

# KINGSWAY REGIONAL MIDDLE SCHOOL

## FALL SPORTS 2024

Please read the important information below:

Fall athletics enrollment can be completed in the Genesis Parent Portal  
under Student Data - Forms - Fall Registration

Sport	Head Coach	Email	Start Date
MS Boys Cross Country	Takiyah Dumas	<a href="mailto:dumast@krsd.us">dumast@krsd.us</a>	9/11/24
MS Girls Cross Country	Michelle Gray	<a href="mailto:graym@krsd.us">graym@krsd.us</a>	9/11/24
MS Field Hockey	Susan Massara	<a href="mailto:massaras@krsd.us">massaras@krsd.us</a>	9/11/24
MS Boys Soccer	Alexandra Walek	<a href="mailto:waleka@krsd.us">waleka@krsd.us</a>	9/11/24
MS Girls Soccer	Shany Enzman	<a href="mailto:enzmans@krsd.us">enzmans@krsd.us</a>	9/11/24
MS Girls Volleyball	Rob Hildebrand	<a href="mailto:hildebrandr@krsd.us">hildebrandr@krsd.us</a>	9/11/24

A new Physical Evaluation Form (**ALL 4 PAGES**) must be completed by every student before they are considered medically cleared for tryouts/participations. **A Health History Update Questionnaire must be completed per SEASON by EVERY STUDENT to keep the Physical Evaluation Form as current as possible.** Please contact Stephanie Tartaglione ([tartagliones@krsd.us](mailto:tartagliones@krsd.us)) if you have any questions.

Team managers must also register in Genesis but do not need to pay the athletic registration fee.

**STUDENTS MUST BE SIGNED UP IN GENESIS EVERY SEASON.**  
See attached infographic for instructions on how to register in the parent  
Genesis portal.

**Please review the attached instructions about our new payment system.**  
**We have changed the way online payments are made through**  
**MySchoolBucks.**

# **Medical Paperwork and Athletic Participation Fee are due by August 1, 2024**

## **Submission of medical paperwork:**

**DROP OFF:** Drop box located outside of the middle school main office on the left hand side of school access road

**EMAIL:** [msphysicals@krsd.us](mailto:msphysicals@krsd.us)

**MAIL:** Kingsway Regional Middle School Health Office  
203 Kings Highway  
Woolwich Twp, NJ 08085

Emails will be sent to the email address on file in Genesis to notify you that the student has been *MEDICALLY* cleared. **Students are not fully cleared to try out or participate until their athletic fee has been paid.** If a student does not make a sports roster, the \$100 will be refunded to the original form of payment. Refunds will begin once Fall rosters are finalized. We encourage the use of My School Bucks, refunds are processed faster through MSB if necessary.

The athletic participation fee is \$100 per sport, per season. There is a \$500/family limit. Students that qualify for the free and reduced lunch program are exempt from the athletic fee. Payment can be made via MySchoolBucks or check ONLY.

## **Direct questions to the following:**

June Cioffi	Athletic Director	<a href="mailto:cioffij@krsd.us">cioffij@krsd.us</a>	856-467-3300 x 4286
Stephanie Tartaglione	Athletic Secretary	<a href="mailto:tartagliones@krsd.us">tartagliones@krsd.us</a>	856-467-3300 x 4286
Jennifer Earley	MS Health Secretary	<a href="mailto:earleyj@krsd.us">earleyj@krsd.us</a>	856-467- 3300 x 3022
Dina Fanelle	MS Secretary	<a href="mailto:fanelled@krsd.us">fanelled@krsd.us</a>	856-467- 3300 x 3042
Megan Anastasia	Middle School Nurse – grade 7	<a href="mailto:anastasiam@krsd.us">anastasiam@krsd.us</a>	856-467-3300 x 3021
Kate Richards	Middle School Nurse – grade 8	<a href="mailto:richardsk@krsd.us">richardsk@krsd.us</a>	856-467-3300 x 3023
Rob Baerman	Athletic Trainer	<a href="mailto:baermanr@krsd.us">baermanr@krsd.us</a>	856-467-3300 x 4248

*Please return this portion with your Athletic Participation Fee*

**Athletic Participation Fee is due no later than 8/1/24**

Parent/Guardian Name: \_\_\_\_\_

(PLEASE PRINT) Make checks payable to **Kingsway Regional School District**

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_ My School Bucks Payment

\_\_\_\_\_ Free/Reduced Lunch Eligible

\_\_\_\_\_ Reached Annual Family Limit of \$500

Student's Last Name	Student's First Name	Sport	Grade

**DROP OFF:** Drop box located outside of the HS North Office

**MAIL:** Kingsway Regional High School  
c/o Stephanie Tartaglione - Athletics  
201 Kings Highway  
Woolwich Twp, NJ 08085

# ATHLETIC REGISTRATION IN GENESIS

Student Data

Grade: 09

Print Schedule: List

Today's Cycle: B

Schedule For: Full Year

WEALTH MGT

*Hendricks, Mark*

Period 1

S1

Room 146

College & Career Sem

*Ott, Dana*

Period 1

S2

Room 439

1

Once signed in on your PARENT Genesis account, click on the student data menu

Genesis

Student Data

Summary

Attendance

Grading

Conduct

Documents

Forms

Letters

Athletics

Click on FORMS

Grade: 09

Print Schedule: List

S1

Room 146

S2

Room 439

2

Forms

Forms Library

Today is 10/23/2023

Forms for 10/23/2023

1. Winter Sports Registration Form

Fillable From 10/23/2023

Fillable Thru 1/20/2024

Submitted: Not Yet Submitted

2. Contact Verification Form

Submitted:

