





## Introduction of Staff



Mr. Art Mazzacca- Athletic Director/Assistant Principal

Ms. Bailey Wyrostek- Athletic Trainer

Ext. 2155

Dr. Tom Bottiglieri- School Doctor



## Sport Offerings



## **High School:**

Football- Varsity and JV

**Boys Soccer- Varsity and JV** 

Girls Soccer- Varsity and POTENTIALLY JV

Girls Volleyball- Varsity, JV and POTENTIALLY FRESHMEN

Girls Tennis- Varsity

Cheerleading- Varsity and JV

## LMS:

**Boys and Girls Soccer** 



# Fall Sports Coaching Staff



HHS Football
Head Coach- Angelo Guarnieri

HHS Boys Soccer
Head Coach- Ryan McMann

HHS Girls Soccer
Head Coach- TBD
Assistant Coach- Bailey Hansen

HHS Girls Volleyball Head Coach- Megan Carr



# Fall Sports Coaching Staff



HHS Girls Tennis
Head Coach- Danielle Just

HHS Cheerleading
Head Girls Coach- Olivia Wagner

LMS Boys Soccer

Head Coach- Mat Massahos

<u>LMS Girls Soccer</u> Head Coach- Megan Was

Marching Band Director- Elizabeth Graber



# Philosophy



- Hawthorne Athletics is about a "Family"
  - "Once a Bear, Always a Bear"
- Coaching is Teaching
  - Life Lessons from Athletics
  - Academics come first
    - Minimum of 30 credits from the previous year and a 70 GPA.
    - Attendance and behavior in school can affect participation in sports.
- Coaches are professionals
  - Varsity is about building character and a team but also about winning.
  - Sub-Varsity is about playing time and preparing for Varsity
  - Coaches make the best decisions possible for the program and the team.
- Student-Athletes are encouraged to speak to their coaches regarding their role and responsibilities on the team.
- Parents may contact coaches or Athletic Director at any time via phone or email.





 All athletes must have a current (within the last 365 days) physical on file before participating in any activity.

**HHS Football Physicals and rSchool Registration Due July 23** 

HHS All other Fall Physicals and rSchool Registration Due August 5

LMS Fall Physicals and rSchool Registration Due Sept 5

- Physicals must be completed on the NJ state forms. Universal forms will not be accepted.
- If your son/daughter uses an inhaler, the physician must complete an asthma treatment plan. This must be done YEARLY.

NJ state law that the district doctor must sign off and clear all physicals before participation

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#### ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

#### HISTORY FORM

ate of examination: ex assigned at birth (F, M, or intersex):	Sport(s): How do you identify your gender? (F, M, non-binary, or another gender):
Have you had COVID-19? (check one): UY Have you been immunized for COVID-19? (ch	□ N ck one): □ Y □ N If yes, have you had: □ One shot □ Two shots □ Three shots □ Booster date(s)
List past and current medical conditions Have you ever had surgery? If yes, list all past s	
Medicines and supplements: List all current pre	criptions, over-the-counter medicines, and supplements (herbal and nutritional)

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been b	othered by any of	the following prob	lems? (Circle response.	)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(Expl	RAL QUESTIONS ain "Yes" answers at the end of this form. Circle				ART HEALTH Q ONTINUED)
_	ions if you don't know the answer.)	Yes	No	9.	Do you get I
	Do you have any concerns that you would like to discuss with your provider?				than your fri
	Has a provider ever denied or restricted your	+	$\vdash$	10.	. Have you ev
	participation in sports for any reason?			HEA	RT HEALTH QU
	Do you have any ongoing medical issues or recent illness?			11.	Has any fami heart problem
HEAR	T HEALTH QUESTIONS ABOUT YOU	Yes	No		unexplained : years (includi
	Have you ever passed out or nearly passed out during or after exercise?				crash)?
	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12.	Does anyone heart problen myopathy (HO
	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				mogenic right (ARVC), long
	Has a doctor ever told you that you have any heart problems?				syndrome (SC catecholamin tachycardia (
	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			13.	Has anyone is or an implant

