

The background of the image is a photograph of a large, multi-story brick school building. In the center of the building is a prominent clock tower with a green cupola and a weather vane. To the left of the building, a tall flagpole holds the American flag. The scene is set against a clear blue sky with a bright sun visible behind the clock tower, creating a lens flare effect. In the foreground, there are some flowering trees and manicured hedges.

**2025-2026  
Hawthorne Athletics  
Parent Information Night**



## *Introduction of Staff*



**Mr. Art Mazzacca- Athletic Director/Assistant Principal**

**Ms. Bailey Wyrstek- Athletic Trainer  
Ext. 2155**

**Dr. Tom Bottiglieri- School Doctor**



## *Sport Offerings- Fall*



### High School:

Football- Varsity and JV

Boys Soccer- Varsity and JV

Girls Soccer- Varsity and POSSIBLY JV

Girls Tennis- Varsity and POSSIBLY JV

Girls Volleyball- Varsity, JV, POSSIBLY FRESHMAN

Cheerleading- Varsity

### Middle School:

Boys Soccer (7th and 8th Grade)

Girls Soccer (7th and 8th Grade)



# *Coaching Staff- Fall*



## High School

Football- Angelo Guarnieri

Boys Soccer- Ryan McMann

Girls Soccer- Fatmir Mimini

Girls Tennis- Danielle Just

Girls Volleyball- Megan Carr

Cheerleading- Olivia Wagner

## Middle School

Boys Soccer- Joni Genberg

Girls Soccer- Megan Was



# *Sport Offerings- Winter*



## High School:

**Boys Basketball- Varsity, JV, Freshman**

**Girls Basketball- Varsity and POSSIBLY JV**

**Wrestling- Varsity and JV**

**Boys and Girls Indoor Track- Varsity and JV**

**Bowling- Varsity and JV**

**Cheerleading- Varsity**

## Middle School:

**Boys Basketball (7th and 8th Grade)**

**Girls Basketball (7th and 8th Grade)**

**Wrestling (6th-8th Grade)**



# *Coaching Staff- Winter*



## High School

**Boys Basketball- Ryan McMann**

**Girls Basketball- TBA**

**Wrestling- Greg Carr**

**Indoor Track- Gus Schell**

**Bowling- John LaForge**

**Cheerleading- Olivia Wagner**

## Middle School

**Boys Basketball- Chris Warner**

**Girls Basketball- Bailey Hansen**

**Wrestling- Joe Walker**



## *Sport Offerings- Spring*



### High School:

Baseball- Varsity and POSSIBLY JV

Softball- Varsity and POSSIBLY JV

Boys Lacrosse- Varsity and POSSIBLY JV

Boys and Girls Outdoor Track- Varsity and JV

Golf- Varsity and POSSIBLY JV

Flag Football- \*Not recognized as a varsity sport \*

### Middle School:

Boys Outdoor Track (7th and 8th Grade)

Girls Outdoor Track (7th and 8th Grade)



