a \$650.00 fine will be issued by the PIHL.** A forfeit for any of these reasons affects your team's standings so please don't put your team or player in a bad situation! If you know that your player is ineligible for any reason, notify your coach or the President immediately. Do not count on the school to notify us as soon as we may need to know. Any fines issued to GLHC by the PIHL that are a result of your failure to report ineligibility, will be your financial responsibility. **Reporting Ineligibility of your player IS YOUR RESPONSIBILITY!!!!**
- 4. Attendance** - Ice slots for Latrobe practices and home games are at Kirk S. Nevin Arena in Greensburg, Pa. The practices are typically one hour in length. Practices will begin after the teams have been selected but not before September 1<sup>st</sup>. Summer ice slots for Varsity eligible players (grades 9-12 only) are listed on a separate sheet in your registration packet. Registered players in these grades are expected to attend unless notification is posted otherwise. The Varsity coaching staff may limit the number of players who are to attend the Varsity ice slots at any time during these summer ice sessions.
- 5. Dress code** - Your child is a representative of Greater Latrobe Hockey and the Greater Latrobe School District. Players are to be properly attired in a dress shirt with collar, a tied tie, dress pants, and dress shoes or any other attire approved by both the coaching staff of that team and the Board of Directors. Jeans, shorts, or t-shirts are not acceptable attire.

6. **Participation** - All players and parents are expected to participate in Club activities. Parents are expected to assist with staffing the admittance table and penalty box, at games. **Also, help is needed as Team Managers, Fundraising chairs, committee helpers, and other volunteers. This has to be a group effort!**
7. **Parent/Player Code of Conduct & Social Media Policy**- All parents/guardians/players will be required to read and adhere to these policies. The PIHL has instructed all clubs to address the growing conduct problems within their club. At games, security officials are to enforce the PIHL procedure currently in place. If you can't abide by the policy, you will be asked to leave the rink and may be banned from attendance at future games/practices. Remember that this is a game that is played for the enjoyment of all. Parents/Guardians/Players are subject to suspensions for violations.
8. **Fundraisers** - To help keep the cost of the dues as low as possible, parents/players are expected to participate in the fundraisers. You can fundraise more than your dues and carry over a credit for next season. A mandatory fundraiser(s) that will benefit the club directly and not individual player's dues, can be expected.
9. **Injuries** - Injuries are unfortunate but do occur. Player's dues are not pro-rated for injured players, unless the injury is continuous for at least 8 weeks (This includes practices as well as games). Pro-rating of dues past the 8 week mark is at the discretion of the Board of Directors. Requests regarding dues shall be presented to the Board of Directors as a whole, or to the President, who shall forward any request to the Board of Directors for consideration.
10. **Practice Squad Program** - The practice squad program is a program that **MAY** be offered by the Club. Due to PIHL requirements, no more than 18 skaters and 2 goalies are permitted on a game roster, so when there are excessive numbers of players registering for our program, player cuts **CAN and WILL** occur. A player **may** be retained in the program on the practice squad. There is no guarantee that this may occur. A player offered a position on the practice squad will not be placed on a PIHL team roster. The player may attend all practices for the team, but will not receive team jerseys nor will they be permitted to participate in any games. Dues for a novice player will be \$400.00 minimum. If a practice squad player is judged by that team's Head Coach (and/or the Program Director) to be ready to play on the team and there is an available spot to add a player to the roster, the player could be added to the team roster and that player's dues will be pro-rated from that time to the end of the season (pro-rated is a base \$400.00 for the novice with the pro ration being based upon the Middle School/JV dues of \$950.00). A letter relating to the aforementioned will be prepared for any player offered practice squad status and will require a parent's signature acknowledging the aforementioned. Failure to agree to the stated terms of the letter will result in the offer of practice squad being withdrawn and the player will be released from the program. Practice Squad Players do not practice with the team post season.
11. **Rotational Squad Program** - The Rotational Squad Program is a program that **MAY** be offered by the Club. The organization attempts to keep all players, but player cuts **CAN** occur. A player **may** be retained in the program on the Rotational Squad. A player offered a position as a Rotational Squad Player may be placed on a team roster, as judged by that team's Head Coach and/or the Program Director. The player may attend all practices for the team and will participate in a determined number of games. Dues for a rotational player will be \$500.00 minimum. (A player will be assessed an additional fee, if he plays more than the predetermined number of games.) A letter relating to the aforementioned will be prepared for any player offered Rotational Squad status and will require a parent's signature acknowledging the aforementioned. Failure to agree to the stated terms of the letter will result in the offer of the Rotational Squad being withdrawn and the player will be released from the program. Rotational players may not practice with the team post season unless chosen by the coach to do so.