HE.			No	
9.	Do you get light-headed or feel shorter of bree than your friends during exercise?	ath		
10.	. Have you ever had a seizure?			
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardio-myopathy (HCM), Marfan syndrome, arrhythmagenic right ventricular cardiamyopathy (ARVC), long Of syndrome (IGS), short QT syndrome (ISQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)#			
13.	Has anyone in your family had a pacemaker			

BON	E AND JOINT QUESTIONS		No	MEDICAL QUESTIONS (CONTINUED)	Yes	N
14.	Have you ever had a stress fracture or an injury to a			25. Do you worry about your weight?		L
	bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			<ol> <li>Are you trying to or has anyone recommended that you gain or lose weight?</li> </ol>		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			<ol> <li>Are you on a special diet or do you avoid certain types of foods or food groups?</li> </ol>		
MED	ICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		L
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		П	MENSTRUAL QUESTIONS N/A  29. Have you ever had a menstrual period?	Yes	N
17.	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		П	How old were you when you had your first menstrual period?		_
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			When was your most recent menstrual period?     How many periods have you had in the past 12		_
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			months?  Explain "Yes" answers here.	_	
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					_
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					_
22.	Have you ever become ill while exercising in the heat?					_
23.	Do you or does someone in your family have sickle cell trait or disease?					_
24	Have you ever had or do you have any problems	+	$\vdash$			_
24.	with your eyes or vision?					

## I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

ina corrour	
ignature of athlete:	
ignature of parent or guardian:	
ate:	

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# Physical Form Pages 1 and 2

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The Medical Eligibility Form is the only form that should be submitted to a school.

#### PREPARTICIPATION PHYSICAL EVALUATION

#### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:Date of birth:	
1. Type of disability:	
2. Date of disability:	
3. Classification (if available):	
4. Cause of disability (birth, disease, injury, or other):	
5. List the sports you are playing:	
	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?	
7. Do you use any special brace or assistive device for sports?	
8. Do you have any rashes, pressure sores, or other skin problems?	
9. Do you have a hearing loss? Do you use a hearing aid?	
10. Do you have a visual impairment?	
II. Do you use any special devices for bowel or bladder function?	
12. Do you have burning or discomfort when urinating?	
13. Have you had autonomic dysreflexia?	
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?	
15. Do you have muscle spasticity?	
16. Do you have frequent seizures that cannot be controlled by medication?	

Explain "Yes" answers here.

#### Please indicate whether you have ever had any of the following conditions:

	NO
Atlantoaxial instability	
Radiographic (x-ray) evaluation for atlantoaxial instability	
Dislocated joints (more than one)	
Easy bleeding	
Enlarged spleen	
Hepatitis	
Osteopenia or osteoporosis	
Difficulty controlling bowel	
Difficulty controlling bladder	
Numbness or tingling in arms or hands	
Numbness or tingling in legs or feet	
Weakness in arms or hands	
Weakness in legs or feet	
Recent change in coordination	
Recent change in ability to walk	
Spina bifida .	
Latex allergy	

Explain "Yes" answers here.

nereby state that, to		ny answers	to the questions	on this form	are complete	and correct.	
nature of parent or guardian							
ite:							

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# Physical Form Page 3

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#### ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

DUIVE	CAL	PV A	BRIDE	ATLON	FORM

PHYSICAL EXAMINATION FORM		
Name:	Date of birth:	
PHYSICIAN DEMINDERS		

- 1. 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, e-cigarettes, chewing tobacco, snuff, or dip?