# *Coaching Staff- Spring*



## High School

**Baseball- John Passero**

**Softball- Ed "Mook" Iannacone**

**Boys Lacrosse- Greg Carr**

**Boys Outdoor Track- Angelo Guarnieri**

**Girls Outdoor Track- Gus Schell**

**Golf- Chris Warner**

**Flag Football- Osvaldo Duran**

## Middle School:

**Boys Outdoor Track - Garrett Postolakis**

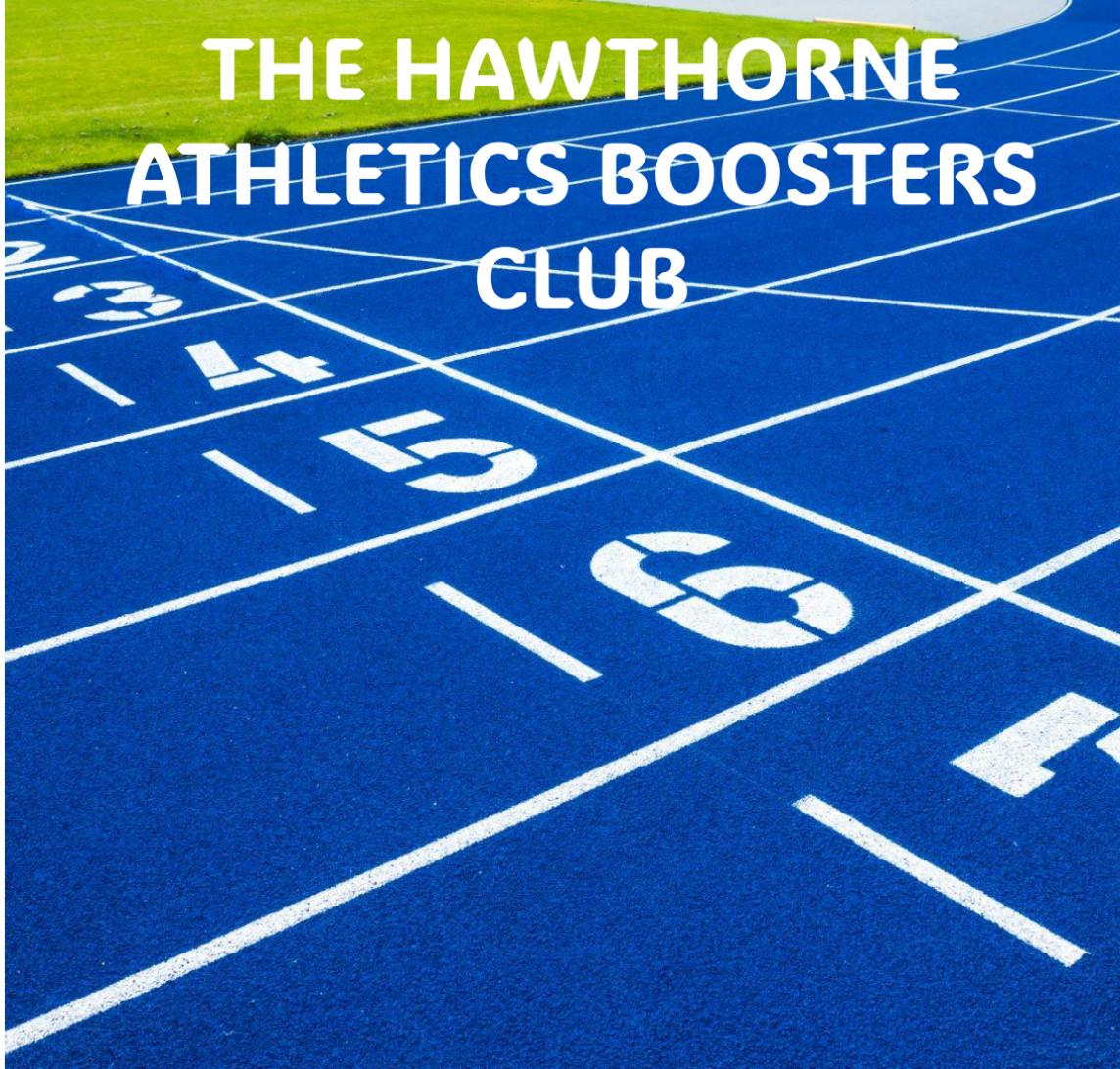
**Girls Outdoor Track - Joni Genberg**



**THE HAWTHORNE ATHLETICS  
BOOSTERS CLUB**

**President- Bob Pasquale**

**Our association  
provides  
support to the  
athletes and  
athletic  
programs of the  
Hawthorne  
school district.**



**THE HAWTHORNE  
ATHLETICS BOOSTERS  
CLUB**

## **Annually we:**

- Host post award assembly pizza parties at the end of each of the three sports seasons.**
- Supply funding to pay for senior athletes to attend the Senior Sports Awards Brunch hosted by the Athletic Department.**
- Provide multiple \$500 scholarships to graduating senior student athletes.**

# **Special Projects funded by the Booster Club:**

- Helped with funding of the lightening detector mounted on the High School**
- Purchased the school's first defibrillator**
- Held fundraiser for the purchase of the brick paver walkway at the entrance to the Athletic Field**
- Purchased the sign over the entrance to the Athletic Field**
- Purchased multiple ice machines for the athletic trainer**
- Purchased weights/weightlifting equipment for the High School weight room**
- Purchases tents for use by the outdoor teams during inclement weather**
- Purchased gators for the High School athletes and coaches for use during the COVID19 pandemic**
- Purchased chairs used by indoor teams during fall/winter sporting events**
- Purchased the scorer's table for the High School gym**