Please review the payment plan listed below on this form that all players are expected to follow. Our basic dues for the season are as follows: Varsity- \$1,140.00, Junior Varsity and Middle School- \$950.00. Dues can be paid outright with a check or through a list of fundraisers which are provided below. Please remember that this is a guide only and may be modified at any time by the Board. Please read this carefully and if you have a question, please ask a member of the Board. Families with multiple participants will be given a credit in the amount of \$150.00 per additional player (excluding novice and rotational players).

All payments must be made on time, according to the payment schedule for players to remain on the ice. In December, the Club's treasurer will take the base fee and deduct your registration fee, commitment fee, ad sales, calendar sales credit, and all other fundraising credits from your balance. Whatever balance is left, will be billed to you sometime around the end of December. Full payment of the balance is **due no later than January 15th**. If your outstanding balance is not paid in full at that time, your player will not be permitted to participate until a full payment is made. If your child is removed from participation due to this clause, dues will not be pro-rated and you will be responsible for the full amount that is due. If you over fundraise the amount that you owe, as some families do, you can put the overage toward the following years dues. No refunds will be made for any fundraising credits that you have acquired. Upon player graduation, or departure from the program for any reason, any credit balance in your account will remain with the Club.

# PAYMENT SCHEDULE

Middle School & Junior Varsity Dues Amount \$950.00

Varsity Dues Amount \$1,140.00

|                              |   |   |
|------------------------------|---|---|
| <b>Due at Registration</b>   | <b>Non-refundable fee of \$75.00</b>  | Each player must purchase their own USA Hockey Insurance and provide a copy of it to the Club prior to being authorized to tryout, practice, or play.   |
| <b>Due at Tryouts</b>        | <b>Commitment fee of \$150.00 per player</b>  | Commitment Fee Checks must be paid at the first day of Tryouts. Once offered a position (Full time, Rotational, or Practice Only), you have 1 week to accept/decline. Those accepting, your check will be cashed. |
| <b>Due October 30, 2017</b>  | <b>Mandatory Ad Sales. Minimum of \$130.00 per player must be sold (60% of this amount goes toward your player's dues) or a \$150.00 direct buyout per player is an option.</b> | If you have more than 1 child in the program, the total amount of ads required to be sold is \$170.00. If you choose the Buyout option, 100% of the buyout amount gets applied toward your player's dues.         |
| <b>Due December 11, 2017</b> | <b>Mandatory Lottery Calendar sales. Number of calendars is not known at this time. Your approximate dues credits from this fundraiser will be \$100.00</b>                     | Additional dues credits may be earned for any calendars sold in addition to the minimum number required. You must sell the minimum number, if not, you will be charged for them.                                  |
| <b>Due January 15, 2018</b>  | <b>Remaining balances of dues owed</b>  | Accounts must be paid in full or players will not be permitted to participate   |

## \*\*\*Registration Does Not Guarantee Team Placement\*\*\*

To our new members, a very special welcome! To our returning players/parents, welcome back! If you have any questions, please feel free to contact me or you may contact any other member of the Board of Directors. I hope you have a great season playing for the Greater Latrobe Hockey Club!

Leslie Rossi  
GLHC President  
(412) 638-3507  
[Rossiteam5@aol.com](mailto:Rossiteam5@aol.com)  
[www.GreaterLatrobeHockey.com](http://www.GreaterLatrobeHockey.com)

## 2017 – 2018 GLHC Board of Directors

Leslie Rossi – President  
Ron Kubitz – Vice President  
Mike Gmuer – Treasurer  
Paula Walker – Secretary  
Michelle Miller – Registrar, Board Member  
Lisa DeFelice – Board Member  
Tracey Krinock – Board Member  
Connie Martino – Board Member  
Heather Ruffner – Board Member



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## PLAYER REGISTRATION \_\_\_\_\_ (Year)

### PLAYER'S NAME (As it Appears on their Birth Certificate)

JERSEY #: \_\_\_\_\_

FIRST: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ PLAYER'S CELL Ph#: \_\_\_\_\_

PLAYER'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: PA ZIP CODE: \_\_\_\_\_ PLAYER'S EMAIL: \_\_\_\_\_

### PARENT/GUARDIAN NAME(S)

#1 \_\_\_\_\_ Email Address: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CELL Ph#: \_\_\_\_\_ HOME Ph#: \_\_\_\_\_ WORK Ph#: \_\_\_\_\_

#2 \_\_\_\_\_ Email Address: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CELL Ph#: \_\_\_\_\_ HOME Ph#: \_\_\_\_\_ WORK Ph#: \_\_\_\_\_

