

TRYOUT CRITERIA FOR GIRLS CROSS COUNTRY

Registration: (begins July 5)

Two forms must be completed to be eligible to try-out:

1. Athletic Participation Form – must be done in person in the athletic dept. office. (Please do not mail in or fax)
2. Physical Form – turn in a valid physical (one that covers them for the entire season) to the ATHLETIC OFFICE. Incoming freshman may use the physical that was turned in for the high school requirement.

Although we are a non cut sport all athletes must attend and attempt each of the following activities. We will cut athletes with poor attitudes, poor work ethics, or poor attendance. Coaches expect maximum effort and a drive to improve. **We will begin meeting as a team on Tuesday, August 16th at 9:00 am outside the Athletic Doors on Scoville.** All athletes are highly encouraged to attend ALL workouts.

Wednesday: Aug 17th 9:00 am practice

Thursday: August 18th 9:00 am practice (time trial). After time trial team will be broken into ability groups and assigned a coach.

Coach Contact Information:

Tom Tarrant

ttarrant@oprfs.org

H-708-485-7123

C-708-218-0593



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
 Last First Middle

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSAA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Athletes may not tryout unless their physical covers them for the entire sport season.

2016-17
OPRFHS
ATHLETIC PARTICIPATION AGREEMENT FORM

Paper
Physical
Grades
Obligations
Initials/Date

REGISTRATION MUST BE DONE IN PERSON - PLEASE DO NOT MAIL OR FAX

NAME: _____ SPORT: _____
Please Print

STUDENT I.D. NUMBER: _____ Year In School: FR. _____ SO. _____ JR. _____ SR. _____

Does the student reside full time with his/her parent within the boundaries of OPRFHS District 200? Yes _____ No _____
If NO, proceed to the next question.

Does the student reside full time with a *court appointed legal guardian* within the boundaries of OPRFHS District 200?
Yes _____ No _____ If YES, please submit the court orders establishing legal guardianship to the Athletic Department. If NO, the student and/or guardian MUST meet with the Athletic Dept. Staff in person.

Are you a Transfer student? Yes _____ No _____ If Yes, from where? _____

Are you a Foreign Exchange Student? Yes _____ No _____

Agreement to Participate in Athletic Program: My child/guardian has permission to participate in the OPRFHS Athletic Program. While participating I understand there is a risk of injury, and that the degree of danger and seriousness of risk vary from one sport to another, with contact sports carrying the highest risk. I also understand that the school is not liable for any injuries my child may receive while participating, and I assume all risks for any injuries my child may sustain as a result of participating in the athletic program. I agree to indemnify and hold the School District, its employees, agents, coaches, Board of Education, and volunteers harmless from any and all liability, actions, or claims of any kind and nature that may arise while the student is participating in the school sponsored athletic program, including relating to physical injury to the student or others while participating in the above indicated sport. The terms hereof shall serve as release and assumption of risk for the student and parent/guardian and for all members of the student's and parent/guardian family. I further consent to any treatment deemed necessary by a licensed physician or athletic trainer designated by the School District. I am aware that participation in sports involves travel with the team, and that the school is responsible for transporting all athletes to and from practices/competitions, and I accept the risks inherent in all travel associated with the sport in which the student is participating in. If I plan to transport my child to or from an event I must inform the coach ahead of time and use the appropriate waiver process/form as outlined in the OPRFHS Athletic Handbook.

Concussion Policy: I understand that the IHSA and OPRFHS have implemented policies and procedures regarding the treatment of concussions and head injuries, which require, among other things, that a student who exhibits signs or symptoms consistent with a concussion or head injury must be removed from participation/competition at that time and not allowed to return to play until cleared by a licensed physician or certified athletic trainer. These concussion protocols are in compliance with OPRFHS Board Policy 7:305, and the current IHSA Concussion By-laws.

IHSA Performance Enhancing Drug Policy: Any student-athlete who uses a substance from the association's banned drug classes, without written permission from a licensed physician, violates IHSA By-law 2.170, and is subject to IHSA penalties, including ineligibility from competition. We consent to random testing in accordance with the IHSA's current steroid testing policy.

Athletic Code of Conduct: Participating in the Athletic Program is considered an extension of the regular school program. The student-athlete must agree to abide by the Athletic Code of Conduct, while participating in the Athletic Program. We agree to all procedures and policies established by OPRFHS, the West Suburban Conference, and the IHSA. **We understand that the Athletic Code of Conduct is in effect 365 days a year, and that any violations which negatively impact the school, team, or community, may result in dismissal from the team and the OPRFHS Athletic Program.** More information on the Athletic Code of Conduct is available in the Athletic Handbook.

By signing below, I acknowledge that I have received and read the above Agreement to Participate and the Concussion Information Sheet and that I agree to abide and be bound by the terms of these documents.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____ **Parent/Guardian Name:** _____

Parent/Guardian Home Phone _____ E-Mail _____

Parent/Guardian Work Phone _____ Cell Phone _____