

Want to play a FALL SPORT at SV?

YES

Follow these steps for first sport season.

1. Register in Parent Portal
2. Have a Drug Test at one of summer test dates.
3. Have a Concussion Test (if needed) at one of summer test dates.
4. Turn in PIAA CIPPE Sections 1, 2, 5 & 6 by deadline of August 1st, 2024.
5. **NO Paperwork accepted after August 1st, 2024, for Fall sports - absolute deadline.**
6. Student-athletes cleared for their respective sport season will have a **GREEN** check mark next to season in Parent Portal



SENECA VALLEY ATHLETICS

Sports Participation Information 2024—2025



ATHLETIC OFFICE STAFF & CONTACT INFORMATION

Heather Lewis, Athletic Director — lewish@svsd.net
Nii Sowa-Doku, Assistant Athletic Director — sowadokuna@svsd.net
Eddie Kurtz, Assistant Athletic Director — kurtzew@svsd.net
Jamie Marcotte, Assistant — marcottejl@svsd.net
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Office Phone: 724/452-6040, x1752

IMPORTANT DATES

July 9, 2024—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 10, 2024—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

- 60 physicals offered 8am—12pm; 30 physicals offered 1—3pm

July 30, 2024—Drug Test & Concussion Test @ Senior High (3:00—7:00pm)

July 31, 2024—Drug Test & Concussion Test @ Senior High (8am—12pm; 1—3pm)

- 60 physicals offered 8am—12pm

Aug. 1, 2024—DEADLINE—All FALL sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Aug. 5, 2024—Official start date for V/JV Football & Boys & Girls Golf

Aug. 12, 2024—Official start date for all other V/JV, Junior High, & Middle School fall sports

October 23, 2024—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- NO PHYSICALS offered

November 6, 2024—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Nov. 7, 2024—DEADLINE—All WINTER sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Nov. 15, 2024—Official start date for all winter sports

February 5, 2025—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

February 19, 2025—Drug Test & Concussion Test @ Senior High (2:45—5:15pm)

- 30 physicals offered 2:45—5:15pm

Feb. 20, 2025—DEADLINE—All SPRING sport paperwork due in Athletic Office by 3pm * No Exceptions*****

Mar. 3, 2025—Official start date for all spring sports

IMPORTANT INFORMATION

- Student must be in registration line 30 minutes prior to closing time (i.e. 6:30pm for 7pm close time)
- Physical cost = \$20.00
 - ✓ First come, first served; no reservations taken for physicals
- Drug Testing cost = \$32.00 (*Note: NEW fee for drug test in 2024-25*)
- Concussion Testing cost = no charge



SENECA VALLEY ATHLETICS

Sports Participation Information
2024—2025



FALL SPORT OFFERINGS & START DATE INFORMATION

Conditioning is optional. Tryouts & practices are mandatory.

Season Begins August 5 or 12, 2024

CHEER & DANCE, Varsity (Grades 9—12)

Coach Laura Wise—wiselm@svsd.net

Mandatory practice begins Aug. 12th at 9am at SHS Softball Field

*Spirit squad practices Tuesday & Thursday after school
Competitive squad (Var and JH) practices Monday & Wednesday after school*

CHEERLEADING, JV (Grades 9—11)

Coach Elaine Duggan—elaine0116@me.com

Mandatory practice begins Aug. 12th at 9am at SHS Softball Field

CHEERLEADING, Junior High (Grade 9)

Coach Katie Wise—Katie.wise6709@gmail.com

Mandatory practice begins Aug. 12th at 9am at SHS Softball Field

CHEERLEADING, Middle School (Grades 7—8)

Coach Megan Wise—meganwise3920@gmail.com

Mandatory practice begins Aug. 12th at 9am at SHS Softball Field

FOOTBALL, V/JV — (Grades 9—12)