### SCHOOL INFORMATION

#### School Attending (check one)

Greater Latrobe Senior High

Baggaley Elementary

Greater Latrobe Junior High

Latrobe Elementary

Mountain View Elementary

Cyber/Charter/Other: \_\_\_\_\_

Are you a VO-TECH Student this year? (Check) YES NO

Are you a New Transfer to Latrobe this year? YES NO

If Yes, list Previous School District: \_\_\_\_\_

### HOCKEY TEAMS

| School & Travel Teams & Level Played Last Year | This Year's Travel Team & Level |
|--|---------------------------------|
|  |                                 |
|  |                                 |

Preferred Playing Position(s): (check) LW C RW D G

### DUES AMOUNTS

Middle School & Junior Varsity: \$950.00

Varsity: \$1,140.00

PLEASE INCLUDE YOUR \$75 REGISTRATION FEE &  
A COPY OF YOUR USA HOCKEY CONFIRMATION PAGE



**USA HOCKEY  
PARTICIPANT  
CODE OF CONDUCT**

NAME: \_\_\_\_\_

To be read and signed by you as a member of Team: \_\_\_\_\_

Participating in USA Hockey for the \_\_\_\_\_ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

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



# USA Hockey

## Consent To Treat/Medical History Form



This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Parent/Guardian/Adult Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Head Injury<br><i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells                                    | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Convulsions/epilepsy                               | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Neck or back injury                                | <input type="checkbox"/> Hernia              | _____                                    |
|   | <input type="checkbox"/> Heart murmur        | _____                                    |

#### Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster?  Yes  No If yes, when? \_\_\_\_\_

Are you currently taking any medications?  Yes  No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity?  Yes  No If yes, please explain on back.



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## ***Photo Release Form***

Permission to Use Photograph

Event: Greater Latrobe Hockey Functions (Practices, Games, etc.)

Location: Varies

I grant to *Greater Latrobe Hockey Club*, the right to take photographs of me and my family in connection with the above-identified event. I authorize *Greater Latrobe Hockey Club*, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that *Greater Latrobe Hockey Club* may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration advertising, and Web content.

I have read and understand the above:

Player Name: \_\_\_\_\_

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

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

Parent/Guardian Printed Name: \_\_\_\_\_  
(if under age 18)

Parent/Guardian Signature: \_\_\_\_\_  
(if under age 18)



**GREATER LATROBE SCHOOL DISTRICT  
DEPARTMENT OF ATHLETICS/STUDENT ACTIVITIES  
GUIDELINES FOR STUDENT ATHLETES/BAND MEMBERS**

|                     |             |               |
|---------------------|-------------|---------------|
| <b>PLEASE PRINT</b> |             |               |
| <b>STUDENT</b>      | _____       |               |
| <b>GRADE</b>        | <b>MALE</b> | <b>FEMALE</b> |
| _____               | _____       | _____         |
| <b>FALL SPORT</b>   | _____       |               |
| <b>WINTER SPORT</b> | _____       |               |
| <b>SPRING SPORT</b> | _____       |               |

**PLEASE INDICATE THAT YOU HAVE READ THE INFORMATION GIVEN TO YOU ON GUIDELINES FOR STUDENT ATHLETES/BAND MEMBERS AND YOU UNDERSTAND THE OBLIGATIONS BY SIGNING BELOW.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**I HAVE INSURANCE WHICH WILL PROVIDE COVERAGE FOR MY CHILD AND GUARANTEE TO USE THIS COVERAGE IF NECESSARY AND WILL ASSUME THE FINANCIAL RESPONSIBILITIES IF NOT COVERED BY MY INSURANCE OR BY THE GREATER LATROBE SCHOOL DISTRICT STUDENT ATHLETE ACCIDENT POLICY.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**I DO NOT HAVE INSURANCE WHICH WILL PROVIDE COVERAGE FOR MY CHILD BUT WILL ASSUME THE FINANCIAL RESPONSIBILITIES IF NOT COVERED BY THE GREATER LATROBE SCHOOL DISTRICT STUDENT ATHLETE ACCIDENT POLICY.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**Greater Latrobe Senior High School**  
**Department of Athletics**  
**Physicals for Fall Sports – 2017-2018 School Year**

To: Fall 2017 Coaches  
From: Mark Mears, Athletic Director  
Re: Fall 2017 Athletic Physicals  
Date: February 3, 2017

I have arranged for physicals for the Fall 2017 Sports programs. If the dates for your sport are not to your convenience, please notify me immediately. \*\*\***PLEASE NOTE THAT THE GRADE LEVELS LISTED ARE CURRENT GRADE LEVELS OF THE ATHLETES.**

All physical forms should be submitted to the Athletic office **at least 2 days prior to the scheduled exam if possible.** These will then be submitted to the school physician and the nurse on the day of the scheduled exam. If the student does not have the physical form signed by a parent/guardian **IN ALL AREAS REQUESTED** he/she **will not** be examined.

