

Girls' Cross Country 2023

**PLEASE READ THIS WHOLE PAGE AND PACKET IF YOU ARE
CONSIDERING JOINING THE TEAM**

Sign Up information:

Please read the entire packet and complete all the necessary parts.

- ✓ 6th graders already have a physical on file and can disregard the IESA/IHSA pre-participation exam form.
- ✓ 7th and 8th graders can disregard the IESA/IHSA pre-participation exam form **IF** they have one on file with the school that is from the last 12 months.
- ✓ Keep the concussion form.

General information:

- ❖ The middle school cross country race is a 2-mile run.
- ❖ This is a no-cut athletic team. Everyone is welcome; no experience needed. Please know that entry into the competitions is not guaranteed though.
- ❖ Students will get a season schedule the first day of practice.
- ❖ The season ends Monday, October 2nd. That is the day of our final meet.

Practice information:

Practices are 2:45-4:15, Monday-Friday. Parents, please be prompt picking up your child.

Pick-up is in the **back** of the school.

Bring a water bottle to practice!

Report to the gym after school for directions on where to change.

Dress for the weather with appropriate running shoes and clothes.

****The first day of practice is Tuesday, August 29th from 2:45-4:15.****

Return your paper work to Mrs. Wollschlager in the gym or any P.E. teacher.

Physicals can go to the nurse.

If you have any questions, you can email Mrs. Wollschlager at
kwollschlager@palos118.org

Girls' Cross Country 2023

Dear Parent or Guardian:

Your child has elected to tryout/participate in a Palos 118 interscholastic sport, intramural athletic, or clinic. Each student and his or her parent/guardian must read and sign the Agreement to Participate each year before being allowed to participate. The completed *Agreement* must be returned to the coach PRIOR to tryout or first day of participation. Emergency contact information must also be provided.

If participating in Interscholastic Sport:

All children who participate in the program must have a current school or athletic physical form (within 395 days of tryouts) on file with the school nurse. All physicals must be completed prior to the first scheduled try-out date in order for any student to participate. Public Act 096-0128 requires the use of the attached form and is available in the office at Palos South as well as the District 118 and Palos South websites. All completed forms remain on file with the school nurse. Physicals can be obtained from your personal physician, Minute Clinics (Walgreens, CVS) or the Palos Township (708-598-2441) for a nominal fee.

6th/7th/8th Grade Girls **Cross Country**

Yes, this is an interscholastic sport requiring a physical and accident insurance.

No, this is not an interscholastic sport, therefore not requiring a physical or accident insurance.

There are no tryouts for this team. The first day is Tuesday, August 29, 2023
From 2:45-4:15.

Coaches of the athletic teams will issue a schedule of practices and games. Parents should make arrangements for their children to get home safely.

If you have any questions, please do not hesitate to call.

Sincerely,
Mrs. Katie Wollschlager

Mr. Wrzesinki
Principal

Randy Buvala
Athletic Director

8/2023

STUDENT NAME (print clearly): _____ GRADE: _____

**STUDENT AGREEMENT TO PARTICIPATE
TO BE READ AND SIGNED BY THE STUDENT**

1. I wish to participate in the interscholastic sport(s)/intramural/clinic: _____
2. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
3. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
4. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the district, its employees, agents, coaches, school board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student signature

Date

**PARENT PERMISSION TO HAVE THEIR CHILD PARTICIPATE IN INTERSCHOLASTIC
SPORT(S), INTRAMURAL ATHLETICS OR SPORTS CLINIC**

TO BE READ AND SIGNED BY THE PARENT/GUARDIAN

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in cut sports, interscholastic sport(s), or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received and read the attached *Concussion Information Sheet*.
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the school district permitting my child to participate, I agree to hold the district, its employees, agents, coaches, school board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.
4. **If participating in interscholastic sports:** Before your child will be allowed to participate, I must provide the school district with a certificate of physical fitness (if participating in interscholastic sport(s), the pre-participation physical examination form serves this purpose), show proof of accident insurance coverage, and complete any forms required by Palos 118 and the Illinois High School Association (IHSA).

Parent/Guardian signature

Date

THIS COMPLETED FORM SHOULD BE RETURNED TO THE COACH

Registration form for sports tryouts/participation

Student Name: _____

Address: _____

Student's medical conditions: _____

___ asthma ___ uses inhaler

___ diabetes

___ food allergies (type: _____)

___ has epipen

Bus Number: _____

Emergency Contact Information

Name: _____ Relationship to student: _____

Day phone number: _____ Evening phone number: _____

Cell phone number: _____ Other: _____

Attachments: Concussion Information Sheet
Agreement to participate
IESA/IHSA Pre-participation Exam form

THIS COMPLETED FORM SHOULD BE RETURNED TO THE COACH.

Welcome to the Palos South Girls' Cross Country team. The following information includes team member expectations and additional information regarding team membership.

GRADES

Grades must be passing to participate in Cross Country.

BEHAVIOR and ACADEMICS

Participants are to demonstrate good behavior. A behavior detention will result in a one meet suspension. Two behavior detentions will result in dismissal from the team.

If a teacher indicates a participant is struggling with academics or behavior, the student will be placed on a probationary period to change the problem according to the handbook.

PRACTICES

Participants are to attend all practices. After 2 unexcused absences, the participant will be dismissed from the team. The coach must be notified by a parent if the student will be missing a practice. Then, the absence will be excused.

BUS TRANSPORTATION

Transportation to the meets will be provided. Athletes must have a ride home from the meet; there will not be a return bus. Parents will need to sign their child out before leaving the meet.

No food or drink is permitted on the bus. If a student has a snack, they must eat it before getting on the bus or after exiting the bus. Bus misbehavior will result in a one meet suspension.

UNIFORMS

Wash uniforms in cold water. Do not use bleach. Please hang dry.

MEDICAL CONCERNS

***Please notify the coach of any medical concerns such as asthma, diabetes, allergies, etc.

CONCERNS

If you have any questions or concerns at any time during the season, please email me at kwollschlager@palos118.org. Thank you.

SIGNATURES-----

Your signature on this letter signifies that you have read and agree with its contents.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARTICIPANT SIGNATURE _____ DATE _____

CONNECTIONS TEACHER'S NAME _____ GRADE _____

Medical concerns _____

Keep one copy and return one copy signed as soon as possible. Thank you.

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Palos School District 118

8800 W. 119th St. | Palos Park, IL 60464 | 708-448-4800 | www.palos118.org

Notice Regarding Athletic or Team Uniform Modifications

Pursuant to 105 ILCS 5/10-20.73 of the Illinois School Code, students may modify their athletic or team uniform for the purpose of modesty in clothing or attire that is in accordance with the requirements of his or her religion or his or her cultural values or modesty preferences. Prior approval of the school board is not required.

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
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">• 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

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/>

Adapted by the Illinois High School Association from the CDC and the 3rd International Conference on Concussion in Sport, Document created 7/1/2011.

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, 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. 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

Name _____
 Last First Middle

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 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____
 Physician's Assistant Signature* _____ PA's Name _____
 Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSAA 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.