



Dear Track Athletes and Parents,

The Hill Track coaches are excited to have you on our team this year. Before any athlete can participate in practices, a current sports physical, (less than 1 year old), must be on file in the nurse's office, along with all required paperwork. As a coaching staff, we have the following expectations of all our athletes:

- Athletes should always show proper respect and sportsmanship.
- Arrive to practice on time. (3:10) Late arrival will result in an unexcused absence.
- Unexcused absences – Any absence must be previously excused by speaking with your attendance coach and providing a parent note. (Detentions are unexcused)

3-results in suspension of a meet 4-asked to leave the team.

- Rides from practice should be here at 4:45 and MUST be here no later than 5:00!
Repeated failure to be picked up on time will result in termination from the team.
- It is the responsibility of the athlete to make sure their times or distances are recorded by managers at each meet.
- Uniforms- Each athlete will be given a track top with shorts. Athletes will also be issued a team sweat suit. The athlete **MUST** return their assigned numbered sweats, or they will be fined. **Optionally, athletes can purchase a new sweat suit to use during the season and keep. See the uniform ordering form for details.**

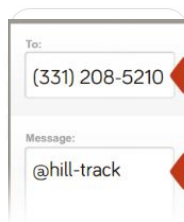
- Practice ends at 4:45 each day.
- Please pick your student up before 5:00 to avoid dismissal from the team
- Track Meets start at approximately 4:30 and last around 2 ½ hours depending on how many schools are running and number of athletes.
- **Squad Coaches** should be notified of planned absences via email



SIGN UP FOR INSTANT TEXT ALERTS

ALL parents and athletes are encouraged to sign up for the Hill Track Team Remind.com SMS text instant alert system. This one-way alert system will alert you to team announcements such as:

- Canceled Practices
- Meeting Ending Times
- Modified Practice Schedules
- Important Reminders



Directions to sign up: Using your text enabled cell phone, send a text to the following number:

81010

with the message: **@hill-track**
...and follow the text prompts

2017 Season Squad Coaches

7th Grade Boys – Coach Morgan
8th Grade Boys – Coach Buege
8th Grade Girls – Coach Ivkovich
7th Grade Girls – Coach Parker
Please contact these coaches if your student is going to be absent from practice.

Practice is held on all student attendance days,
Monday - Thursday from 3:10 – 4:45 PM

VISIT THE TEAM WEBSITE AT

hillathletics.org

FOR UPDATES, CALENDARS, FORMS, AND
CONTACT INFO

Explanations of Track Forms & Fees

- ✓ Parent/Athlete Information Sheet – Please provide us with basic information, volunteer availability, and transportation info.
- ✓ Middle School Athletic Participation Agreement – Students must fill out one of these forms for each year he/she participates in sports at Hill Middle School.
- ✓ Concussion Information Sheet – Please review this sheet and sign at the bottom.
- ✓ Sports Physical – Students must have a current SPORTS physical on file at the school for them to practice. Physicals more than a year old, need to be renewed before students will be allowed to practice. (Please check with the school nurse if you are unsure about your existing physical)
- ✓ Athletic Contract & Fees Payment – Students must pay a \$125.00 fee for each of their first two interscholastic sports of the year. Students should also read the “Coaches Letter to Parents and Athletes”, “Athletic Code of Conduct” and “Athletic Contract” before signing the athletic contract. (Available Online)
 - ❖ \$125 Athletic fee – Payable to “School District 204”

All Forms Must Be Turned In...Before Students Are Allowed To Practice!

VISIT THE TEAM WEBSITE AT

hillathletics.org

FOR UPDATES, CALENDARS, FORMS, AND CONTACT INFO



Middle School Athletics Participation Agreement

Select Middle School:

<input type="radio"/> Crone	<input type="radio"/> Fischer	<input type="radio"/> Granger	<input type="radio"/> Gregory
<input type="radio"/> Hill	<input type="radio"/> Scullen	<input type="radio"/> Still	

The student's parent/guardian must complete and return form to the coach prior to practice/tryouts.

Grade: _____ Gender: F M

Sport(s): _____

Student Name: _____

Address: _____
Last First Middle

City/State/Zip: _____ Today's Date: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Physical Exam on File? Yes No

Emergency Phone: _____ If not, Physical Exam Attached? Yes No

Family Doctor: _____ Doctor's Phone: _____

Medical Concerns to be Shared with Coaches: _____

NOTE: ALL STUDENTS TRYING OUT/PRACTICING FOR A SPORT MUST HAVE A CURRENT PHYSICAL EXAM ON FILE WITH THE SCHOOL NURSE. A CURRENT PHYSICAL EXAM IS ONE THAT HAS BEEN COMPLETED WITHIN TWELVE MONTHS OF THE LAST DAY OF THE SEASON. PHYSICALS ARE VALID FOR ONE CALENDAR YEAR.

Is your student covered under a school insurance policy? Yes No

If not, your signature constitutes a waiver and a confirmation of other insurance coverage:

Insurance Company: _____ Policy Number: _____

Activity fees are \$125.00 per sport (maximum charge is \$250.00, regardless of the number of sports or activities in which the student is involved).

Parent/Guardian:

1. Your signature on this form will constitute written permission.
2. Athletes are responsible for equipment issued to them. All equipment/uniforms not returned at the end of the season will be billed to the family.
3. Either home or school medical insurance is required.
4. While participation in athletics provides student athletes with valuable and constructive experiences of both a social and physical nature, it must be remembered and understood normal participation in games and practices may also bring the possibility of serious injury. While every precaution is taken to safeguard athletes from injury, a certain amount of risk is inherent in athletic participation. I understand the inherent risk involved.
5. Athletes are asked to pay a \$125.00 fee per sport. Please attach a check (\$125.00 for one sport, \$250.00 for two or more) payable to your school.

Parent/Guardian's Permission – I approve of my child's request to participate in the Middle School Athletic Program and also understand the statements above.

Parent/Guardian's Signature _____ Date _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	(/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
2011-2012 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at http://www.IHSA.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete	Date	Signature of parent-guardian	Date
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ATHLETIC CONTRACT & FEE PAYMENT

I have read and understand the guidelines of the athletic contract and agree to abide by these rules.

Student Name (Please Print) _____

Student Athlete's Signature _____

Parent Signature _____

Date _____ Sport _____

FEE PAYMENT METHODS

THE ATHLETIC FEE of \$125 MUST BE SUBMITTED WITH THE CONTRACT AGREEMENT

CASH _____ CHECK _____

PARENT SIGNATURE _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

STUDENT WILL NOT BE ABLE TO PARTICIPATE UNTIL THIS FORM IS TURNED IN TO THE COACH.