# **Special Projects funded by the Booster Club:**

- Paid for the reconditioning of the gym floor on multiple occasions**
- Purchased team benches for home football/soccer/lacrosse games**
- Purchased turf blankets to protect the football/soccer/lacrosse field in the winter**
- Purchased bleachers for the High School Softball team's field**
- Purchased blocking sled for the football team**
- Purchased an equipment storage bin for use by the softball team at the Rea Ave Field**
- Purchased an air purifier for the football/baseball locker room/wrestling practice room**
- Helped with funding of wrestling practice/tournament mats**
- Purchased vaulting poles for the track team**
- Provided funds for student athletes who couldn't afford to attend the athletic department's leadership training seminar**

# **THE HAWTHORNE ATHLETICS BOOSTER CLUB**

**With the support of families and friends of our student athletes we are able to raise the required funds through:**

- Selling refreshments at home sporting events**
- Hosting an annual Varsity Basketball Holiday Tournament**
- Annually hosting the Passaic County JV Wrestling Tournament**
- The sale of engraved bricks**
- Membership fees**
- Donations**

# **THE HAWTHORNE ATHLETICS BOOSTER CLUB**

**We will be in the cafeteria providing refreshments during the evening.**

**We ask that you consider helping us support our student athletes by becoming a member of our association and volunteering your time at our fundraisers.**



# *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 Fall Physicals and rSchool Registration Due July 23**

**LMS Fall Physicals and rSchool Registration Due August 20**

• 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

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. All 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**

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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:		
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:

Adrenocortical instability	Yes	No
Radiographic (x-ray) evaluation for adrenocortical 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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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 (lyphocollaxis, 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 <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>		
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>		

\* 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

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# Physical Form Pages 3 and 4





*Arbiter*



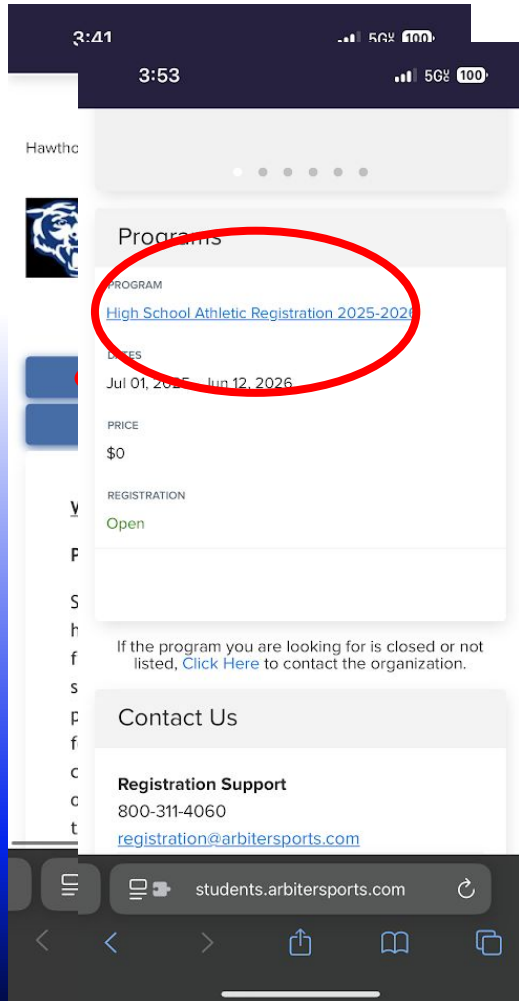
- Arbiter is the NEW site used to register your child for any athletic program at Hawthorne High School.
- The link to Arbiter can be easily accessed by going to the 'athletics' tab on the high school website.

[Arbiter Registration](#)