Physicals may also be obtained by a private physician; however, the school district physical form **must** be used and then turned in to the Athletic office for the school physician to release the student for eligibility.

**ALL PHYSICALS WILL BE DONE IN THE SENIOR HIGH NURSE'S OFFICE**

**Thursday, June 1, 2017**

|                   |            |          |
|-------------------|------------|----------|
| Field Hockey      | Grade 9-11 | 7:40 AM  |
| Hockey            | Grade 7-11 | 8:00 AM  |
| Tennis, Girls     | Grade 9-11 | 8:30 AM  |
| Volleyball, Girls | Grade 9-11 | 9:00 AM  |
| Swimming, JHS     | Grade 7-8  | 9:45 AM  |
| Basketball, Girls | Grade 7-8  | 10:00 AM |

**Tuesday, June 6, 2017**

|                      |              |          |
|----------------------|--------------|----------|
| Cross Country, Girls | Grades 10-12 | 7:40 AM  |
| Cross Country, Girls | Grades 7-9   | 8:20 AM  |
| Cross Country, Boys  | Grades 7-12  | 9:00 AM  |
| Cheerleaders         | Grades 8-12  | 9:40 AM  |
| Soccer, Boys         | Grades 10-12 | 10:20 AM |
| Soccer, Boys         | Grades 7-9   | 11:00 AM |
| Golf /JV Golf        | Grade 9-12   | 11:40 AM |
| Soccer, Girls        | Grade 10-12  | 12:40 PM |
| Soccer, Girls        | Grade 7-9    | 1:20 PM  |

**Wednesday, June 7, 2017**

|          |          |          |
|----------|----------|----------|
| Football | Grade 12 | 7:40 AM  |
| Football | Grade 11 | 8:40 AM  |
| Football | Grade 10 | 9:40 AM  |
| Football | Grade 9  | 10:40 AM |
| Football | Grade 8  | 11:40 AM |
| Football | Grade 7  | 12:40 PM |

**Make- up Date for all sports will be Wednesday, July 26, 2017 from 7:30 – 10:00 am. All 6<sup>th</sup> graders going into 7<sup>th</sup> playing any fall sport will be Wednesday, July 26, 2017 from 8:30 – 10:00 am.** PIAA Physical forms may be obtained in the Athletic office or downloaded from the district website under the Athletics tab.

Copy: Physician  
Mr. Mains  
Mr. Shivetts

Mrs. Zezza, Nurse, Sr. High  
Mrs. Blosssey, Nurse, Jr. High  
Mr. Thomas

Custodian in Charge  
Latrobe Bulletin  
Trainers



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

**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 7 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 8 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 Should be Aware \_\_\_\_\_

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

Student's Prescription Medications \_\_\_\_\_

\_\_\_\_\_

**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](http://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 6 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) is when the heart stops beating, suddenly and unexpectedly. 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 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

### Are there warning signs?

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

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

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

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, 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 have SCA die from it.

### Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

*Information about SCA symptoms and warning signs.*

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

*Removal from play/return to play*

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. 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 and understand the symptoms and warning signs of SCA.

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

**SECTION 5: HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form.  
Circle questions you don't know the answers to.

|  |            |          |           |           |           |                  |                  |       |            |            |     |       |      |           |       |               |   |
|--|------------|----------|-----------|-----------|-----------|------------------|------------------|-------|------------|------------|-----|-------|------|-----------|-------|---------------|---|
| <p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):<br/> <input type="checkbox"/> High blood pressure    <input type="checkbox"/> Heart murmur<br/> <input type="checkbox"/> High cholesterol    <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>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:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>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:</p> </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/<br/>Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/<br/>Toes</td></tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | Head       | Neck     | Shoulder  | Upper arm | Elbow     | Forearm          | Hand/<br>Fingers | Chest | Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/<br>Toes | <p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b></p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>FEMALES ONLY</b></p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Head   | Neck       | Shoulder | Upper arm | Elbow     | Forearm   | Hand/<br>Fingers | Chest            |       |            |            |     |       |      |           |       |               |   |
| Upper back   | Lower back | Hip      | Thigh     | Knee      | Calf/shin | Ankle            | Foot/<br>Toes    |       |            |            |     |       |      |           |       |               |   |

| #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 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.

