



**Hawthorne High School
Spring Sports
Parent Information Night**





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:

Baseball- Varsity and JV

Softball- Varsity and JV

Boys Outdoor Track- Varsity and JV

Girls Outdoor Track- Varsity and JV

Boys Lacrosse- Varsity and POSSIBLY JV

Golf- Varsity and POSSIBLY JV

Girls Flag Football- *Not a recognized NJSIAA Sport

LMS:

Boys and Girls Outdoor Track



Spring Sports Coaching Staff



HHS Baseball

Head Coach- John Passero

HHS Softball

Head Coach- Ed "Mook" Iannacone

HHS Boys Outdoor Track

Head Coach- Angelo Guarnieri

HHS Girls Outdoor Track

Head Coach- Gus Schell

HHS Lacrosse

Head Coach- Greg Carr



Spring Sports Coaching Staff



HHS Golf

Head Coach- Chris Warner

HHS Girls Flag Football

Head Coach-Osvaldo Duran

LMS Boys Outdoor Track

Head Coach- Garrett Postolakis

LMS Girls Outdoor Track

Head Coach- Joni Genberg



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.



Physicals



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

HHS Spring Physicals and rSchool Registration Due February 19

LMS Spring Physicals and rSchool Registration Due March 19

• Physicals must be completed on the NEW NJ state form. 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

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. 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 Cardio Assessment Professional Development module hosted by the New Jersey Department of Education.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

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 ≥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)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		

HEART 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 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?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
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?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

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: _____

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■ 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:		
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?	Yes	No
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
Adenotonsillar instability		
Radiographic (x-ray) evaluation for adenotonsillar 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: _____

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■ 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	NORMAL	ABNORMAL FINDINGS
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		
• Marfan stigmata (lymphocystocele, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat		
• Pupils equal		
• Hearing		
Lymph nodes		
Hear†		
• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin		
• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
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		
• Double-leg squat test, single-leg squat test, and box drop or step drop test		

* 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): _____ Phone: _____ Date: _____
 Address: _____

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

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Physical Form Pages 3 and 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 _____

- 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. If the potential consequences are completely explained to the athlete (and parents or guardians).

Signature of physician, APN, PA _____ Office stamp _____

Address: _____

Name of healthcare professional (print) _____

I certify I have completed the Athletic 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.

**MOST
IMPORTANT
PAGE
BRING
ONLY THIS
PAGE TO
MAIN
OFFICE**



RSchool



- **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](#)



HAWTHORNE HIGH SCHOOL

Home of the Bears

Home [Registration](#) Schedules

[View My Account](#)



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


Login

Returning Users [I don't have an account](#)

Username

Password

[Forgot your username or password?](#)

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Create New Account [I already have an account](#)


Parent/Guardian First Name *

Parent/Guardian Last Name *

Username *

Password *

Email *

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up


Create New Account [I already have an account](#)

Parent/Guardian First Name * Courtney

Parent/Guardian Last Name * Lawler

Username * courtneylawler Password *

Email * courtneylawler0430@gmail.com

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Confirm Your Activity Registration Account Inbox x

Hawthorne Online Registration <notifications@mail-oar.rschoolday.com>
to me ▾

5:08

Hello Courtney,

Your account has been created and must be activated before you can use it.
To activate the account, please click on the following link or copy-paste it in your browser.

<https://hawthorne-ar.rschoolday.com/oar/activation/NTUwNTE1MC44MzI5NTcwMCAxNjExMDk0MDk5>

Regards,

Art Mazzacca
Assistant Principal/Athletic Director
Hawthorne Online Registration
Email: amazacca@hawthorne.k12.nj.us
Phone: 973-423-6431

[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 line "Confirm Your Activity Registration Account". Click the link inside the email to activate your account. If you have not received an email within a few minutes, please check your spam or junk folder.