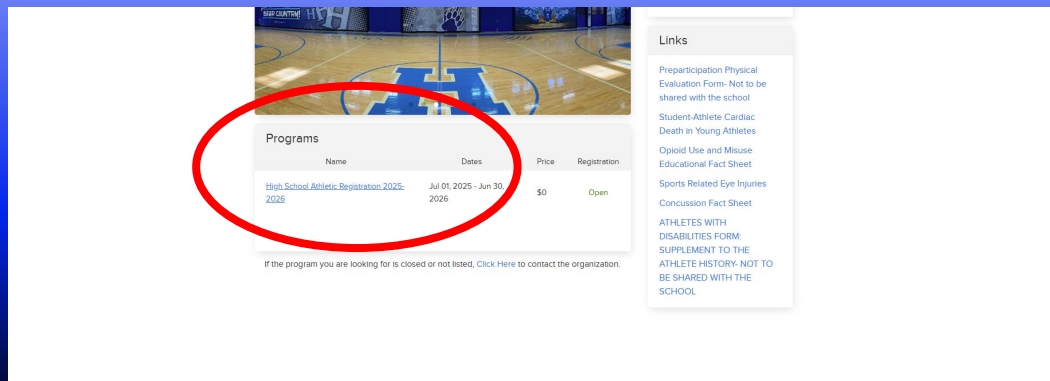
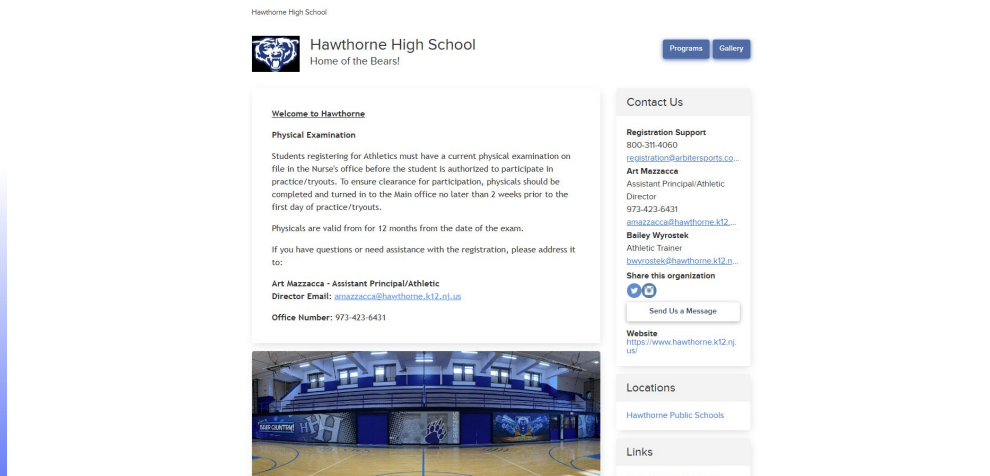


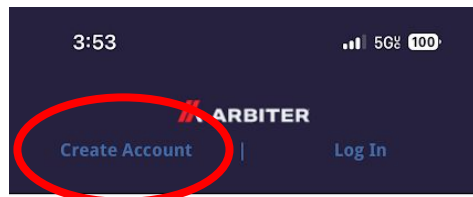
## *Arbiter Account Set up*



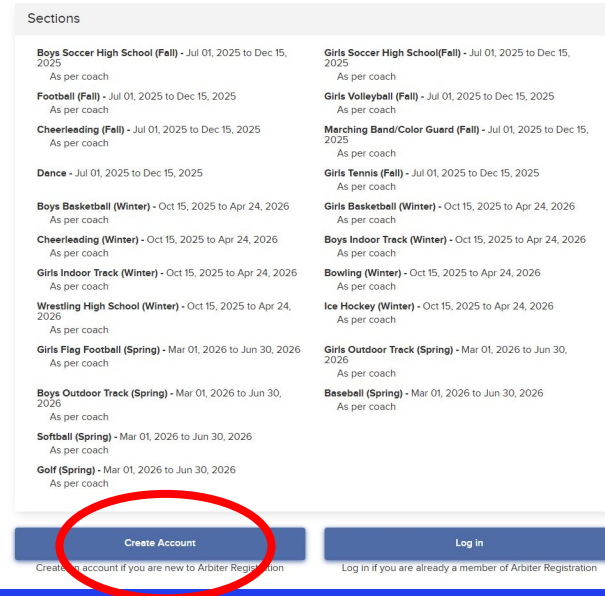


# Arbiter - Create a new account





*Scroll down on computer page  
to find*



3:41

5G 100

## User Sign Up

### First and last name \*

Both fields are required

### Email \*

A valid email

### Password \*

Min. 8 characters with one letter and one number

### Mobile phone number

In case you forget your password

By clicking Submit and entering a phone number, you agree to [SMS Terms of Service and Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates may apply.