Coach Ron Butschle—butschlera@svsd.net

Conditioning plans—contact Coach Butschle

Mandatory Heat Acclimation—August 5—9th, 2pm start

Mandatory Practice Begins—August 12th

www.svraiderfootball.com

FOOTBALL, Middle School — (Grades 7 & 8)

Coach Mickey Flood—floodmp@svsd.net

Conditioning Aug. 5–9 @ 8–10am at RGMS

Mandatory practice begins August 12th @ 8am

Bring own water and cleats to all sessions

Contact Coach Flood with any questions

www.svraiderfootball.com

CROSS COUNTRY, Varsity — Coed (Grades 9—12)

Coach Steve Strellick—strellicksd@svsd.net

Conditioning plans—visit Cross Country page on Athletics website

Mandatory practice begins Monday, August 12th at 7:30am, SHS Softball Field

For more information visit Athletics website—Cross Country

CROSS COUNTRY, Middle School — Coed (Grades 7 & 8)

Coach Val McGee—mcgeeva@svsd.net

Conditioning plans—visit Cross Country page on Athletics website

Mandatory practice begins Monday, August 12th, at 8am, RGMS Cafeteria

For more information visit Athletics website—Cross Country

GOLF, V/JV — Boys (Grades 9—12)

Coach Dean Leventopoulos—leventopoulosd@svsd.net

Tryouts—August 5—9th, 7:00am @ Strawberry Ridge G.C.

Tryout Fee is \$10.00—payable to “Strawberry Ridge”

For information on golf program and tryouts please visit:

<https://www.svsd.net/domain/1753>

Home Course (Var): Cranberry Highlands

Home Course (JV): Strawberry Ridge

GOLF, V/JV— Girls (Grades 9—12)

Coach Brian Pesavento—pesaventobr@svsd.net

Tryouts—August 5th, 3pm @ Connoquenessing Country Club;

August 6th, 9am @ Strawberry Ridge; August 7th, 8:30am @

Strawberry Ridge. Attendance is mandatory at all sessions.

Tryout Fee is \$10.00—payable to “Strawberry Ridge”

Home Course (Var): Connoquenessing CC, Ellwood City

Home Course (JV): Strawberry Ridge



SENECA VALLEY ATHLETICS

Sports Participation Information
2024–2025



FALL SPORT OFFERINGS & START DATE INFORMATION

Conditioning is optional. Tryouts & practices are mandatory.

Season Begins August 5 or 12, 2024

ICE HOCKEY CLUB – Coed (Grades 7–12)

President Justin Hewitt—svhockeypresident@gmail.com
<https://senecavalleyhockey.sportngin.com/>

INLINE HOCKEY CLUB – Coed (Grades 7–12)

President Dale Gould—goulddale3@gmail.com
For more information—www.SVILHA.net
Email for questions: board@svilha.com

SOCCER, V/JV – Boys (Grades 9–12)

Coach George Williams—williamsg@svsd.net
Conditioning plans—contact Coach Williams
Registration & Tryouts— Start August 12th, 8am
www.svboysoccer.org for more information

SOCCER, V/JV – Girls (Grades 9–12)

Coach Mark Perry—TriCountyIndoor@aol.com
Conditioning plans—contact Coach Perry
Tryouts—Start August 12th, 8:30am @ lower level fields

SOCCER, MS & JH – Boys (Grades 7–9)

Coach Jeff Richards (JH)—richardsjp@svsd.net
Coach Oliver Wiehe (MS)—wieheog@svsd.net
Registration & Tryouts—Start August 12th , 3–5:30pm @
lower level fields
www.svboysoccer.org for more information

SOCCER, MS Girls (Grades 7 & 8) - 2 Teams

Coach Kasey Kraus
Conditioning plans—contact varsity head coach (Coach Perry)
Tryouts—Start August 12th, 3pm @ lower level fields

SOFTBALL, SLOW PITCH – Girls (Grades 7–12)

Contact Tim Richart—director@svslowpitch.com
Website for more information: www.svslowpitch.com

TENNIS, V/JV – Girls (Grades 9–12)