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

[Register](#)

Incomplete Registration

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Status
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HAWTHORNE HIGH SCHOOL

Home of the Bears

Home

[Registration](#)

Schedules

[View My Account](#)

Welcome to
HAWTHORNE HIGH SCHOOL
Home of the Bears

Athletic Registration



Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Student Information

Select Student:

- Add New Student -

Student ID:

First Name: *

Last Name: *

Middle Initial:

Cell Phone:

Mobile Provider:

- None -

Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Activity

Fall:

- None
- Fall 2020
 - Boys Soccer
 - Cheerleading
 - Football
 - Girls Soccer
 - Girls Tennis
 - Girls Volleyball
 - Marching Band/Color Guard No Level

Winter:

- None
- Winter 2020 - 2021
 - Basketball Boys Freshman
 - Basketball Boys JV/Varsity
 - Basketball Girls JV/Varsity
 - Bowling
 - Cheerleading
 - Indoor Track Boys
 - Indoor Track Girls
 - Wrestling

Spring:

- None

Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Cell Phone: *

Address: *

City: *

State: *

- Select -

Zip: *

Email: *

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Physical Date

File Upload:
Choose File no file selected

File Upload 2:
Choose File no file selected

Date of this Physical Exam:
Month
Day
Year

< Previous Page Next Page > Save and Finish Later

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Medical Information

Primary Doctor

Name:
Address:
Phone 1:
Phone 2:

Preferred Hospital

Hospital Name:
Phone 1:

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Others

NJSIAA Physical Form

Download the NJSIAA Preparticipation Physical Evaluation History Form [HERE](#).

HEALTH HISTORY UPDATE QUESTIONNAIRE

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.

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 the the head?: *

Yes
 No
If yes, describe in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints?: *

Yes

Courtney Lawler

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	

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

 Register

 Incomplete Registration

Register Courtney Lawler

Register New Student

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



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 on concussion (McCrory et al²⁷).

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 4: Spring Season for grades 10, 11&12

Option 2 Portfolio Requirements



Schedules



Select a School ▾

Language ▾

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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](#)



Schedules



Hawthorne

CALENDAR

< Today > August 2023 ▾

Week Month

Color Key: ● Home ● Away

Thursday, August 31, 2023

TIME	EVENT	DETAILS
10:00am	● Volleyball: Girls JV Scrimmage	vs. Garfield @ Garfield High School
10:00am	● Volleyball: Girls Varsity Scrimmage	vs. Garfield @ Garfield High School
6:00pm	● Football: Varsity Game	vs. North Arlington @ Hawthorne High School

Friday, September 1, 2023

Saturday, September 2, 2023

TIME	EVENT	DETAILS
10:00am	● Soccer: Boys Varsity Scrimmage	vs. Multiple Schools... @ West Milford High School

Sunday, September 3, 2023

Monday, September 4, 2023

Tuesday, September 5, 2023

COLLAPSE MENU

Q GO

« AUGUST 2023 »

SU	MO	TU	WE	TH	FR	SA
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

VIEW BY TYPE

VIEW SCHEDULES

GET THE MOBILE APP

NOTIFY ME

LOGIN

These Ads Provide Funds to Support Our School Programs



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 March 13 in order for the Banner to be ordered, we will not be taking any late orders.
- Senior Media Day will be on Thursday, March 13
 - Schedule to follow



Senior Nights



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

Outdoor Track and Golf- April 23

Softball- May 14

Baseball- May 15

Boys Lacrosse- May 17

Girls Flag Football- TBA

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.



Important Dates



Spring Sports Awards- Monday, June 2, 6:30PM

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

**1st Team All County Awards Dinners @ The Tides, 7:00PM:
Boys- June 11
Girls- June 12
Online Ticketing, cost: \$68.00**



Important Links



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



@HHSBearsSports



**Thank you everyone!
GO BEARS!!!!**

Meet the Coaches:

HHS Outdoor Track and Field- Auditorium

HHS Lacrosse- 123

HHS Baseball- 126

HHS Golf- 116

HHS Softball- 122

HHS Flag Football- 124

LMS Outdoor Track and Field- Main Cafe

Once a Bear, Always a Bear!