☒ Join the Arbitr Registration email list. We'll keep them interesting and infrequent.

account.students.arbitersports.com

# MUST CHECK OFF “AGREE TO TERMS” BOX

## User Sign Up

### First and last name \*

Both fields are required

### Email \*

A valid email

### Password \*

Min. 8 characters with one letter and one number

### Mobile phone number

In case you forget your password

By clicking Submit and entering a phone number, you agree to [SMS Terms of Service and Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates may apply.

- ☐ Join the Arbitr Registration email list. We'll keep them interesting and infrequent.
- ☐ I agree to the Arbitr Terms of Service. \*  
[Read the Terms of Service.](#)
- ☐ I want to create a NEW organization

For your security, you will be automatically logged out after 6 hours of inactivity. Please be sure to save your work.

## Dashboard

Hello, bailey wyrostek

I want to register for a program at:

Type organization name or keyword to find a program

State

Find

Do you know of any great programs you'd like to see included in the Arbiter database? If so, [Click Here](#) to let us know.



Get Recruited

**NCSA College Recruiting** helps student-athletes get recruited to all the right college programs, personalized to their abilities, wants, and needs.

## Dashboard

Hello, bailey wyrostek

I want to register for a program at:

Hawthorne High school

State

Find

Do you know of any great programs you'd like to see included in the Arbiter database? If so, [Click Here](#) to let us know.



Get Recruited

**NCSA College Recruiting** helps student-athletes get recruited to all the right college programs, personalized to their abilities, wants, and needs.



Get Accepted

**CollegeAdvisor.com** helps students maximize their college admissions strategy with personalized and effective guidance.

Type organization name or keyword to find a program.

Hawthorne High School

State



Find

1

2

3

...

152

Next >>

## Search Results



### Hawthorne High School

Home of the Bears!

Hawthorne, NJ

Welcome to Hawthorne Physical Examination Students registering for Athletics must have a current physical examination on file in the Nurse's office before the student is authorized to participate in practice/tryouts. To ensure clearanc Read more

Program:	Dates	Price	Registration
<u><a href="#">High School Athletic Registration 2025-2026</a></u>	Jul 01, 2025- Jun 12, 2026	\$0	<b>Open</b>

## Sections

☐ **Boys Soccer High School (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Girls Soccer High School(Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Football (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Girls Volleyball (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Cheerleading (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Marching Band/Color Guard (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Dance**

Jul 01, 2025 to Dec 15, 2025

☐ **Girls Tennis (Fall)**

Meeting times: As per coach

Jul 01, 2025 to Nov 24, 2025

☐ **Boys Basketball (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Girls Basketball (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Cheerleading (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Boys Indoor Track (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Girls Indoor Track (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Bowling (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Wrestling High School (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Ice Hockey (Winter)**

Meeting times: As per coach

Nov 24, 2025 to Mar 09, 2026

☐ **Girls Flag Football (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

☐ **Girls Outdoor Track (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

☐ **Boys Outdoor Track (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

☐ **Baseball (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

☐ **Softball (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

☐ **Golf (Spring)**

Meeting times: As per coach

Mar 09, 2026 to Jun 12, 2026

## Participant Information

Please fill out all required fields.

SELECT PARTICIPANT

[+ New Participant](#)

### PRIMARY

\* First name  
John

\* Last name  
Smith

\* Birth date  
May 09 2010

\* Gender  
Male

Middle name

\* Age (253 characters)  
15

\* Membership/Student ID  
Student ID Number  
Create new Membership/Student ID

Enter Membership/Student ID  
123123

### CONTACT

Cell phone  
example: (201) 555-0123

\* Email  
jsmith@gmail.com

Cancel

Save and Finish Later

Continue

## EDUCATION

Grade (For academic year 2025/2026)

10

## PARTICIPANT ADDRESS

### HOME ADDRESS

\* Address  
160 Parmelee Ave

Address line 2

\* City  
Hawthorne

\* State  
NJ

\* Zip/Postal code  
07506

## First Parent or Guardian

### PARENT/GUARDIAN

\* First name

Jane

\* Last name

Smith


Relationship

Mother

\* Email

janessmith@gmail.com

\* Cell phone

 +1 (973) 000-0000

☒ Receive important text messages about your registration

By clicking Save and entering a phone number, you agree to [SMS Terms of Service](#) and [Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates may apply.

