

## 2019 PVI Cross-Country Guidelines

**Head Coach: Mrs. Melanie Kiernan**  
(cell) 571-405-0456  
[mkiernan@pvipanther.net](mailto:mkiernan@pvipanther.net)

**Assistant Coach: Mrs. Kim Bruno**  
(cell) 516-680-0243  
[kbruno@pvipanther.net](mailto:kbruno@pvipanther.net)

**Captains:** Ellie Thurneysen, Catherine Irons, Emma Smith, Caroline Susco, Gavin McDonnell, Frank Paquette, and Rob Gillman

**Practice:** Practice will be held as follows:

- **Monday & Wednesday– 3:30 – 5:00 pm at Paul VI**
- **Tuesday & Thursday – 3:30 – 5:15 pm at Burke Lake Park**
- **Friday – off day; team meeting in rm. 226 when necessary**

We will also have a few Saturday morning practices when we don't have a scheduled meet. All members of the team are expected to be at practice on time, every day. If you are going to be late for any reason, please let one of the coaches know and bring a signed note from a teacher or activity moderator. Practices will be conducted in the following manner: 1-mile warm-up, stretching, drills, work-out (speed or distance run), cool down, striders, and stretching again. You are strongly encouraged to keep a daily running log in order to assist in communication with the coaches and to assist in development of your training. If you develop an injury during the season, you will be sent to see the school trainers, Ken Kuberski or Mary Barron, and your workouts will be adjusted according to their recommendations.

**Meets:** We will give every member of the team as many opportunities as possible to participate in scheduled meets. Cross-Country Invitationals (Saturday meets) typically have a Varsity A race (top 7) and Varsity B /Junior Varsity races. In some cases they also have a freshman race. The Varsity A runners for each Invitational will be determined by time and **consistent attendance** at practice. If there are any questions regarding placement on the team, please speak to one of the coaches on an individual basis.

**Coaches' Expectations:** All of the rules and regulations stated in the student handbook apply to all PVI students whenever they are representing the school, whether it is at practice or meets. Therefore, any serious violation of the rules listed in the handbook, such as gross insubordination, drinking or other drug use, will lead to immediate dismissal from the team. We have also made it very clear that use of profane or unchristian language is unacceptable and will not be tolerated. Finally, we demand that all runners display a respectful and sportsmanlike attitude toward their teammates, coaches, and competitors at all times!

**Varsity Letter Requirements:** In order to receive a Varsity letter at the end of the season you must have a 90% attendance rate at practice. You must have competed on the Varsity level in at least three of the major invitationals, and have achieved the time standard listed below.

**Boys: 18:30 min. on a 5k course**

**Girls: 22:30 min. on a 5k course**

**Uniforms:** The uniform consists of a singlet and a pair of plain, black running shorts. You will purchase the singlet and uniform shorts at the same time you purchase the spirit wear. A flyer for the team store will be posted on the team wiki. Once the flyer is posted and the online store is open, you will have 2 weeks to place your order. This will ensure that the singlets and shorts will arrive by our first meet in August.

**PVI Boosters Club:** Members of the Boosters club volunteer a number of long hours to ensure that all of the athletic programs at PVI have the much deserved support and recognition throughout the fall, winter, and spring seasons. In order to continue this endeavor, the Boosters club needs the support of all the parents of PVI student-athletes. We ask that all of you consider becoming members, if you have not already done so. There is a link to the membership form on the team wiki.

## **Training Necessities:**

1. Running shoes / clothes
2. Water!!!!
3. Watch with a chronograph or stopwatch function
4. Inhalers (for those diagnosed with asthma)
5. Towel / yoga mat if stretching in the grass and rope
6. Running log (see below)
7. Positive attitude!

## **Training Log:**

You are encouraged to keep a training log and share that with your coaches throughout the season. You can choose the format of your training log: a simple spiral notebook; a folder in Google drive with a document or spreadsheet for each week; an app on your phone / computer such as Nike+, Runkeeper, or Fitbit; or you can purchase one at a bookstore. Your training log should include the following information for daily workouts:

- Date and Time of workout
- Weather conditions
- Details of workout – should include times / paces for intervals and distance runs
- Description of how you felt during the workout
- Total mileage for the workout
- Weekly total

Once the season starts in August you should share this with the coaches on a regular basis. The goal of the training log is to help you track your progress and to help prevent injuries throughout the season. This will only work if you are accurate and honest with your daily entries!