- During the past 30 days, did you use chewing lobacco, snelf, or dip?
   Do you drink alcohol or use any other drugs?
   Have you ever taken anabolic steroids or used any other performance-enhancing 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, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATIO	ON .								THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR	
Height:			Weight:								
BP: /	( /	)	Pulse:		Vision: R 20/		L 20/	Correc	ted: □Y	□N	
COVID-19 V	ACCINE										
Previously rec	ceived COVI	D-19 v	accine: DY	ΠN							
Administered	COVID-19	vaccin	e at this visit: [	1 YC	N If yes: □ First o	dose 🗆 Se	econd dose	□ Third d	ose 🗆 Boos	iter date(s)	
MEDICAL									NORMAL	ABNORMAL FIR	NDINGS
myopia, r	nitral valve	orolaps	osis, high-arche e [MVP], and a	d palate, ortic insuf	pectus excavatum, ficiency)	arachnode	actyly, hype	rlaxity,			
Pupils equ     Hearing		oat									
Lymph nodes											
Heart <sup>o</sup> • Murmurs	(auscultation	stand	ing, auscultation	supine, c	ınd ± Valsalva man	ieuver)					
Lungs											
Abdomen											
Skin  Herpes sin tinea corp		HSV),	lesions suggestiv	ve of meth	icillin-resistant Stap	hylococcu	s aureus (M	RSA), or			
Neurological											
MUSCULOSE	(ELETAL		Action 18 (1982)	de la	A PERMIT	1000	THE RES	7544	NORMAL	ABNORMAL FIR	NDINGS
Neck											
Back											
Shoulder and	arm										
Elbow and fo	rearm										
Wrist, hand,											
Hip and thigh	1										
Knee											
Leg and ankl	9										
Foot and toes											
Functional  Double-le	g squat test,	single	leg squat test, a	nd box dr	op or step drop tes	ıt					
Consider elec	trocardiogra	aphy (E	CG), echocardi	ography,	referral to a cardio	logist for a	abnormal co	rdiac histo	ry or exami	nation findings, or	a combi-
nation of thos											
Name of healt	h care profe	ssional	(print or type):					nl.	Do	ite:	
Address: Signature of h								n	ione:	, MD, DO,	NID or D/
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# Physical Form Page 4

#### PLEASE HAND IN ONLY THIS PAGE TO MAIN OFFICE OR TO THE TRAINER

Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name	Date of Birth
Date of Exam	
o Medically eligible for all sports without restriction	
o Medically eligible for all sports without restriction with r	ecommendations for further evaluation or treatment of
o Medically eligible for certain sports	
o Not medically eligible pending further evaluation	
o Not medically eligible for any sports	
Recommendations:	
athlete does not have apparent clinical contraindications to practice the physical examination findings- are on record in my office and of	the physician may rescind the medical eligibility until the problem is
Signature of physician, APN, PA	Office stamp
Address:	
Name of healthcare professional (print)	<u> </u>
I certify I have completed the Cardiac Assessment Professional DevEducation.	velopment Module developed by the New Jersey Department of
Signature of healthcare provider	
Shared Hea	alth Information
Allergies	
Medications:	
Other information:	
Emergency Contacts:	
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\*This form has been modified to meet the statutes set forth by New Jersey.

# Physical Form Page 5 MUSTBE TUREND IN TO MAIN **OFFICE**

## Asthma Treatment Plan - Student PACENJ + WILLIAM ASTRONOMY

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)







Triggers

Check all items

patient's asthma:

that trigger

□ Colds/flu

☐ Exercise

Allergens

bloM c

dander

smoke

o Perfumes

cleaning

products.

scented products

o Sudden temperature

change o Extreme weather

Foods

Other:

Smoke from

huming wood.