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<br><input type="checkbox"/> 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):

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 \_\_\_\_/\_\_\_\_/\_\_\_\_



## 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 \_\_\_\_\_

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 # ( ) \_\_\_\_\_

**SUPPLEMENTAL 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. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?   | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?  | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any concerns that you would like to discuss with a physician?   | <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 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 6 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\_\_\_\_ wrestling season.

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP Date of Certification \_\_\_\_/\_\_\_\_/\_\_\_\_  
(circle one)

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 15<sup>th</sup> 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.

# Greater Latrobe Hockey Club



## 2017 - 2018

### Varsity Summer Ice Schedule

All Ice Hockey players in grades 9-12 (for the 2017-2018 school year) are required to participate. Player must be registered with the GLHC, and have a valid USA Hockey Confirmation to attend.

The Varsity Head Coach may limit participation as the summer ice sessions move along. At any point the Varsity Coach has the right to post a list of players that are to continue.

#### GLHC SUMMER ICE SESSIONS CENTER ICE ARENA in Delmont

|                 |                |  |
|-----------------|----------------|--|
| June 20, 2017   | 8:10 - 9:40 pm | Varsity (1 <sup>st</sup> Cuts to Follow)                   |
| June 27, 2017   | 8:10 - 9:40 pm | Varsity (Final Team Selected)                              |
| July 7, 2017    | 8:10 - 9:40 pm | Junior Varsity   |
| July 11, 2017   | 8:10 - 9:40 pm | Junior Varsity   |
| August 8, 2017  | 8:10 - 9:40 pm | Middle School  |
| August 17, 2017 | 7:00 - 9:40 pm | PICTURE DAY<br>Middle School (Ice Slot Following Pictures) |

Note: Additional Ice Slots May Be Added As Needed.

#### PICTURE DAY @ Center Ice

Varsity: 7:00PM

JV: 7:30PM

MS: 8:10PM (MS will stay on ice until 9:40PM following photo session)



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### **Greater Latrobe Hockey Club's (GLHC) Locker Room Policy**

In addition to the development of our hockey players and enjoyment of the sport of hockey, the safety and protection of our participants is central to Greater Latrobe Hockey Club's goals. GLHC adheres to USA Hockey's SafeSport Program as a means to help protect its participants from physical abuse, sexual abuse and other types of misconduct, including emotional abuse, bullying, threats, harassment and hazing. To help prevent abuse or misconduct from occurring in our locker rooms, GLHC has adopted the following locker room policy. This policy is designed to maintain personal privacy as well as to reduce the risk of misconduct in locker rooms.

At Kirk Nevin Arena there are 8 locker rooms available for our program's use. Some of the locker rooms have their own restroom/shower area while others share a restroom/shower area with one or more locker rooms. Some teams in our program may also occasionally or regularly travel to play games at other arenas, and those locker rooms, rest rooms and shower facilities will vary from location to location. GLHC team organizers will attempt to provide information on the locker room facilities in advance of games away from our home arena. At arenas for which you are unfamiliar, parents should plan to have extra time and some flexibility in making arrangements for their child to dress, undress and shower if desired.

#### **Locker Room Monitoring**

GLHC has predictable and limited use of locker rooms and changing areas (e.g., generally 30-45 minutes before and following practices and games). This allows for direct and regular monitoring of locker room areas. While constant monitoring inside of locker rooms and changing areas might be the most effective way to prevent problems, we understand that this would likely make some players uncomfortable and may even place our staff at risk for unwarranted suspicion.

We conduct a sweep of the locker rooms and changing areas before players arrive, and if the coaches are not inside the locker rooms, either a coach or voluntary locker room monitors (each of which has been screened) will be posted directly outside of the locker rooms and changing areas during periods of use, and leave the doors open only when adequate privacy is still possible, so that only participants (coaches and players), approved team personnel and family members are permitted in the locker room. Team personnel will also secure the locker room appropriately during times when the team is on the ice.

#### **Parents in Locker Rooms**

Except for players at the younger age groups, we discourage parents from entering locker rooms unless it is truly necessary. If a player needs assistance with his or her uniform or gear, if the player is or may

be injured, or a player's disability warrants assistance, then we ask that parents let the coach know beforehand that he or she will be helping the player.

In circumstances where parents are permitted in the locker room, coaches are permitted to ask that the parents leave for a short time before the game and for a short time after the game so that the coaches may address the players.