Coach (Var) Eric Grove—groveem@svsd.net
Coach (JV) Andrea Morrisard—pta.andrea@gmail.com
Summer programs—contact Coach Grove
Tryouts—Start August 12th, 8-12pm & 3-7pm @ SHS courts

VOLLEYBALL, V/JV – Girls (Grades 9–12)

Coach Brett Poirier—bigbpoirier@gmail.com
Conditioning plans—Starts July 8, 2024; Mon & Wed,
7:00am-9:00am
Tryouts—August 12th, 8:30-12:30pm @ SHS track/SHS gym

VOLLEYBALL, MS – Girls (Grades 7–8)

Coach Tracy Richards—richardstg@svsd.net
Coach Lara DiFrischia—difrischiall@svsd.net
Tryouts—August 12–14th, 9am-noon, at RGMS gym



SENECA VALLEY ATHLETICS

Sports Participation Information 2024—2025



So, you want to play a sport at Seneca Valley? ~ [Here are the steps to take.](#)

1. REGISTER for PARTICIPATION in Seneca Valley PARENT PORTAL SYSTEM

Starting **May 1, 2024** parents and student(s) may register in the S.V.S.D. parent portal system for all sports the student(s) intends to tryout for or compete in. The following sections, found under “Athletic Forms” in the parent portal system, shall be completed for each student: Indicate which (and ALL) sports you intend to tryout/compete for; CIPPE Section 3-Understanding the Risk of Concussion & Traumatic Brain Injury; CIPPE Section 4-Understanding of Sudden Cardiac Arrest Symptoms; Student-Athlete Manual Verification; Travel Release; Release from Liability; Injury Risk. **(NOTE: NEW date of May 1st—not previous date of June 1st.)**

2. COMPLETE PIAA CIPPE FORM – Sections 1, 2, 5, & 6

Print off the Pennsylvania Interscholastic Athletic Association (PIAA) Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) form from the Seneca Valley Parent Portal or Seneca Valley Athletics Website.

Parents and athlete(s) complete sections 1, 2, & 5 – including all required signatures.

An authorized Medical Examiner (AME) must complete, sign and date Section 6. The CIPPE may not be authorized by the AME earlier than **May 1, 2024**. However, the date of the actual physical may occur earlier than May 1, 2024—it is the discretion of the AME as to whether or not he/she will provide authorization (signature) after May 1, 2024. **(NOTE: NEW date of May 1st—not previous date of June 1st.)**

Turn ALL forms in at once to the **ATHLETIC OFFICE**—in Senior H.S.

- For **subsequent sports** (i.e., winter and/or spring sports), a parent/guardian must complete **PIAA CIPPE Section 7** (available in the parent portal or District athletics website) no earlier than six weeks prior to the first practice date of the subsequent season. **PIAA CIPPE Section 8** needs completed only if any box in Section 7 was marked “yes” or if student received medical treatment following the completion of PIAA CIPPE Sections 1, 2, 5, & 6. Forms should be turned into the Athletic Office.
- Club Sports** (Bowling, Competitive Cheer, Fencing, Ice Hockey, Inline Hockey, Indoor Track, Boys Lacrosse, Slow Pitch Softball, Ultimate Frisbee) - **REMINDER for 2024-25: Turn in ALL paperwork to the Athletic Office!**

3. DRUG TEST COMPLETION

Any student-athlete interested in trying out or competing on an athletic team must have a drug test prior to participation. The drug test must be done through the Seneca Valley School District and NOT at a physician’s office. The drug test is required only one time per school year. Keep the receipt after the drug test and turn it into the Athletic Department with all other paperwork. The following must be brought to the drug testing date:

- Completed Seneca Valley School District Drug Test Consent Form (available on parent portal or Athletics website)
- Payment (**\$32**) in form of cash or check made payable to **S.V.S.D.** **(NOTE: INCREASED Drug Test Fee to \$32. Physical fee remains \$20.)**

