

# PG JR 2019 TRACK and FIELD

## PRACTICE

Practice BEGINS: TUESDAY, FEBRUARY 19<sup>th</sup>

Practice Days: Tuesday – Friday

Practice Time: 3:00 – 4:15 PM at the Junior High Track

\*Practice will be held rain or shine. Please bring appropriate clothing.

\*Please arrange to pick up your athlete at the end of practice.

## EQUIPMENT

1. Good pair of RUNNING SHOES
2. Running shorts, t-shirt, & SWEATS (track season is typically COLD)
3. Water bottle! Everyday!
4. Recommended: SPRINTERS purchase mid-distance track spikes

FORMS & FEES ARE DUE TO FINANCE OFFICE BY FRIDAY, FEB 15<sup>th</sup>

### 1- PGJH TRACK & FIELD PERMISSION FORM (PINK FORM)

### 2- \$25 Participation FEE & TRACK WARM-UP ORDER (BLUE FORM)

If you would like to purchase the **optional** track team warm-ups your money and order form are due to the finance office by Friday, February 15<sup>th</sup>. No late orders can be accepted. You can either pay the finance office or online at [myschoolfees.com](http://myschoolfees.com).

**Even if you pay online you must turn in the order form!**

The \$25 Participation fee is a **required fee** to participate on the PGJH Track Team.

### 3- PHYSICAL (YELLOW FORM)

Each athlete must have a **current physical on file at the school.**

Physicals must be submitted every year.

Need a Physical? Spring Sport Physical Clinic!

February 13<sup>th</sup> 4:00-7:00. No Appointment necessary!

The Training Room Gym, 710 South Utah Valley Drive, American Fork, UT

Cost is \$25. YOU MUST BRING YOUR PHYSICAL FORM.

\*Please fill out the "History Form" side of the physical before coming to the clinic

### 4- DISTRICT PARTICIPANT & PARENTAL DISCLOSURE FORM (GREEN FORM)

INSURANCE: Every athlete **must** have health insurance to participate. Sports insurance for the season can be purchased. See finance office for details.

Concussion management training is required by all athletes and their guardians to participate in any school sport. Athletes and parents must go through concussion training at <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

Attached is the parent and athlete concussion information sheet

<https://www.cdc.gov/headsup>

**TRACK MEETS:** Once the district has finalized the meet schedule, it will be available online: [tinyurl.com/pgjhtrack](https://tinyurl.com/pgjhtrack)

The bus will return the athletes to the junior high after the meet. **PLAN ON PICKING UP YOUR ATHLETE AS SOON AS THEY RETURN!** If you wish to take your athlete home from a meet after their events are done, **YOU MUST** sign the checkout form at the meet, **ONLY** the PARENT/GUARDIAN of the athlete may take them from the meet. This is district policy.

**UNIFORMS-** Track Meet Uniform tops are on loan to each athlete for the season. They are due back after the final track meet. If you lose or damage your uniform you will be required to pay for a replacement.

**GRADES AND CITIZENSHIP:**

Grades and citizenship at the end of third term and throughout the season must be satisfactory to continue participating in track:

- 2.0 GPA or higher
- No U's
- No More than one F

**ATTENDANCE: Please be to practice and be on time!**

If you miss a practice, it must be excused by a parent or guardian. Please clear all absences with your event coach. If you have multiple absences you may NOT compete in the upcoming meet. If absences are excessive, dismissal from the team may be necessary due to safety issues.

**SPRINT TRYOUTS:**

Since there's a limited number of athletes allowed to compete in the sprint races at the meets, we will hold tryouts for the **SPRINT** events. Tryouts will be held the first week of practice. If athletes do not qualify for a specific sprint event they will be placed in an alternative distance or field event. **No one will be cut from the team due to tryouts**

**Coaches:**

Sprints & Head Boys Coach: **Coach Peaslee**

Shot Put, High Jump & Head Girls Coach: **Coach Benson**

Distance: **Coach Ellis & Coach Asbell**

Long Jump: **Coach Moon**

# PG JR Track and Field Permission Form 2019

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

Gender: M or F

Grade: 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup>

What events are you interested in?