### **Mixed Gender Teams**

Some of our teams consist of both male and female players. It is important that the privacy rights of all of our players are given consideration and appropriate arrangements made. Where possible, GLHC will have the male and female players dress/undress in separate locker rooms and then convene in a single locker room before the game or team meeting. Once the game or practice is finished, the players may come to one locker room for a team meeting and then the male and female players proceed to their separate locker rooms to undress and shower, if available. If separate locker rooms are not available, then the players will take turns using the locker room to change. We understand that these arrangements may require that players arrive earlier or leave later to dress, but believe that this is the most reasonable way to accommodate and respect all of our players.

### **Cell Phones and Other Mobile Recording Devices**

Cell phones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras, are not permitted in the locker rooms. These devices should be placed in the lockers in the rink lobby area before any individual enters the locker room area.

### **Prohibited Conduct and Reporting**

GLHC prohibits all types of physical abuse, sexual abuse, emotional abuse, bullying, threats, harassment and hazing, all as described in the USA Hockey SafeSport Handbook. Participants, employees or volunteers in GLHC may be subject to disciplinary action for violation of these locker room policies or for engaging in any misconduct or abuse or that violates the USA Hockey SafeSport Policies. Reports of any actual or suspected violations, you may email USA Hockey at [SafeSport@usahockey.org](mailto:SafeSport@usahockey.org) or may call 1-800-888-4656.



# **GREATER LATROBE HOCKEY CLUB**

**PO Box 8**

**Latrobe, PA 15650**

**[www.GreaterLatrobeHockey.com](http://www.GreaterLatrobeHockey.com)**

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## **Greater Latrobe Social Media Policy**

As a player representing the Greater Latrobe Hockey Club (GLHC), I understand that I must follow the rules below in order to stay in good standing within the organization.

I understand that as a player for the GLHC, I must be responsible and respectful in my use of social media. Social media includes, but is not limited to, Instagram, Facebook, Twitter, Snap Chat, YouTube, LinkedIn, etc.

As such, I agree:

1. To protect confidential & proprietary GLHC and player information and to not disclose any such information through social media or otherwise.
2. To be respectful in all postings.
3. That any use of the GLHC logo, trademark, or images on personal social media sites must be positive and respectful at all times.
4. To not represent my personal views as those of the GLHC.
5. To not engage in cyber bullying.
6. To not post fictitious accusations regarding any other player or member of the GLHC.

Failure to comply with these standards may result in disciplinary actions, including, but not limited to:

1. A verbal warning regarding the infraction.
2. A written warning regarding the infraction.
3. Suspension from a game for the infraction.
4. Suspension from multiple games for the infraction.
5. Season suspension/expulsion for the infraction.

Any discipline action shall be at the discretion of the GLHC Board of Directors and/or the Executive Committee. GLHC reserves the right to bypass any or all of the forgoing steps as necessitated by the seriousness of the violation.

# Greater Latrobe Hockey Club



## 2017 - 2018

### Parent/Guardian Code of Conduct

*The intention of this compact is to promote fair play and respect for all participants within Greater Latrobe Hockey Club. All parents and guardians of the participants are expected to read and follow the Code throughout the year.*

I will leave the coaching to the coaching staff and abide by the "24 hour rule", which prohibits communicating any concerns to the coach, coaching staff, team manager, board members, referees, or league representative, until 24 hours have passed since the situation occurred.

I will not taunt, threaten, or make physical contact with any player, parent, coach, official, league representative, board member, arena personnel, or spectator.

I will not go on the ice surface, into the players' or officials' locker/dressing rooms, or obstruct their access to or from said rooms or arena.

I will refrain from using profane and/or vulgar language or mannerisms; I will not pound on the glass nor will I throw any objects onto the ice surface, into the players' area(s), or at any individual.

I will encourage my child to play in a manner consistent with the team's strategy or plans, and understand that a player's ice time varies and is the coach's call in a game situation.

I will attempt to learn the rules of USA Hockey and those of PIHL (Pennsylvania Interscholastic Hockey League).

I will promote the emotional and physical well-being of all the athletes and treat all players and coaches with dignity and respect.

I am a representative of the Greater Latrobe Hockey Club and the Greater Latrobe School District and will remember that I play the key role in creating harmony and respect within these organizations.

I will remember that my child plays hockey for his/her enjoyment, not mine!