### PRIMARY ADDRESS

\* Address

160 Parmelee Ave

Address line 2

\* City

Hawthorne

\* State

NJ

\* Zip/Postal code

07506

## Second Parent or Guardian

### SECOND PARENT/GUARDIAN

First name

Johnny

Last name

Smith


Relationship

Father

Email

smithjr@gmail.com


Cell phone

 +1 (973) 020-0000

☒ Receive important text messages about your registration

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Home phone

 +1 example: (201) 555-0123

### PRIMARY ADDRESS

Address

160 Parmelee

Address line 2

City

Hawthorne

State

NJ

Zip/Postal code

07506

## Emergency Contacts

IN CASE OF EMERGENCY PLEASE NOTIFY: (OTHER THAN PARENT OR GUARDIAN)

### FIRST EMERGENCY CONTACT

\* First name

Tom

\* Last name

Doe

\* Cell phone

 -1 (973) 111-1111


\* Relationship

Relative

☒ Receive important text messages about your registration

By clicking Save and entering a phone number, you agree to [SMS Terms of Service and Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates may apply.

Home phone

 -1 example: (201) 555-0123

### SECOND EMERGENCY CONTACT

\* First name

Sue

\* Last name

Doe

Home phone

 -1 example: (201) 555-0123

\* Cell phone

 -1 (973) 222-2222

☒ Receive important text messages about your registration

By clicking Save and entering a phone number, you agree to [SMS Terms of Service and Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates may apply.

\* Relationship

Relative

Cancel

Save and Finish Later

Continue

Do not double-click  
You must complete all required fields with a red \* to continue.

## Physicians

### PRIMARY CARE PHYSICIAN

\* First name

Todd

\* Last name

Doctor

\* Work phone

 -1 (973) 333-3333

### DENTIST

First name

Last name

Work phone

 -1 example: (201) 555-0123

## Insurance

### INSURANCE

Carrier

Insurance

Subscriber name

Jane Smith

Policy #: (235 characters)

43562457356734573547

Dental Insurance Company Name and Policy # (1020 characters)

## Health History Update & Preparticipation Physical Evaluation History Questions

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.

### \* Allergies

☐ YES ☒ NO Diagnosed Allergies

Has participant ever been diagnosed with allergies by a health ... [Show more](#)

☐ YES ☒ NO Epi-pen

Does participant carry an epinephrine auto-injector (Epi-Pen)?

☐ YES ☒ NO Allergies - Other

Is there any general allergy information about the participant ... [Show more](#)

### \* Devices/Accommodations

☐ YES ☒ NO Devices or Prostheses

Does participant have any special devices or prostheses (insul ... [Show more](#)

☐ YES ☒ NO Protective or Corrective Equipment

Does participant have any protective or corrective equipment r ... [Show more](#)

☐ YES ☒ NO Devices/Accommodations - Other

Is there any general Device/Accommodation information about th ... [Show more](#)

### \* Family Health History

☐ YES ☒ NO Family Asthma

Does participant have any relative with asthma?

☐ YES ☒ NO Family Cardiac Issues

Does participant have any relative with a heart problem, pacem ... [Show more](#)

☐ YES ☒ NO Family Serious Heart Conditions

Does participant have any relative diagnosed with a heart cond ... [Show more](#)

☐ YES ☒ NO Family Sickle Cell

Does participant have any relative with sickle cell trait or d ... [Show more](#)

☐ YES ☒ NO

Since the last physical examination, has the athlete sustained a concussion, has been unconscious or lost memory from a blow to the head?

If yes, describe in detail.

### \* Health/Medical

☐ YES ☒ NO Other

Is there any general health/medical information that should be ... [Show more](#)

### \* Injuries

☒ YES ☐ NO Current Injury

\* Current Injury  
Does participant have a bone, muscle, or joint injury that bothers him/her?

[Show less](#)

\* Please explain fully:

sprained ankle - getting cleared on 5/30

☐ YES ☒ NO General Injuries

Has participant ever had any injuries that may affect particip ... [Show more](#)

☐ YES ☒ NO Injuries - Other

Is there any general injury information about the participant ... [Show more](#)

### \* Special Requests

☒ YES ☐ NO Preferred Hospital

\* Preferred Hospital  
Is there a preferred hospital to take participant in the case of an emergency?

[Show less](#)

\* Please provide the names/locations of one or more preferred hospitals in priority order.

Valley Hospital

## Policies

Please click the links below to review the policy documents in a popup window. Clicking will not take you out of the registration process.

