

Physical:

- ALL Athletes, along with a Parent/Guardian MUST create an account and complete the registration process on <https://studentcentral.bigteams.com/> Instructions are included on the back of this form.
- In order to be eligible to participate in interscholastic athletics during the 2024-2025 school year a PIAA Comprehensive Initial Pre-Participation Physical Evaluation and Certification of Authorized Medical Examiner must be completed with a date of May 1, 2024 or after.

Activity Fee: (All CT & Co-op students participating in an athletic activity are required to pay a one-time yearly Activity Fee)

Payment of Activity Fee is as follows... 1st Student - \$30.00, 2nd & 3rd Student in Family - \$20.00, and/or 4th Student in Family – Free

ACTIVITY FEE is due one (1) week prior to 1st day of practice

Two methods of payment are available:

- Pay online using a credit card or debit card via <https://studentcentral.bigteams.com/>. A processing fee will be added to the payment.
- Pay at the High School office. Cash only. A receipt will be provided. Please submit payment with below voucher.

IMPORTANT NOTICE: Student participation in a PIAA sport and/or extracurricular activity is voluntary. This information is to provide notice that the Conemaugh Township Area School District will no longer provide student accident insurance coverage. Therefore, the School District is not financially responsible for any medical treatment or rehabilitation if a student is injured while participating in a PIAA sport or extracurricular activity. This is solely the responsibility of the parent or guardian.

By signing this form, I understand that I must provide my own insurance for my student and will in no way hold the Conemaugh Township Area School District responsible for any accident or injury.

If you have any questions, please call the High School Office @ 814-479-4014.

Thank you for your cooperation!

Parent/Guardian Signature: _____ Date: _____

PAYMENT VOUCHER:

Return this portion with payment in a sealed envelope. CASH ONLY accepted. A receipt will be provided.

Athlete Name: _____ Payment Amount: \$ _____ Date: _____

Please Circle: CTASD or Co-op _____

(Office use only...Payment received date: _____ F W S _____

Jarod Feathers - Athletic Director