***I understand and will agree to support and promote this Parent/Guardian Code of Conduct Agreement. My failure to comply with this agreement will result in disciplinary action, up to and including expulsion from the hockey club and its affiliates. I may be asked to leave a league practice, game, or tournament, if the above guidelines are not abided by and understand that a parent game suspension(s) can be issued for my misconduct.***



# 2017 ANNUAL WILDCAT GOLF OUTING

Sponsored by  
Greater Latrobe Hockey Club

DATE: Sunday, August 13, 2017

PLACE: Glengarry Golf Links  
168 Lentz Road, Latrobe

TIME: 1:00 pm Registration Begins  
2:00 pm Shotgun Start

COST: \$95.00 per Person  
18-hole 4 man Scramble

Includes:

- ✓ Cart and Greens Fee
- ✓ Lunch, Snacks, Beverages
- ✓ Steak Dinner
- ✓ Great Prizes to Win

**HURRY!**

**ENTRY  
DEADLINE IS**

**AUGUST 7<sup>th</sup>!**



## SPONSORSHIP

**\$50.00**

“TEE ADVERTISEMENT”

Tee Advertisements help sponsor our players. Please fill out the information below and send in with your check for \$50, along with either a business card or a camera ready ad.

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\*\*\*\*\*

Dinner Only Guests are Welcome  
\$25.00 Per Person.  
*(Must be paid in advance)*

**Please Contact  
Duane Stein  
724-953-6356  
with any questions or email at  
dsteiny@comcast.net**

**VOLUNTEER TO HELP!**

***Can't Join Us for Golf?***

Donations will be graciously accepted.  
Please designate a player you'd like to sponsor:

\_\_\_\_\_

## 2017 Entry Form

Fill out form and send to:  
GLHC 2017 Golf Outing  
P.O. Box 8  
Latrobe, PA 15650  
(Make checks payable to GLHC)

**SIGN UP AS A FOURSOME OR  
AS AN INDIVIDUAL**

**GLHC HOCKEY PLAYER SPONSORED:**

\_\_\_\_\_  
(Not necessary to play in outing)

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

Contact Person for Foursome

Name \_\_\_\_\_

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

Method of payment \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

**DINNER ONLY:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_



# GREATER LATROBE HOCKEY CLUB

## 2017-2018

### Ad Book Fundraiser

This summer will kick off our largest fundraising activity for the season, and you can work off a large amount of your player's dues fee just by selling ads! Attached is the Advertising Form that you will need to sell ads for our annual Ad Book Campaign. Included is a list of "Unavailable Advertisers." Guidelines for the ads are as follows:

**\*Checks Payable to:** Greater Latrobe Hockey Club  
**\*Mail Ads with Payment to:** Cheryl McCutcheon (724-875-4365)  
243 Paul Good Road  
Greensburg, PA 15601  
Email Contact: coltmac@comcast.net

**\*Deadline for Ads: October 31, 2017**

- \*List Player's Name on the Ad Form before issuing it to businesses.
- \*Mandatory—Players Must Sell \$130 in Ads or Pay \$150 Direct Buyout by Oct. 31, 2017.
- \*Dues Credits 60% of Total Sold. 40% Printing Costs. Dues Credits not applied for Photo Fee.
- \*A returning player has the right to sell an ad he earned last year.
- \*Please check the enclosed list of **UNAVAILABLE** Advertisers.
- \*Returning players must *Promptly* solicit for their returning ads.
- \*Ads can be turned in to Team Managers who will pass on to Cheryl.
- \*Ad Books will be issued in December for you to present to your sponsors.

# GREATER LATROBE HOCKEY CLUB

2017-2018

## Unavailable Advertisers

### A-B-C

A. Krinock Painting  
Align Chiropractic  
Amixa LLC  
Angel's Stairlifts LLC  
Arnold Palmer Regional Airport  
Aroma Italiano  
Athena Women's Care  
Aukerman Chiropractic  
Avolio Law Group  
Benson Domasky Landscaping  
Berkepile Insurance  
Bershire Hathaway Home Services  
Bob Shanta Jr. – State Farm Insurance  
Bobbi's Hairtique Salon  
Bowser Automotive  
Brothers Farm Mini-Storage  
Bruce Matthews D.M.D., M.D.S.  
Campbell Tire Service  
Children's Community Pediatrics  
Chris Beddick – State Farm Insurance  
Clark Motorworks LLC  
Clearview Federal Credit Union  
Commercial Bank & Trust  
Complete Billing Systems  
Copelli's Auto Service  
Country Café  
Critchfield Specialty Care, Inc.  
Cuccia Chiropractic

### D-E

D Bug Pest Control  
D Bug Waterproofing  
Dahar Orthodontics  
Dainty Pastry Shoppe, Inc.  
David J. O'Barto Consulting Forester  
DeBlasio & DeBlasio Assoc.  
Del Kovacevic DMD  
Dino's  
Divine Hair Studio  
DNA Pain Center  
Dogs by Design  
Dr. David Mondock, DMD  
Dr. Yalana Austraw D.C.  
Elizabeth Carbide Components  
Elizabeth – Hata International