# The Basics of Running Shoe Selection and Fit: Information for HS Cross Country Team Parents

## Proper Equipment Can Increase Training Comfort and Help Limit/Mitigate Injuries

- Aches and pains during the first few weeks of practice are common, but ongoing training in improper footwear can result in more severe/serious injuries. The right equipment is a starting point for better training and reduced injury.
- Shoes have become very technical; there is a “right shoe” for every foot type and running/walking gait. Shoes labeled “running” in a mall store are typically not designed for the volume and intensity of training a HS runner will do.
- When purchasing shoes, consider:
  - Gait cycle, foot strike
  - Foot dimensions
  - Weekly mileage
  - Typical running surfaces
  - Body type and size
  - Injury history

## Potomac River Running (=PR=)’s Gait Analysis Process

Training shoes are designed to function differently and should be selected based on the athlete’s footstrike, giving consideration to propensity for injury. Athletes with a neutral footstrike and a high or rigid arch tend to need a “cushion” or “neutral shoe”, while athletes who overpronate (roll or twist slightly to the inside as their foot strikes the ground) typically require a “stability” shoe designed to correct the inefficiency. As they become more efficient, they may need “less” shoe. Every shoe company makes one or more shoes in every category; when the category is identified, the athlete can compare comfort/fit in several shoes designed to do the same thing functionally. At =PR=, we analyze gait and footstrike in order to provide guidance on the best category of shoe.

Our process is:

- Watch athlete run/walk in a “neutral” shoe at normal exercise pace on our treadmill. (A camera points at the runner’s feet and a video screen allows us (and you) to see what is happening)
- Identify unique characteristics of foot-strike – over-pronation, supination, forefoot-striking, etc.
- Discuss exercise history and current regimen, injury issues, etc.
- Consider arch height and foot flexibility when relevant
- Choose functional shoe category to match gait and other characteristics
- Select styles consistent with foot shape and dimensions, have the athlete determine which shoe feels best based on comfort, then revisit the function of the shoe on the treadmill if necessary.

## Shoe Fit, Wear, and Care

- Because running/walking shoes are typically cut shorter than dress shoes, and your feet swell with exercise, expect that training shoes will size up between ½ and 1 ½ sizes. Check for about a “thumb’s width” of space between the front of the toe and the front of the shoe.
- Shoes typically last between 300-500 miles or about 6-7 months when worn outdoors. One pair of shoes should be sufficient for the typical HS training season, but if the athlete is doing off-season training, pay attention to shoe wear. Sudden, atypical aches and pains (during a consistent exercise routine) can indicate that the shoe is wearing out.
- Shoes should not be put in the washer or dryer. Wash them by hand and stuff them with newspaper to pull out most of the moisture. If they need to be even drier, place them in front of a cool air source like a fan.

## Competition Shoes

A training shoe can be worn for both training and racing, but many athletes also purchase competition shoes. A competition shoe is a minimalist, light shoe designed specifically for racing. Its outsole is designed to reduce; many shoes can have spikes added when appropriate/ permitted to further improve traction. Competition shoes are typically less expensive and, when cared for properly, do not need to be replaced (aside from the spike pins) unless the athlete’s foot grows.

## =PR= and High School Athletics

Many of us at =PR= benefited greatly from our experiences as HS athletes, and we try to give back to the sport by supporting all HS runners with a 15% discount at our store. Simply indicate that you are a HS athlete when you come in and you will receive this discount. We occasionally host Team Nights, sponsor meets and events, and offer other promotions and giveaways for HS athletes as well.