4. CONCUSSION BASELINE TEST

Student-athletes must take a Concussion Baseline test every other academic year and it must be completed through the Seneca Valley School District. Multiple test dates are offered prior to each sport season. If a student did NOT have a baseline test in 2023-24, they must have a baseline test in 2024-25. There is **no fee & no paperwork** required. **IF you are unsure of concussion status, you may ask at the time of sport registration.**

5. PAY TO PARTICIPATE

Any student-athlete (grades 7–12) who is named to a District-sponsored sport roster must meet the Pay to Participate obligation prior to the first contest. Practice is permitted in the interim until payment is received; however, if no payment is on record by the first contest, the student-athlete will be withheld from competition.

Payments may be accepted at the Athletic Office or any secondary school main office. For convenience, one check may be written to include drug testing, physicals and/or participation fees.

This fee requirement does not apply to club sports (i.e., Bowling, Competitive Cheer, Fencing, Ice Hockey, Inline Hockey, Indoor Track, Boys Lacrosse, Girls Slow Pitch Softball, Ultimate Frisbee).

2024-25 PAY TO PARTICIPATE FEES

Mandatory—\$125/sport
Family Cap—\$375/year



SENECA VALLEY ATHLETICS

Sports Participation Information
2024–2025

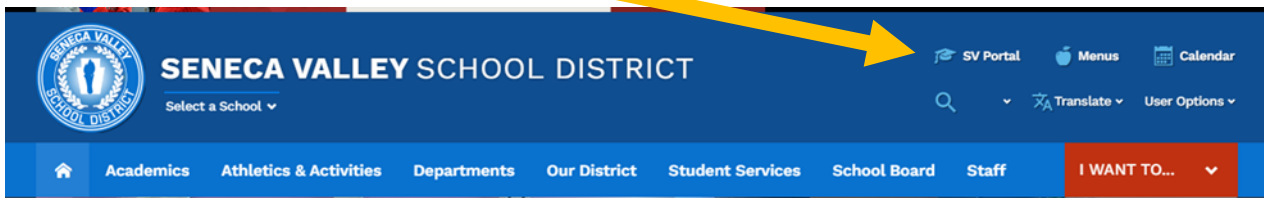


PARENT PORTAL GUIDE

How to Register Your Child for Sports

1. Log onto District website: www.svsd.net

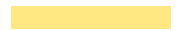
2. Click SV Portal Logo – upper right



3. Enter Parent Portal using Code as provided by District.

If missing code, please call District office at 724/452-6040, x1642 (Speak with Front Desk Receptionist) and she'll walk you through how to obtain your code.





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.

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | | | | | |
| 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? | Yes | No | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 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? | Yes | No | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | | | Yes | No | |
| | | | <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? | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Do you have any concerns that you would like to discuss with a physician? | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

#'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 # _____

License # is required

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 # _____

License # is required

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____



SENECA VALLEY
2024-25 Drug Testing Consent Form



\$32 cash or check made payable to S.V.S.D.
(Note price increase to \$32)

INFORMED CONSENT AGREEMENT

Student's Name _____ (Please Print) Student's ID # _____ Grade _____

Sport/Club _____ (Please Print) Student Driver? **YES** **NO**
(Please Circle)

AS A STUDENT:

- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program, activity, or in student driving, I will be subjected to initial and random urine drug testing, and if I refuse I will not be allowed to practice or participate in any athletic program, activity, or in student driving.
- I understand this agreement is binding while I'm a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ **Student Signature**

_____ Date

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program, activity, or student driving will be subjected to initial and random urine drug testing, and if they refuse will not be allowed to practice or participate in any athletic program, activities, or continue driving and parking on school grounds.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the building principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ **Parent/Guardian/ Custodian Signature**

_____ Date

_____ Parent/Guardian/Custodian Printed Name

_____ Home/Cell Number

_____ Work Number

For office use only:

Date _____ Check # _____ or Cash _____ Initials _____

Updated April 2024