- hot and cold O Ozone alert days

This asthma treatment plan is meant to assist

not replace, the clinical

individual patient needs.

decision-making

required to meet

inside or outside

o Dust Mites

dust, stuffed

O Pollen - trees.

grass, weeds

o Pets - animal

o Pests - rodents.

cockroaches

Cigarette smoke

& second hand

Odors (Irritants)

animals, carpet

(PI		

Name		Date of Birth		Effective Date
Doctor	Parent/Guardian (if app	licable)	Emerg	ency Contact
Phone	Phone		Phone	

#### **HEALTHY** (Green Zone)

## Sleep through

•	Breathing	is good
_	No cough	or whoose

the night · Can work, exercise, and play

#### Take daily control medicine(s). Some inhalers may be more effective with a "spacer" - use if directed.

MEDICINE HOW MUCH to take and HOW OFTEN to take it Advair® HFA 
45, 115, 230 2 puffs twice a day

Aerospan™ ☐ 1, ☐ 2 puffs twice a day Alvesco® 

80. 

160 ☐ 1, ☐ 2 puffs twice a day Dulera® □ 100. □ 200 2 puffs twice a day Flovent® ☐ 44, ☐ 110, ☐ 220 2 puffs twice a day Qvar® □ 40. □ 80 ☐ 1. ☐ 2 puffs twice a day Symbicort® [ 80, [ 160 ☐ 1. ☐ 2 puffs twice a day Advair Diskus® 

100, 
250, 
500 1 inhalation twice a day Asmanex® Twisthaler® ☐ 1. ☐ 2 inhalations ☐ once or ☐ twice a day.

Flovent® Diskus® 

50 
100 
250 1 inhalation twice a day Pulmicort Flexhaler® 

90, 

180 ☐ 1. ☐ 2 inhalations ☐ once or ☐ twice a day. Pulmicort Respules® (Budesonide) □ 0.25, □ 0.5, □ 1.0 1 unit nebulized □ once or □ twice a day Singulair® (Montelukast) 

4, 

5, 

10 mg 1 tablet daily Other

None

If exercise triggers your asthma, take

Remember to rinse your mouth	after taking inhaled medicine.
puff(s)	minutes before exercise.

#### CAUTION (Yellow Zone) !!!!

And/or Peak flow above

You have any of these · Cough

· Mild wheeze

· Tight chest · Coughing at night

· Other:

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room. And/or Peak flow from

#### Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE	HOW MUCH to t	ake and HOW OFTEN to take it	
☐ Xopenex®		2 puffs every 4 hours as needed 2 puffs every 4 hours as needed	ow.
☐ Albuterol ☐ 1.25, ☐ 2.5 ☐ Duoneb®		1 unit nebulized every 4 hours as needed 1 unit nebulized every 4 hours as needed	0
Combivent Respimat <sup>®</sup> Increase the dose of, or a		1 unit nebulized every 4 hours as needed 1 inhalation 4 times a day	0

If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.

#### EMERGENCY (Red Zone) || ||



getting worse fast:

· Quick-relief medicine did not help within 15-20 minutes · Breathing is hard or fast . Nose opens wide . Ribs show

And/or Peak flow

below

#### Take these medicines NOW and CALL 911 Asthma can be a life-threatening illness. Do not wait!

MEDICINE	HOW MUCH to take and HOW OFTEN to take
Albuterol MDI (Pro-air® or Proventif® or Noventif®	or Ventolin®)4 puffs every 20 minutes 4 puffs every 20 minutes 1 unit nebulized every 20 minutes 1 unit nebulized every 20 minutes
□ Xopenex® (Levalbuterol) □ 0.31, □ 0.63     □ Combivent Respimat®     □ Other	

· Other:

Permission to Self-administer Medication: This student is capable and has been instructed in the proper method of self-administering of the

non-nebulized inhaled medications named above in accordance with NJ Law This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE DATE Physician's Orders PARENT/GUARDIAN SIGNATURE PHYSICIAN STAMP

**REVISED MAY 2017** Make a copy for parent and for physician file, send original to school nurse or child care provider.

