

Cross-Country

CC

Shawnee Middle School Cross-Country

SMS



Coach Freewalt

www.freewalt.com/shawnee/xc

coach@freewalt.com

You can also contact me through Remind

2017

Q. What is Cross-Country?

Cross-Country is distance running. Each race is two miles long. In Cross-Country, athletes race through wooded trails, through meadows, up hills, down hills, etc. Think of it as “off-road” Track & Field. It’s a great opportunity to compete and a great way to get in shape for winter and spring sports. You’ll never know until you try it. Bring a friend. It’s good to be social and get in shape!

Q. When are races?

Races are generally held on Tuesday or Thursday evenings as well as most Saturday mornings throughout the season. There are usually two races per week. An updated meet schedule will be posted at www.freewalt.com/shawnee/xc when available.

Q. When are practices?

Summer practices will be held either at the shelter house near the pond at the bottom of the hill on Cole Street at Faurot Park from 7:00-8:00 pm or at the shelter house near the pond and large playground at Heritage Park from 10:00-11:00 am (see attached schedule calendar). Once school starts, practices will be held after school every day Monday-Friday until 4:30.

Q. What do I need for practice?

Comfortable running/training shoes and socks for practice (not basketball sneakers, track spikes, or skateboarding shoes), comfortable shorts and shirt, and a water bottle.

Q. What about the weather?

If it is pouring, if there is lightning, or if there is a thunderstorm warning or tornado warning for our portion of Allen County, a summer practice will automatically be cancelled. If in doubt, please call or text me at 419-203-5280.

Q. What if I can’t make it to practice?

Practices are “mandatory” in August, so a missed practice without a valid excuse will constitute an unexcused absence (vacations and family events are always excused ... after all, it is summer). If you will miss a practice, please e-mail coach@freewalt.com or call or text 419-203-5280 to let me know. If you don’t have a ride to Faurot Park or Heritage Park, let me know that as well and we can try to get a ride for you with the family of another team member.

Q. What do I need to do to join the team?

1. All athletes need to register online at shawneelima.8to18.com.
2. In addition, all athletes must have a current OHSAA physical (good for 1 calendar year) on file with the Athletic Office. OHSAA physical packets are available in the High School Athletic Office (midget football and Boy Scout physical forms are not acceptable).

2017 Shawnee Middle School Cross-Country Summer Schedule

Important Note:

Mandatory practices begin **Monday, August 1st**; however, it is extremely important to spend some quality time in June and July getting in shape. The work you do in the summer will pay off for you in the fall. I would like each athlete to be able to run 2 continuous miles by the time practice officially starts in August, but this is not a requirement. If you will be out of town this August, e-mail me at coach@freewalt.com, contact me through Remind, or call or text me at 419-203-5280 and we can arrange an alternative schedule to get you ready. **Absences before school starts will be excused for vacations, family events, and summer sports so long as you get in shape, but please notify me to be excused. Just like any other sport, you need to attend practice.** All athletes must register online and have a valid physical on file with the high school athletic office.

June and July are great months to get into shape. Some ideas are:

- Start with a 5-10 minute run a couple days a week and work up to 20-30 minutes or more. Run a 5k road race or two???
- Do some push-ups and sit-ups/crunches every day, make it a habit to stay fit
- Jumping jacks, frog hops, high skips, etc. will help build leg strength
- Swimming, biking, skating are all good ways to get in shape. We call this "cross-training"
- Get together with some of your friends who want to get into shape. It's more fun to run if you have a friend to run with.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
23 July	24 Run, bike, swim, etc. on your own	25 Run, bike, swim, etc. on your own	26 Run, bike, swim, etc. on your own	27 Run, bike, swim, etc. on your own	28 Run, bike, swim, etc. on your own	29 Run, bike, swim, etc. on your own
30	31 7-8 pm—Practice at Faurot Park	1 August OPTIONAL RACE 7 pm—National Night Out 5k at Heritage Park	2 10-11 am— Practice at Heritage Park	3 7-8 pm—Practice at Faurot Park	4 10-11 am— Practice at Heritage Park	5 Run, bike, swim, etc. on your own
6	7 7-8 pm—Practice at Faurot Park	8 7-8 pm—Practice at Faurot Park	9 10-11 am— Practice at Heritage Park	10 7-8 pm—Practice at Faurot Park	11 10-11 am— Practice at Heritage Park	12 Run, bike, swim, etc. on your own
13	14 7-8 pm—Practice at Faurot Park	15 7-8 pm—Practice at Faurot Park	16 10-11 am— Practice at Heritage Park	17 OPTIONAL RACE 6 pm—All- Comers XC at Spencerville HS	18 10-11 am— Practice at Heritage Park	19 Run, bike, swim, etc. on your own
20	21 7-8 pm—Practice at Faurot Park	22 TEAM RACE 4:30 pm—vs. LCC at Faurot Park	23 10-11 am— Practice at Heritage Park	24 School Begins!!! After school until 4:30 pm— Practice at school	26 After school until 4:30 pm— Practice at school	26 TEAM RACE Bob Shull (Milton-Union) Invitational