[2024-2025 NJSIAA Banned Drugs](#)[Opioid Use And Misuse Educational Fact Sheet](#)[NJSIAA Steroid Testing Policy 2025-2026](#)[NJ DOE Sudden Cardiac Death In Young Athletes Pamphlet](#)[Sports Related Eye Injuries: An Educational Fact Sheet For Parents](#)[Sports-Related Concussion and Head Injury Fact Sheet](#)

### Agreements

For each of the agreements below, please read the terms, check the box to mark your acknowledgment, and type your name to confirm.

#### Health History Update

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 completed student's parent or guardian.

I certify that the Health History Update information provided above is accurate and correct.

By my electronic signature, I acknowledge that I have read, understand, and have answered all questions, required to register my student athlete for athletics, to the best of my knowledge.

☒ \* Yes, I agree

\* Electronic signature

Type your name  
Johnny Smith

Parent/Guardian - Signatory must be 18 years of age or older

#### Use and Misuse of Opioid Drugs Fact Sheet Acknowledgement

My student-athlete and I acknowledge that we received and reviewed the educational fact sheet on the Use and Misuse of Opioid Drugs.

☒ \* Yes, I agree

\* Electronic signature

Type your name  
Johnny Smith

Parent/Guardian - Signatory must be 18 years of age or older

☒ \* Yes, I agree

\* Electronic signature

Type your name  
John Smith

Student

Cancel

Save and Finish Later

Continue

Do not double-click  
You must complete all required fields with a red \* to continue.

Dashboard / Registrations / High School Athletic Registration 2025-2026 (Sally Smith)

Summary ▾

⚠ REGISTRATION IS NOT YET SUBMITTED.  
Click 'SUBMIT' button to continue.

### Summary

Print Registration

Print Summary

Registration Status : Not  
Submitted

Payment Status  
: None

Participant Sally Smith

Account owner email [bwyrstek@hawthorne.k12.nj.us](mailto:bwyrstek@hawthorne.k12.nj.us)

Registration date 05/06/2025 02:59pm

Organization [Hawthorne High School](#)

Program [High School Athletic Registration  
2025-2026](#)

Sections Cheerleading (Winter) Nov 24, 2025 to Mar  
09, 2026

Total \$0.00

### Links

### Payment Details

Balance Due \$0.00

SUBMIT

Cancel Registration

### College Recruiting



NCSA College Recruiting helps student-athletes get recruited to all the right college programs, personalized to their abilities, wants, and needs.

Get Recruited

## Summary

Resend Receipt

Print Registration

Print Summary

**Registration Status**  
: **Completed****Payment Status**  
: **None**

Participant	John Smith	
Account owner email	<a href="mailto:bwystek@hawthorne.k12.nj.us">bwystek@hawthorne.k12.nj.us</a>	
Registration date	05/06/2025 02:45pm	
Organization	<a href="#">Hawthorne High School</a>	
Program	<a href="#">High School Athletic Registration 2025-2026</a>	
Sections	Boys Soccer High School (Fall)	Jul 01, 2025 to Nov 24, 2025
	Bowling (Winter)	Nov 24, 2025 to Mar 09, 2026
	Baseball (Spring)	Mar 09, 2026 to Jun 12, 2026
Total		\$0.00
Amount paid		\$0.00
Balance Due		\$0.00

## Payment Details

Balance Due \$0.00

**YOUR REGISTRATION IS COMPLETE**

Register Another Person

View Other Programs

Cancel Registration

Tweet

## College Recruiting



**NCSA College Recruiting** helps student-athletes get recruited to all the right college programs, personalized to their abilities, wants, and needs.

Get Recruited

## Participant Information

Please fill out all required fields.

### SELECT PARTICIPANT

Jane Smith	Johnny Smith	John Smith	+ New Participant
------------	--------------	------------	-------------------

### PRIMARY

* First name Sally	* Last name Smith
* Birth date March 11 2008	* Gender Female
Middle name	
* Age (253 characters) 17	
* Membership/Student ID Student ID Number Create new Membership/Student ID Enter Membership/Student ID 465456	

## PARTICIPANT ADDRESS

### HOME ADDRESS

160 Parmelee Ave Hawthorne NJ 07506 (Updated: 05/06/2025 14:43)	
* Address 160 Parmelee Ave	Address line 2
* City Hawthorne	* State NJ
* Zip/Postal code 07506	

## First Parent or Guardian

### PARENT/GUARDIAN

Jane Smith_janesmith@gmail.com (Updated: 05/06/2025 14:44)	
* First name Jane	* Last name Smith
Relationship	
* Email janesmith@gmail.com	* Cell phone +1 (973) 423-6415

☒ Receive important text messages about your registration

By clicking Save and entering a phone number, you agree to [SMS Terms of Service](#) and [Privacy Policy](#). To unsubscribe, send STOP. Standard messaging and data rates.