#### Asthma Treatment Plan – Student Parent Instructions

The PACNJ Asthma Treatment Plan is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:
  - · Child's name . Child's doctor's name & phone number . Child's date of birth
- · Parent/Guardian's name . An Emergency Contact person's name & phone number & phone number
- 2. Your Health Care Provider will complete the following areas:
  - . The effective date of this plan

PARENT AUTHORIZATION

- . The medicine information for the Healthy, Caution and Emergency sections
- . Your Health Care Provider will check the box next to the medication and check how much and how often to take it
- . Your Health Care Provider may check "OTHER" and:
  - Write in asthma medications not listed on the form
  - Write in additional medications that will control your asthma
  - · Write in generic medications in place of the name brand on the form
- . Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:
  - . Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
  - . Child's asthma triggers on the right side of the form
  - · Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians: After completing the form with your Health Care Provider:
  - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
  - . Keep a copy easily available at home to help manage your child's asthma
  - . Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

I hereby give permission for my child to receive med in its original prescription container properly label information between the school nurse and my ch understand that this information will be shared with	ed by a pharmacist or physician. I also give pe ild's health care provider concerning my child	rmission for the release and exchange
Parent/Guardian Signature	Phone	Date
FILL OUT THE SECTION BELOW ONLY IF YOUR HI SELF-ADMINISTER ASTHMA MEDICATION ON TH		ON FOR YOUR CHILD TO

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

I do request that my child be ALLOWED to carry the following medication	for self-administration
in school pursuant to N.J.A.C.:6A:16-2.3. I give permission for my child to self-administer medication, as prescribed in	n this Asthma Treatment
Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and so	elf-administration of the
medication. Medication must be kept in its original prescription container. I understand that the school district, ag	ents and its employees
shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising of or lack of administration of this medication by the student.	

I DO NOT request that my child self-administer his/her asthma medication.

Parent/Guardian Signature Phone



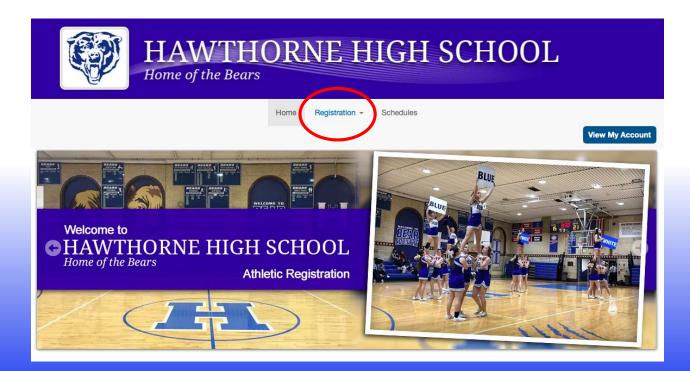
Date





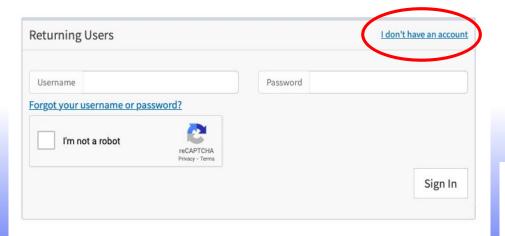
- RSchool is the site used to register your child for any athletic program at Hawthorne High School.
- The link to RSchool can be easily accessed by going to the 'athletics' tab on the high school website.

rSchool Activity Registration



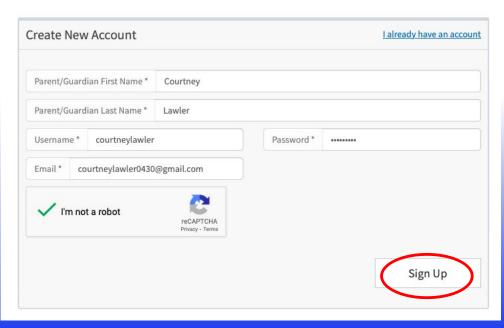
 After clicking on 'Registration', choose either 'Hawthorne HS Athletic Registration' or 'Lincoln MS Athletic Registration'