3. Yearly Medical Questionnaire

Submitted:

4. Permissions and Agreements

Submitted:

3

Click on (Upcoming Season) SPORTS REGISTRATION FORM

Forms

STUDENT REGISTRATION

Forms Library

Winter Sports Registration Form for 10/23/2023

Sports Participation

Please select the \ Season sport you wish to participate in:

\* Sport:

Select desired sport

Required Medical Forms

In addition to registering online you **MUST** submit either a new Physical -OR- a Health History Update form to the school nurse in order to be cleared for participation.

Pre-Participation Physical Evaluations are good for one calendar year.

4

Forms

2436 - ATHLETIC AND ACTIVITY REGISTRATION FEE PROGRAM.

☐

Please check here to indicate that you have received and reviewed the PARENT-COACH COMMUNICATION GUIDE.

☐

Update Answers

5

After working your way through all documents and check boxes, be sure to click update answers to finalize your enrollment

# New Payment System for Athletic Fees

Kingsway has migrated over to a new payment system that works with My School Bucks and Genesis together to track and complete payments.

**PLEASE NOTE: It takes 24-48 hours PRIOR to registration for the fee to show in your Genesis/MSB portal.**

Log into your parent Genesis Portal

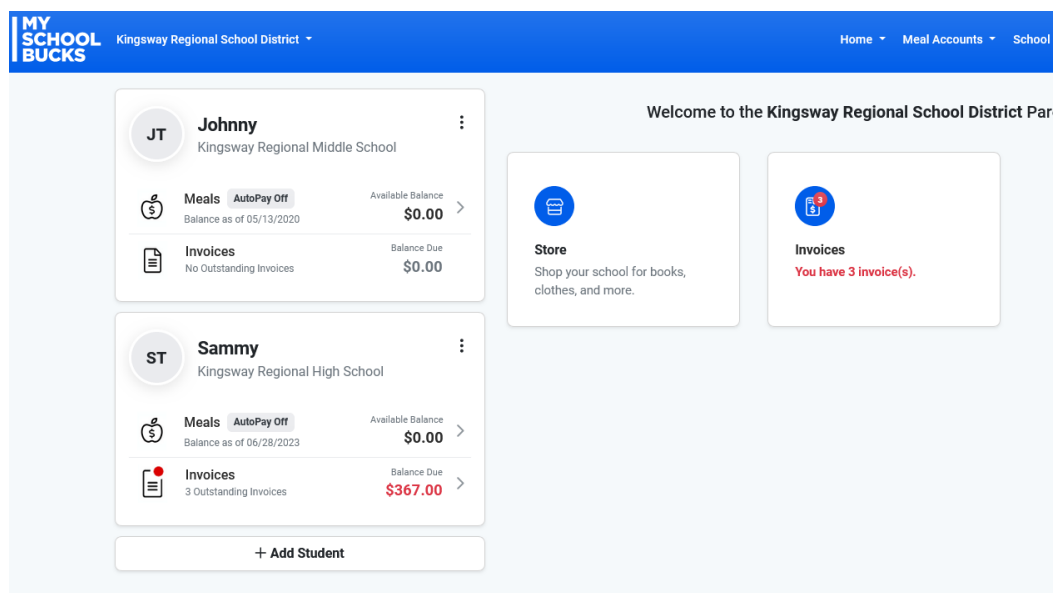
Click **Fees and Fines**



Under **Fees and Fines**, you will see all of your fees that must be paid before your student can try out for athletics. Athletics and Obligations will be listed under **Invoices**.

REQUIRED FEES TO BE PAID IN FULL IN ORDER TO BE CLEARED FOR ATHLETICS:

1. Athletic Participation Fee
2. Obligations
3. Lunch Account



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. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check 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 surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (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

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

#### GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

#### HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Unsure</b>	<b>Yes</b>	<b>No</b>
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 cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			



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:		
	Yes	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?		
11. 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:

	Yes	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.

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

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### 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, e-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-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).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## 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 \_\_\_\_\_

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- ☐ Medically eligible for certain sports
- ☐ Not medically eligible pending further evaluation
- ☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have reviewed the history form and examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings- are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Signature of physician, APN, PA \_\_\_\_\_

Office stamp (optional)

Address: \_\_\_\_\_

Name of healthcare professional (print) \_\_\_\_\_

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider \_\_\_\_\_

### Shared Health 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.*

## New Jersey Department of Education Health History Update Questionnaire

Name of School:

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student:

Age:

Grade:

Date of Last Physical Examination:

Sport:

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes      No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes      No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes      No

If yes, describe in detail.

4. Fainted or "blacked out?" Yes      No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes      No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes      No

7. Been hospitalized or had to go to the emergency room? Yes      No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes      No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes      No

10. Been diagnosed with Coronavirus (COVID-19)? Yes      No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes      No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes      No

Date:

Signature of parent/guardian:

**Please Return Completed Form to the School Nurse's Office**