=PR= ASHBURN  
Old Ashburn Square  
20630 Ashburn Road #137  
703-729-0133  
Hours: M-F 11-8; Sa 10-6, Su 11-5  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= RESTON  
Reston Town Center  
11911 Democracy Drive  
703-689-0999  
Hours: M-F 11-9; Sa 10-8; Su 11-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= BURKE  
Burke Centre  
5715 Burke Center Pkwy  
703-978-0500  
Hours: M-F 11-8; Sa 10-6, Su 12-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= ARLINGTON  
Next to FedEx Office, facing Glebe  
4501 N. Fairfax Drive  
703-243-2332  
Hours: M/T 4-8; W-F 11-8, Sa 10-6, Su 12-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= FAIRFAX  
Fairfax Corner Shopping Center  
11895 Grand Commons Ave.  
703-988-9700  
Hours: M-F 11-8; Sa 10-6, Su 11-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= DC F STREET  
Near Metro Center  
919 F. Street NW  
202-393-8500  
Hours: M-F 11-8; Sa 10-7; Su 12-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= TYSONS CORNER  
Tysons Station  
7516 Leesburg Pike  
703-790-3338  
Hours: M-F 11-8; Sa 10-6, Su 12-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

=PR= LEESBURG  
Villages at Leesburg (Wegmans) Center  
1601 Village Market Blvd SE  
571-918-0302  
Hours: M-F 11-8; Sa 10-7, Su 12-6  
[www.potomacriverrunning.com](http://www.potomacriverrunning.com)

## PVI Varsity Summer Training Schedule 2019

Pace Type	Pace Time
Easy	6:45 – 8:58
R pace	200 = :34-:47, 400 = 1:10 – 1:36
T pace	1 mile = 5:40-7:25

June	Workout
16	3 miles easy
17	Off
18	4 miles easy
19	4 miles easy;
20	4 miles easy;
21	Off
22	5 miles easy
23	6 miles easy
24	5 miles easy
25	4 miles easy; 5 strides
26	4 miles easy; 5 strides
27	5 miles easy; 5 strides
28	Off
29	6 miles
30	5 miles easy
July	Workout
1	4 miles easy; 5 strides
2	4 miles easy; 5 strides
3	5 miles easy
4	4 miles
5	Off
6	4 miles easy; 5 strides
7	6 Miles
8	4 miles easy; 5 strides
9	4 miles easy; 5 strides
10	5 miles easy
11	6 miles; 6 strides
12	Off
13	1 mile warm-up; 2(2x200 & 1x400) at R pace; 2 mile cool down
14	7 miles easy
15	4 miles easy
16	1 mile warm-up; 3x1 mile at T pace with 1:00 recovery; 1 mile cool down
17	1 mile warm-up; 2(2:00 h, 1:00 e, 1:00 h, :30 e, :30 h, :30 e); 2 mile cool down
18	6 miles; 6 strides
19	off
20	4 miles easy
21	1 mile warm-up; 6x400 at R pace; 2 mile cool down
22	5 miles easy
23	5 miles easy; 6 strides
24	1 mile warm-up; 3(2x200 & 1x400) at R pace; 2 mile cool down
25	7 miles; 6 strides
26	Off
27	5 miles easy
28	8 miles

29	1 mile warm-up; 3x1 mile at T pace with 1:00 recovery; 1 mile cool down
30	6 miles
31	1 mile warm-up; 4(4:00 h, 3:00 e); 2 mile cool down
<b>August</b>	<b>Workout</b>
1	7 miles easy; 6 strides
2	Off
3	1 mile warm-up; 8x400 at R pace with 1:30 recovery; 2 mile cool down
4	9 miles easy
5	5 miles easy
6	1 mile warm-up; 3(2:00 h, 1:00 e, 1:00 h, :30 e, :30 h, :30 e); 2 mile cool down
7	5 miles
8	8 mile easy; 6 strides
9	Off
10	1 mile warm-up; 4(2x200 & 1x400) at R pace; 2 mile cool down
11	10 miles easy
12	6 miles easy
13	4 miles easy
14	4 miles easy; 6 strides
15	Cross-country practice begins at PVI – 3:30p.m. (meet by the track) <ul style="list-style-type: none"> <li>• You must have a completed physical in order to start practice!</li> <li>• You must bring your 4 part form to practice</li> </ul>
<b>Coaches</b>	<b>Contact Information</b>
Coach Kiernan	<a href="mailto:mkiernan@pvipanther.net">mkiernan@pvipanther.net</a> Cell: 571-405-0456
Coach Bruno	<a href="mailto:kbruno@pvipanther.net">kbruno@pvipanther.net</a> Cell: 516-680-0243
Captains	Ellie Thurneysen, Catherine Irons, Emma Smith, and Caroline Susco Frank Paquette, Gavin McDonnell, and Rob Gillman