Print

Registration Status : **Completed**

Payment Status : None

Participant

Sally Smith

Account owner email

[bwyrostek@hawthorne.k12.nj.us](mailto:bwyrostek@hawthorne.k12.nj.us)

Registration date

05/06/2025 03:01pm

Organization

[Hawthorne High School](#)

Program

[High School Athletic Registration 2025-2026](#)

ACTIVITY

EMAILS

ATTENDANCE

05/06/2025 03:20 PM EDT

Modified by Bailey Wyrostek

Approval Status was set to 'Approved'  
Notification was sent.



## *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 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.**



# *HHS Summer Weight Room Program*



- 5 weeks starting Monday June 23rd
- Monday - Thursday each week
- Email will be sent every Sunday to sign up for upcoming week
- 1 slot per day per athlete
- 4 slots available per day 11am, 11:45am, 12:30pm, 1:15pm
- NOT AN OPEN GYM

<https://forms.gle/pKHSZGTuTrt8vMCT6>



## *Option 2 Physical Education*



Student-athletes participating in Hawthorne High School sponsored athletic programs and **registered for 8 classes, no study hall,** may earn Physical Education credits by participating on any of our athletic teams during the year.

HHS student-athletes may choose 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 **or for students with a Study Hall in their schedule.**



## *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 Portfolio Requirements




# Schedules




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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

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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 for LMS or HHS, 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”
- There will be a \$20 upcharge for any late Senior Banner orders.



## *Senior Nights*



### **Senior Day Games:**

Each Season we will put out an announcement on Social Media and to each Google Classroom of all the Senior Day games for the season.

Some Senior Nights are conducted prior to, at halftime, or at the conclusion of games.

**\*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*



**HHS Fall Sports Awards- Monday, November 24, 6:30PM**

**HHS Winter Sports Awards- Monday, March 9, 6:30PM**

**HHS Spring Sports Awards- Monday, June 1, 6:30PM**

**Senior Brunch @ The Brownstone-Sunday, May 31, 9:30AM**

**Cost: TBD**

**1st Team All County Awards Dinners: TBA**



# *Important Links*



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



@HHSBearsSports



# SCAN HERE

HHS ATHLETIC COMPLEX SURVEY





**Thank you everyone!**  
*Once a Bear, Always a Bear!*



**Meet the Coaches:**

**Each Season will meet for 10 minutes**

**There will be a bell and an announcement to move to the next  
season**

**If you are waiting for another season, please come to the Main  
Cafe to enjoy light refreshments sponsored by the Athletic  
Booster Club**

**All LMS Sports will meet in the Gym**  
**All HHS Sports will meet on the 2nd Floor**



# *Room Assignments- Fall Sports*



## **1st Period- 10 Minutes**

**Football- Media Center**

**Boys Soccer- Room 225**

**Girls Soccer- Room 219**

**Girls Volleyball- Room 222**

**Fall Cheerleading- Room 218**

**Girls Tennis- Room 214**

**Middle School Soccer (boys and girls)- Gym**



# *Room Assignments- Winter Sports*



## **2nd Period- 10 Minutes**

**Indoor Track and Field- Media Center**

**Boys Basketball- Room 225**

**Wrestling Room 222**

**Winter Cheerleading- Room 218**

**Bowling- Room 214**

**Hockey and Girls Basketball- Main Cafeteria**

**Middle School Basketball (boys and girls) and Wrestling-  
Gym**



# *Room Assignments- Spring Sports*



**3rd Period- 10 Minutes**

**Outdoor Track and Field- Media Center**

**Baseball- Room 219**

**Boys Lacrosse- Room 222**

**Softball- Room 218**

**Golf- Room 214**

**Flag Football- Room 220**

**Middle School Outdoor Track (boys and girls)- Gym**



## *Room Assignments*



*Thank you Everyone!*  
*Go Bears!!!!*