### F-G-H

Fat Daddy's  
Ferguson Law Associates  
First National Bank of PA  
First Summit Bank  
Floral Fountain  
Fox's Pizza Den  
GBU Financial Life  
Gino Giannilli's  
Glengarry Golf Links  
Hartman Graziano Funeral Home  
Hefren-Tillotson  
Hillview Motors

### I-J-K-L

In-Sync Rehab  
Julies's Full Service Hair Salon  
Keith Gjebre, D.M.D., LLC  
Kelly, Sparber, White & Associates  
Kennametal  
Kenneth G. Purvis, D.D.S.  
Keystone Candy Company  
Kirk S. Nevin Arena  
Kitchen & Bath Galleria, LLC  
L&L Quik Lube  
Lakeview Animal Clinic  
Latrobe Animal Clinic  
Latrobe Art Center  
Latrobe Law Associates, LLC  
Latrobe-GLSD Park & Rec.  
Latrobe Vision Center  
Laurel Valley Academy of Dance  
Laurel Valley Motors  
Lazor Furniture  
Lesco Federal Credit Union  
Level One Graphics  
Ligonier Valley Learning Center

### M-N-O

Main Bowling Center  
Mark A. Soccio, DMD  
Martins Service  
Matt Delle Donne REMAX  
M.D.H. Plumbing  
Meadows Original Frozen Custard  
Means & Vance, PC  
Mike Reese – State Representative  
Mullen Refrigeration  
Naser Foods

### P-Q-R

Phoenix Rehab  
Picture This...by J.M. Heller  
Play It Again Sports  
Racer's Sports Bar  
Ramada Inn  
Randy Redinger & Sons Auto  
Redrock Fence, Inc.  
Reeves & Ross LLC  
Resort Realty  
Ricolita's Café  
Rite-Way Tool Co., Inc.

### S-T

Scalise Real Estate  
Schimizzi Law LLC  
SDC, Inc.  
Sendel Motors  
Seton Hill University  
Shaffer Memorials  
Sharky's Café  
Shiloh Service  
Smail Auto Group  
Speranza Machining  
Star Auto Mall  
State Farm (David Kolk)  
Sunris Distribution, Inc.  
SWIC  
The Eyeglass Shoppe  
The Gymnastics Zone  
Thomas S. Vince DMD  
Tom Gillen DMD  
Tony Angelo Aerie #01188  
Toyota of Greensburg

### U-V-W-X-Y-Z

U.S. Auto Mart  
United Slovak Club  
Vista Metals Inc.  
Vittones Music  
Wells Fargo  
Westmoreland Community FCU  
Westmoreland Injury Lawyers  
Westmoreland Mechanical Testing  
Westmoreland County Park & Rec.  
Youngstown Grille  
Youngstown Tire Service



# GREATER LATROBE HOCKEY CLUB

## 2017-2018 Ad Book Order Form

Mail To: **Cheryl McCutcheon** (724-875-4365)  
243 Paul Good Road, Greensburg, PA 15601  
E-mail Jpeg Files To: [coltmac@comcast.net](mailto:coltmac@comcast.net)

Advertiser Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Player's Name: \_\_\_\_\_ Team: \_\_\_\_\_ Phone No.: \_\_\_\_\_

- |                          |                          |  |          |
|--------------------------|--------------------------|--|----------|
| Ad Sizes:<br>(Check one) | <input type="checkbox"/> | Original Photo* in advertisement       | \$ 10.00 |
|                          | <input type="checkbox"/> | Full page (7.5" x 10")                 | \$130.00 |
|                          | <input type="checkbox"/> | Half page (7.5" x 5")                  | \$ 70.00 |
|                          | <input type="checkbox"/> | Quarter pg. (3.75" x 5"v/7.5" x 2.5"h) | \$ 40.00 |
|                          | <input type="checkbox"/> | Eighth page (2.5" x 5")                | \$ 25.00 |
|                          | <input type="checkbox"/> | Patron (2 lines – 70 characters total) | \$ 20.00 |

The patron ad should read as follows:

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

Make checks payable to: **Greater Latrobe Hockey Club** or **GLHC**

Cash Payment - Amount \$ \_\_\_\_\_ Check Number - Amount \$ \_\_\_\_\_

**Ads must be paid in full when submitted.**

**Please use paper clips only – no staples.**

**\*Original photographs, digital prints or files – NO computer scans**

**Final deadline for advertising is **October 31, 2017****

**Receipt from Greater Latrobe Hockey Club 2017-2018 Ad Book**

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

Player's Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_

**Thank you for supporting Greater Latrobe Hockey Club!**

[www.GreaterLatrobeHockey.com](http://www.GreaterLatrobeHockey.com)