## PVI Junior Varsity Summer Training Schedule 2019

Pace Type	Pace Time
H = Hard / E= Easy	9:30 – 11:30

June	Workout
16	3 miles easy
17	Off
18	3 miles easy
19	2miles easy;
20	3 miles easy;
21	Off
22	3 miles easy
23	4 miles easy
24	2 miles easy
25	2 miles easy; 5 strides
26	2 miles easy; 5 strides
27	2 miles easy; 5 strides
28	Off
29	2 miles
30	4 miles easy
July	Workout
1	2 miles easy
2	2 miles easy
3	2 miles easy
4	2 miles
5	Off
6	2 miles easy
7	4 Miles
8	2 miles easy
9	2 miles easy
10	2 miles easy
11	2 miles
12	Off
13	2 miles
14	5 miles easy
15	3 miles easy
16	1 mile warm-up; 5( :40 e; :20 h); 1 mile cool down
17	3 miles easy
18	3 miles easy
19	off
20	1 miles warm-up; 1 mile at 8:30 pace; 1 mile cool down
21	5 miles easy
22	3 miles easy
23	3 miles easy; 6 strides
24	1 mile warm-up; 4( 1:00 h, 1:00 e) 1 mile cool down
25	3 miles; 6 strides
26	Off
27	1 miles warm-up; 1 mile at 8:30 pace; 1 mile cool down
28	5 miles
29	4 miles easy
30	1 mile warm-up; 8( :40e, :20 h) 1 mile cool down
31	4 miles easy

August	Workout
1	4 miles easy; 6 strides
2	Off
3	1 mile warm-up; 2(4:00 h, 3:00 e) 1 mile cool down
4	5 miles easy
5	4 miles easy
6	4 miles easy
7	1 mile warm-up; 5(1:00 h, 1:00 e) 1 mile cool down
8	4 mile easy; 6 strides
9	Off
10	1 mile warm-up; 2(4:00 h, 3:00 e) 1 mile cool down
11	5 miles easy
12	4 miles easy
13	4 miles easy
14	2 miles easy; 6 strides
15	Cross-country practice begins at PVI – 3:30p.m. (meet by the track) <ul style="list-style-type: none"> <li>You must have a completed physical in order to start practice!</li> <li>You must bring your 4 part form to practice</li> </ul>
Coaches	Contact Information
Coach Kiernan	<a href="mailto:mkiernan@pvipanther.net">mkiernan@pvipanther.net</a> Cell: 571-405-0456
Coach Bruno	<a href="mailto:kbruno@pvipanther.net">kbruno@pvipanther.net</a> Cell: 516-680-0243
Captains	Ellie Thurneysen, Catherine Irons, Emma Smith, and Caroline Susco Frank Paquette, Gavin McDonnell, and Rob Gillman





# PAUL VI CATHOLIC HIGH SCHOOL

10675 Fairfax Blvd., Fairfax, VA 22030-4314

## Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School Year \_\_\_\_\_

### PART I - ATHLETIC PARTICIPATION

Male \_\_\_\_\_

(To be filled in and signed by the student)

Female \_\_\_\_\_

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent Paul VI Catholic High school in any interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school.
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year. must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents' consent to your participation.
- must not be in violation of Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND STATE LEAGUES MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Providing false information will result in ineligibility for one year.**

## PART II - - MEDICAL HISTORY



**This form must be completed and signed, prior to the physical examination, for review by examining physician.  
Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.**

MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			32. Do you have any rashes, pressure sores, or other skin problems?		
2. Do you have an ongoing medical condition (like diabetes or asthma)?			33. Have you ever had herpes skin infection?		
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?			34. Have you ever had a head injury or concussion?		
4. Do you have allergies to medicines, pollens, foods or stinging insects?			35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?			36. Have you ever been hit in the head and been confused or lost your memory?		
6. Have you ever passed out or nearly passed out during or after exercise?			37. Have you ever been knocked unconscious?		
7. Have you ever passed out or nearly passed out at any other time?			38. Have you ever had a seizure?		
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?			39. Do you have headaches with exercise?		
9. Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?			40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?		
10. Does your heart race or skip beats during exercise?			41. Have you ever been unable to move your arms or legs after being hit or falling?		
11. Has a doctor ever told you that you have (check all that apply):  ___ High Blood Pressure            ___ Heart murmur ___ High cholesterol                ___ Heart infection			42. When exercising in heat, do you have severe muscle cramps or become ill?		
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
12. Has a doctor ever ordered a test for your heart?			44. Have you had any other blood disorders or anemia?		
13. Has anyone in your family died suddenly for no apparent reason?			45. Have you had any problems with your eyes or vision?		
14. Does anyone in your family have a heart problem?			46. Do you wear glasses or contact lenses?		
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)			47. Do you wear protective eyewear, such as goggles or a face shield?		
16. Does anyone in your family have Marfan syndrome?			48. Are you happy with your weight?		
17. Have you ever spent the night in a hospital?			49. Are you trying to gain or lose weight?		
18. Have you ever had surgery?			50. Do you limit or carefully control what you eat?		
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			51. Has anyone recommended you change your weight or eating habits?		
20. Have you had any broken or fractured bones or dislocated joints?			52. Do you have any concerns that you would like to discuss with a doctor?		
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			53. What is the date of your last Tetanus immunization? Date: _____		
			<b>FEMALES ONLY</b>		
22. Have you ever had a stress fracture?			54. Have you ever had a menstrual period?		
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			55. Age when you had your first menstrual period? _____		
			56. How many periods have you had in the last 12 months? _____		
24. Do you regularly use a brace or assistive device?			57. Do you take a calcium supplement?		
25. Have you ever been diagnosed with asthma or other allergic disorders?			<b>Explain "Yes" answers here:</b>		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?					
27. Is there anyone in your family who has asthma?					
28. Have you ever used an inhaler or taken asthma medicine?					
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?					
30. Have you had infectious mononucleosis (mono) within the last three months?					
31. Have you ever had mono or any illness lasting more than two weeks?					

Parent/Guardian Signature: \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_



### PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30 of the current school year).

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HEIGHT: _____		WEIGHT: _____		SEX: _____	AGE: _____	DOB: _____	
*Tanner Stage or Maturation _____		Index: (males only) _____			BP: _____		
*Percent Body Fat: _____						* PULSE (rest) _____	
*Audiogram _____						*PULSE(Exercise) _____	
						*PULSE (Recovery) _____	
*Vision: Corrected (L) (R) _____				(Both) _____		*FEV or Peak Flow (rest) _____	
Uncorrected (L) (R) _____				(Both) _____		*FEV(Exercise) _____	
	N	ABNORMAL			N	ABNORMAL	
Eyes				Cervical Spine/neck			
Ears				Back			
Nose				Shoulders			
Throat				Arm/elbow/wrist/hand			
Teeth				Knees/hips			
Skin				Ankle/feet			
Lymphatic				Marfan Screen			
Lungs				*Urine			
Heart				*Hemoglobin or HCT and or Iron stores			
Periphera l pulses				^Echocardiogram			
Abdomen				^Neuropsyc Testing			
Genitalia/hernia (male only)				^Pelvic Examination			

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

**CLEARED WITHOUT RESTRICTIONS**

Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_

Cleared for **Limited participation** (check and explain “reason” for all that apply):

Not cleared for (specific sports) \_\_\_\_\_

Cleared only for (specific sports) \_\_\_\_\_

Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION:** \_\_\_\_\_

Reason(s): \_\_\_\_\_

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

Recommend close monitoring during early conditioning because of weight/fitness/other U

Recommend restrictions or monitoring of weight loss or gain

Other \_\_\_\_\_

Reason(s): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ + M.D. Date of Examination\*\*

(MD, DO, LNP, PA)

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

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**



(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any school sports with the exception of:

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risks vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risks inherent in sports through meetings, written forms or some other means.

Name of parent's/guardian's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school athletic program, publication or video.

**PART V - EMERGENCY PERMISSION FORM**

(To be completed and signed by parent/guardian)

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency:

Please list any allergies to medications, etc.

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

\_\_\_\_\_ Daytime phone for emergency

\_\_\_\_\_ Evening phone for emergency

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct \_\_\_\_\_

Parent/Guardian Signature