## Login



# Create New Account Parent/Guardian First Name \* Parent/Guardian Last Name \* Username \* Email \* Password \* Sign Up

## Sign Up

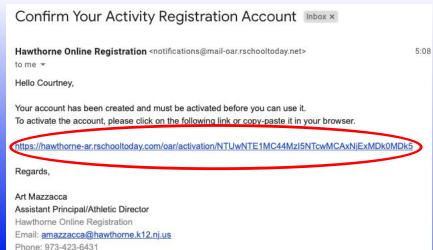


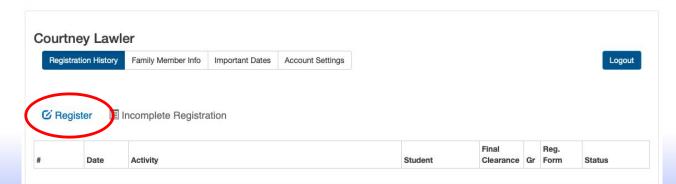
Home Registration → Schedules

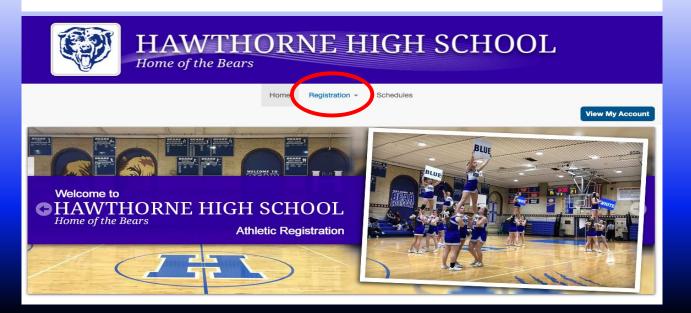
### Thank You For Signing Up!

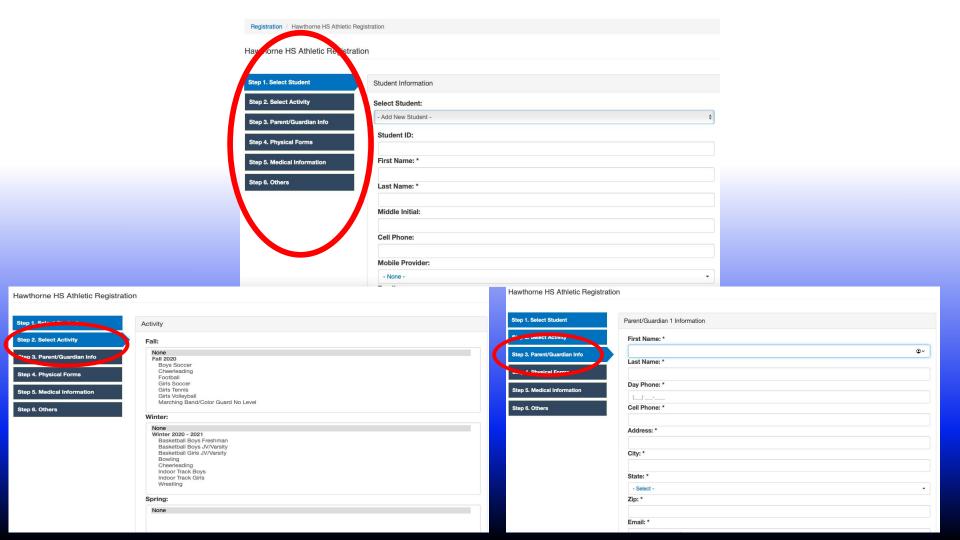
Before we can activate your account, we need to confirm your email address

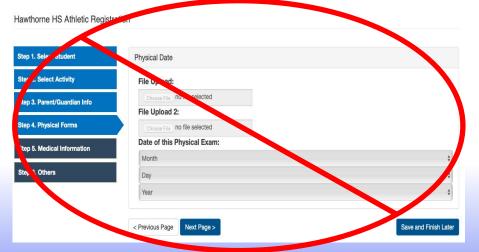
to your email account and look for the email from us with subject in e "Confirm Your Activity Registration Account". Slick the link inside the email to activate account. If you have not received an email within a few minutes, please check your spam or lank folder.