Schedule subject to change. The entire meet schedule will be posted when available to
<http://www.freewalt.com/shawnee/xc>

Static Stretches

Sitting Dual Hamstring Stretch	Sitting Single Hamstring Stretch "Hurdler Stretch"
Groin Stretch "Butterfly" or "Chicken Wings"	Straight Leg Groin Stretch
Twist Stretch	Racing Hip Stretch "Lunge"
Wall Push Calf Stretch	Standing Quadriceps Pull "Quad Stretch"
Overhead Arm Stretch	Arm Overhead Triceps Stretch

Other static stretches include:

- Standing IT Stretch (one leg crossed over the other; touch your toes)
- Standing Dual and Single Hamstring Stretch

Stretching Exercises

1. Neck Flexion/Extension Stretch
2. Neck Lateral Flexion Stretch
3. Upper-back, Cervical and Forearm Distal Stretch
4. Triceps Stretch
5. Shoulder Rotator Stretch
6. Cervical Stretch of C5 and C6
7. Arms Stretch
8. Pectorals/Shoulder Stretch
9. Waist Rotator Stretch
10. Thoracic & Cervical Stretch
11. Latissimus Dorsi Stretch
12. Groin & Hip Flexion and Adduction Stretch
13. Lower Back Stretch
14. Lower Back Stretch
15. Rotator Stretch
16. Heels of Soles
17. Adductor Stretch
18. Groin Stretch
19. Hip Flexion Stretch
20. Quadriceps Stretch
21. Dumbbell Stretch
22. Ankle Stretch
23. Hip Flexion Stretch
24. Ankle Stretch
25. Groin Stretch

Form (or Dynamic) Stretches

High Knees		Butt-Kicks	
Lunge		Carica	

Other form (dynamic) stretches include:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Power Skip (high skip) • Power Hop (frog hop) • Bunny Hop • Tin Soldiers (toe touch) | <ul style="list-style-type: none"> • A-Drill (A-Skip) • B-Drill (B-Skip) • Quick Skip • Duck Walk | <ul style="list-style-type: none"> • Tuba Run • Crab Walk • Bear Crawl • Walrus Crawl |
|---|---|---|

Pre-season Workout Ideas and Nutrition

While you wait for the season to start, start getting in shape!

If the weather is nice enough or if you have access to a treadmill, **RUN !!!**

Have a Wii Fit board or an Xbox with Kinect? There are several great yoga and strength activities you can do. The balance activities will help you as well. It sounds strange, but some video games actually have a purpose!

Push-ups

- build to at least 25 per day
 - keep your head, back, rear-end, and legs in a straight line as you go down and up

Crunches and Sit-ups (yes, there's a difference)

- build to at least 50 per day (a combination of crunches and sit-ups)
- Types
 - regular crunches – feet flat on the floor, knees bent, arms crossed at chest, raise your head and shoulders off the ground
 - leg-lift crunches – legs straight and feet 6 inches off the ground, arms crossed at chest, raise your head and shoulders off the ground
 - side crunches – lay on one side with hands behind your head, lift your head and shoulder off the ground, repeat for other side
 - sit-ups – similar to a regular crunch but sit your entire upper body up to perpendicular with the ground
 - "v" sit – similar to a sit-up but keep your legs straight and lift your legs while you sit up, creating a "v" with your body

Leg lifts

- sprinkle these in with your crunches and sit-ups

lay flat on your back, hands at your side or crossed at your chest, keep legs straight and together, lift your feet 6 inches off the floor and hold, relax, then repeat several times



Sandals, flip-flops, etc. provide very little support and should be avoided for daily wear at school. Athletes who wear flip-flops to school generally have higher likelihood of developing shin splints (a chronic pain in the shins), tensor fasciitis (an annoying arch problem), and other foot, knee, and hip problems. A shoe with an arch provides better support.

Nutrition on practice and meet days.