\_\_\_\_\_ Sprints (100m 200m 400m & Relays) Tryouts are required for sprints

\_\_\_\_\_ High Jump & Long Jump (Field Events)

\_\_\_\_\_ Shot Put (Field Event)

\_\_\_\_\_ Distance (400m 800m 1600m) (3200m-9th)

I give my student permission to participate in the 2018 track season! I realize on meet days that my student will miss class and will be required to make-up all assignments missed. I also give my student permission to run off-campus. I have read and understand all of the information in the PG JR 2019 Track and Field disclosure.

\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

We need parent volunteers at our 2 home meets to help at the high jump, long jump, shot put, bullpen, and finish line. If you can help, please fill in the section below. (March 26th and April 12th. Meets usually start around 2:30 and end around 5:30 PM)

\_\_\_\_\_ **YES, I can help at the 2 home track meets!**

Email: \_\_\_\_\_

# 2019 Fees and Track Warm-up Order Form

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



\_\_\_\_\_ \$ 25 Participation (REQUIRED FEE)

## Optional Team Clothing:

(adult sizes, circle one)

\_\_\_\_\_ \$60 ½ zip reflective sweatshirt Size: XS S M L XL

\_\_\_\_\_ \$20 hooded long sleeve shirt Size: XS S M L XL

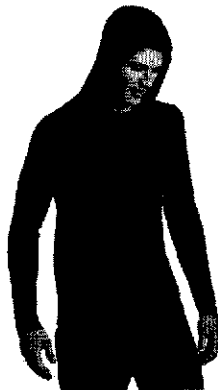
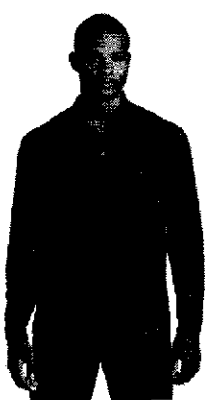
\_\_\_\_\_ \$20 track shorts 8" Size: XS S M L XL

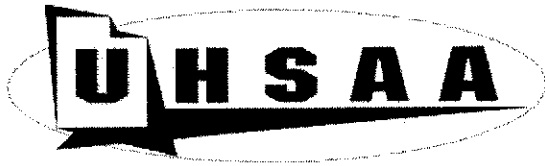
\_\_\_\_\_ \$30 Jogger sweatpants Size: XS S M L XL

\$\_\_\_\_\_ Total Paid to Finance Office

You can also pay ONLINE@ [myschoolfees.com](http://myschoolfees.com)

**\*\*Even if you pay online, this form must be turned into the finance office so that we can order your correct size\*\***





## PRE-PARTICIPATION EXAMINATION FORM

### Instructions for completing pre-participation (athletic) Health Examination and Consent Form

#### COMPLETING THIS FORM:

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

#### SUBMITTING THIS FORM:

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.



# Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

Student Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Sport(s) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: 9 10 11 12

<b>Parent/Guardian</b>		<b>Team/Coach/Trainer</b>		<b>Insurance Information</b>	
Name: _____	Home: _____	Insurance Company: _____	_____		
Relationship: _____	Athlete Cell: _____	Name on Insurance Policy: _____	_____		
Address: _____	Father (work/Cell): _____	Group Plan/Policy Number: _____	_____		
City/State/Zip: _____	Mother (work/cell): _____	Physician/Primary Care Center: _____	_____		
Person (different residence) to contact in case of emergency when parent/guardian cannot be reached	Home: _____	Hospital Preference _____	_____		
Name: _____	Other: _____	Insurance required for participation. Sport Insurance information can be obtained through main office.	_____		
Relationship: _____			_____		

## CONSENT FORM

### Parent or Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

\_\_\_\_\_  
 Parent or Guardian Name

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

### Student Statement

By signing below I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

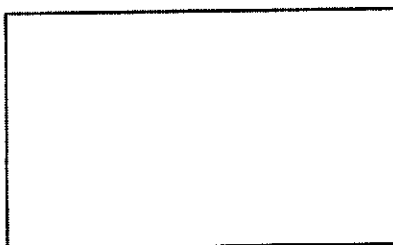
- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO  [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).





# Preparticipation Physical Evaluation Alpine School District Approved Form HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)*

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**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, arrhythmogenic 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. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 \_\_\_\_\_

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HE0600 9-2011/0410

# Preparticipation Physical Evaluation Alpine School District Approved Form

## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ ( / )	Pulse	Vision R20/ 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* • Murmurs (auscultation standing, supine, +/-Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GU exam if in private setting. Having third party present is recommended.  
 \*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_ Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_