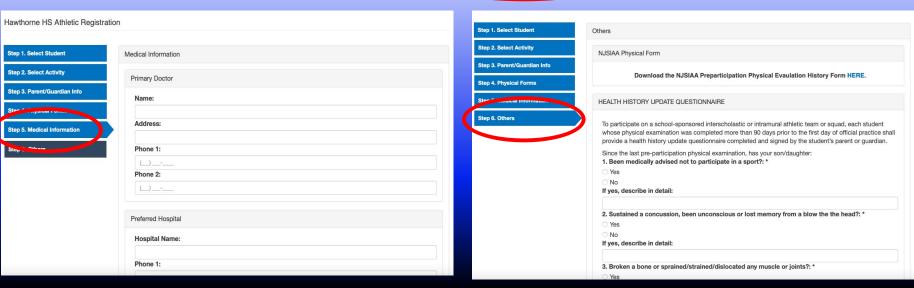














Registration History

Family Member Info | Important Dates

Account Settings

Logout

☑ Register - Incomplete Registration

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Status
		School	Year 2020-2021				
1425-0121	1/20/202	Cheerleading	Lawler, Courtney	Pending	12	View	



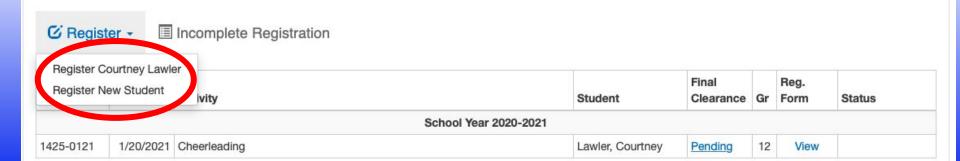
Registration History

Family Member Info

Important Dates

Account Settings

Logout





## **Concussions**



All athletes will take a baseline concussion test every prior to the start of their season

\*Policy has changed from every 2 years to 1\*

Any athlete suspected of having a concussion will be excluded from participation in sports until cleared by a physician who specializes in concussions (orthopedic or neurologist)

Once clearance is obtained, there is a mandatory 6-step progression back to sport



# Concussion Return to Play Protocol



Rehabilitation Stage	Functional Exercise	Objective of Stage		
1. No activity	Complete physical and cognitive rest	Recovery		
2. Light aerobic exercise	Walking, stationary bike keeping intensity <70% of maximum predicted heart rate	Increase heart rate		
3. Sport-specific exercise	Skating drills in ice hockey	Add movement		
4. Noncontact training drills	Progression to more complex ice hockey drills (passing drills)	Exercise and coordination		
5. Full-contact practice	After being medically cleared, player can participate in normal hockey practice	Restore confidence and functional skills		
6. Return to play on the ice	Normal game	_		
Adapted from consensus statement o	on concussion (McCrory et al <sup>27</sup> ).			

The athlete must complete each step with me and there must be a day or 24 hours in between each step.



# Return to play (other injuries)



At any point an athlete goes to see a doctor for anything, it is required that the athlete must have a clearance note to participate. No notes from emergency rooms will be accepted.



# **Option 2 Physical Education**



Student-athletes participating in Hawthorne High School sponsored athletic programs may earn Physical Education credits by participating on any of our athletic teams during the year.

HHS student-athletes may opt to participate in one (1) marking period of an Option 2/Study Hall during their athletic season that will replace their assigned PE class for that marking period.

Option 2 is NOT available to students during their Health marking period.



# **Option 2 Physical Education**



If a student leaves a team for any reason during or prior to the end of the season they will immediately return to PE class.

The grade earned will appear on the student's transcript as a "P" (Pass) or an "F" (Fail).