- Plenty of sleep each night (at least 8 a night, every night).
 - Eat a good breakfast.
 - Eat a good lunch.
 - Drink plenty of water throughout the day. – "Clear pee is the key!"
 - A snack to eat before an after-school meet.
 - A snack to eat afterward.
 - This is important to refuel your body.
 - 40-100g of carbohydrates & 10-20g of protein within 45 minutes.
 - 12 oz of chocolate milk
- pretzels, PB&J, sports drink (Gatorade / Powerade is OK, but avoid "energy" drinks such as RedBull, Monster, etc.)



SMS Cross-Country Rules

1. ATTENDANCE & BEHAVIOR

Regular practice attendance is required for the athlete to remain a member of the team. To be a team member requires a commitment to all daily practices, team meetings, meets, and special events for the team. Also, athletes are expected to follow school and district rules as outlined in the Student Handbook.

A. **EXCUSED ABSENCE**

- a. Absence from school due to illness is considered an excused absence.
- b. An illness which occurs during school must be verified by a parent or doctor's note upon the athlete's return to school and practice.
- c. A doctor's appointment will be considered excused when the athlete presents a verification of said appointment from the doctor's office. Please try to schedule appointments so that they do not conflict with practice or meets. A referral from the doctor to excuse an athlete for a specific time should be taken to the trainer who will inform the coaches of the referral. Athletes who miss practices due to injury may be asked to provide a clearance note from a doctor to return to practice to insure the safety of the athlete. Please provide notification of **in advance** of the practice or event that will be missed for an appointment.
- d. Should an athlete need to stay after class to take a test or to be tutored, it will be considered an excused absence when a coach receives a written note from the teacher involved. This also applies to club meetings (extra-curriculars), but a coach should be notified **in advance** of the practice or event to be missed.
- e. Excused absences for reasons other than illness are to be discussed **in advance** with a coach.

VACATIONS

If an athlete takes a vacation during the season, please notify a coach **in advance, in writing**. It will be expected that the athlete will try to keep active while on vacation so as to avoid getting "out of shape".

B. **UNEXCUSED ABSENCE**

An unexcused absence will be considered a lack of interest and commitment on the part of the athlete and will result in disciplinary action. If an athlete fails to bring practice clothing (shoes, gym clothes, etc.) an unexcused absence will result. If the athlete is present at school, yet misses that day's practice, it is considered an unexcused absence. If an athlete misses a meet without sufficient notice in advance, it is considered unexcused.

FIRST OFFENSE

Depending on the nature and/or extenuating circumstances of the offense, the athlete may receive a warning, may be required to miss participation in one meet, and/or may be assigned additional training.

SECOND OFFENSE

The athlete may be prohibited from participation for the rest of the season.

C. ALCOHOL, TOBACCO & DRUG USE

The Shawnee High School Athletic Department has adopted the following policy on alcohol, tobacco, and drug use:

A student athlete identified as using or possessing drugs, alcohol, or tobacco by a faculty member during the sport season or admitting to using or possessing drugs, alcohol, or tobacco during the sport season shall be subject to the following consequences:

FIRST OFFENSE

The athlete shall be denied participation in 50% of the contests scheduled for that sport. The consequence may be reduced to 10% of the contests if the athlete participates in a chemical assessment by a certified chemical dependency counselor. The athlete shall continue to practice.

SECOND OFFENSE

The athlete shall be denied participation for the remainder of the season.

D. IMMEDIATE DISMISSAL

This could result when an athlete chooses to behave in a disrespectful manner which reflects negatively on themselves, their team, their coaches, or their school.

2. PRACTICE & MEETS

You must have a physical on file in the High School Athletic Office before you can participate in any athletic activities. Physicals are valid for one calendar year.

A typical practice consists of a warm-up run, static stretching, dynamic stretching (form runs), the workout, cool-down run, stretching.

A. TIME & PLACE

Typically, practice begins at 2:50 in the **east gym**. Practice times may vary depending on the weather and the needs of our team as we progress throughout the season. Practices may be shorter the day before a meet.

Athletes should be picked up behind the middle school by the 5th/6th cafeteria doors (by the playground). Athletes are expected to be picked up within **15 minutes** of the end of practice or the return of a bus after a meet unless prior arrangements have been made with the coaching staff. Athletes will be asked to leave the building 15 minutes after the conclusion of our event that day, and coaches should not be expected to wait any longer than that.

B. PROPER EQUIPMENT

Athletes should bring appropriate practice gear to school EVERYDAY and have uniforms on meet days. Practice gear includes shoes, shorts, shirt, and sweat top and pants. Be prepared for any possible weather conditions. Proper equipment is essential to help avoid injuries and for performing at the highest level. Shoes for practice should be made for running (not basketball or skateboarding). Avoid wearing flip flops or sandals to school (trust me, they can lead to injuries). Distance spikes are not required but can be used if desired.