Credit will be awarded upon verification of attendance and a passing grade indicated by the student's PE teacher and the Athletic Director.



# **Option 2 Physical Education**



Student Eligibility by Marking Period

Marking Period 1: Fall Season for grades 9, 11, & 12

Option 2 Portfolio Requirements





Search..

Home Student Handbook About Administration Departments Athletics PTO Bear Cave HIB Information For Staff



## Hawthorne High School

160 Parmelee Avenue, Hawthorne, NJ 07506

**\**973-423-6415| **\**973-423-6422

CREATING FUTURE GENERATIONS OF LEADERS | Home of the Bears!

#### **ATHLETICS**

**Hawthorne High School** / Athletics



Hawthorne High School / Lincoln Middle School Athletic Schedules

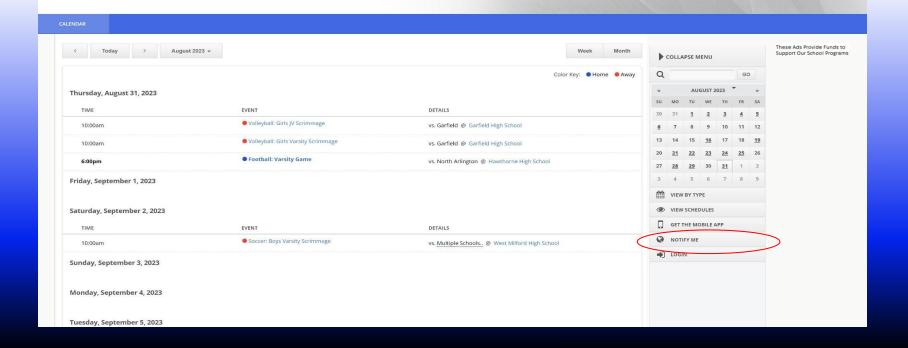


Directions to Athletic Events









# Important information

When a parent/guardian would like to take their child home after a game/match, we ask that you email Mr. Mazzacca and your head coach ahead of time. Mr. Mazzacca will send a follow up email confirming the request. Please remember, we are responsible for your child at all times unless we hear from you.

Students are never allowed to drive themselves to or from an away game/match. Students are required to take the bus with their teammates to an away event. If there is an emergency and the student needs to be taken by a parent to an event, please email Mr. Mazzacca in advance.



## Senior Banners



- Senior Banners will be purchased through the Athletic Office.
- Banners are \$45
  - Checks need to be made payable to "Hawthorne Athletics"
- Checks must be received by August 21 in order for the Banner to be ordered, we will not be taking any late orders.
- Senior Media Day will be on Tuesday, August 20





## Senior Day Games(Please arrive 30 mins. prior to game):

Boys Soccer- September 24
Football, Cheerleading, Band, Tennis- September 27
Girls Soccer- October 8
Volleyball- October 10

\*Senior Night presentations are coordinated by the Head Coach, parents are encouraged to reach out to the head coach regarding Senior Night gifts, signs, balloons, etc.\*





Fall Sports Awards- Monday, November 25, 6:30PM

Senior Brunch @ The Brownstone-Sunday, June 1, 9:30AM Cost: TBD

1st Team All County Awards Dinners @ The Tides, 7:00PM:

Girls-TBD

Boys-TBD

Online Ticketing, cost: TBD



# Important Links



- Hawthorne Athletics
- Sideline Store
- HHS Parent/Coach Handbook
- Schedule
- rSchool Registration
- Physical Forms
- Coaches Emails
- Varsity Letter Criteria
- NCAA Eligibility
- NJIC Website







# Thank you everyone! GO BEARS!!!!

## **Meet the Coaches:**

Football- 123

**Boys Soccer- Auditorium** 

Girls Soccer- 126

Tennis- 116

Cheerleading- Main Cafe

Volleyball- 124

LMS Boys Soccer- 120

LMS Girls Soccer- 122

Once a Bear, Always a Bear!