3. INJURIES

Unfortunately, injuries do happen in Cross-Country. To limit the number of unnecessary and frivolous visits to the athletic trainer, we ask that visits to the trainer be pre-approved by a coach and be reserved for true injuries (going to the trainer is not a social event). The coaching staff obviously wants everyone to be healthy, and to get healthy if injured. Many bumps, bruises, and muscle strains incurred during Cross-Country are simple to treat. Often ice and some rest are all that is needed to recover. If the athletic trainer has recommended for an athlete to ice the injured area and to take a few days off, we will consider those excused absences so long as the coaching staff is notified. **Icing during practice is not a social activity.** Athletes who are frequently injured or are injured over a long period of time may be asked to assume a different role on the team or to get healthy and try again next year.

4. TRAVEL RELEASES

All players must take school authorized transportation to and from away contests. Athletes may be excused from riding either to or from an athletic event on school authorized transportation for school related reasons or extreme exceptional circumstances. This privilege may be granted on the rarest occasion since our philosophy continues to be that an athlete is part of a team in all phases of the team activity and is expected to use school transportation for all away contests. In the event of such a circumstance (as mentioned above), the athletic director shall determine whether or not a student can be released from using school transportation only after the following procedures have been completed:

- a. Athletes must secure a travel release form from the athletic director.
- b. The athlete and the athlete's parents must complete and sign the travel release form.
- c. The athlete must give the signed travel release form to a coach at least 48 hours in advance of the contest for the form to be approved and forwarded to the athletic director.
- d. The athletic director will notify the coach and the athlete of the approval or denial of the request for release from using school transportation.

A. EMERGENCY TRAVEL RELEASE

In the event of a family emergency, the coach shall release an athlete from using school transportation after an event upon receiving written request from the athlete's parent. In no case will a coach release an athlete to ride home with anyone but the athlete's own parent.

5. EVENTS (Junior High)

All races are 2 miles in distance and are "off-road".



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2017-2018

HISTORY FORM – Please be advised that this paper form is no longer the OHSAA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Address _____

Emergency Contact: _____ Relationship _____

Phone (H) _____ (W) _____ (Cell) _____ (Email) _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) 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: Asthma Anemia Diabetes 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 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)		

BONE AND JOINT QUESTIONS - CONTINUED	Yes	No
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 past month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes (cold sores) or MRSA (staph) 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 headaches, or memory problems?		
36. Do you have a history of seizure disorder or epilepsy?		
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 an eye injury?		
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 gain or lose weight? Has anyone recommended that you do?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____

The student has family insurance Yes No If yes, family insurance company name and policy number: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2017-2018

THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device or prosthetic?		
7. Do you use a special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any 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 have 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 with 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 if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2017-2018

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, 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 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 or use condoms?
 - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		DATE OF EXAMINATION _____	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/	L20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)			
Pulses Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional Duck walk, single leg hop			

*Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third part present is recommended.
 ‡Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not Cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____



Sign up for important updates from Coach Freewalt.

Get information for **Shawnee Middle School** right on your phone—not on handouts.


Pick a way to receive messages for **SMS XC 2017**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/smsxc2017

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message **@smsxc2017** to the number **81010**.

If you're having trouble with **81010**, try texting **@smsxc2017** to **(419) 549-5054**.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/smsxc2017 on a desktop computer to sign up for email notifications.

SMS Cross-Country Rules Acceptance Sheet

- I have received a copy, have read, and understand the rules for Shawnee Middle School Cross-Country.
- I agree to abide by the rules throughout the season.
- I have obtained a physical in the past 12 months (or I have an appointment scheduled to get a physical).
 - o - NOTE: You can obtain copy of the physical form online at http://www.ohsaa.org/Portals/0/Sports-Medicine/PPE_2017-18.pdf
 - NOTE: You can fill out the necessary additional paperwork online at <https://shawneelima.8to18.com/> (you must create an account)
- I understand that I must register for Cross-Country at <https://shawneelima.8to18.com> and watch the OHSAA video there before I will be allowed to practice (this requirement must be completed even if you participated in a school sport last year).
- I understand that I cannot attend practice or participate in any team events until I have a valid physical and other required paperwork on file at the high school Athletic Office.
- I understand that there will be a parent meeting during the 1st or 2nd week of practice (date and time to be announced).
- I am invited to join the text/email group by texting to the number 81010 the message @smsxc2017 or visiting <https://www.remind.com/join/smsxc2017>

Athlete printed name _____

Grade _____

Athlete signature _____

Parent(s) signature(s) _____

Return this signed form to Coach Freewalt.