



Cross Country/Track & Field REGISTRATION FORM

St. James School Cross Country & Track Teams aim to provide children an opportunity to try running sports in a fun and supportive environment. Our goal is for interested students to participate, challenge themselves, and have fun with their friends. We hope you can join us! Meets typically focus on 2nd grade and older, with a fun run for younger children.

Program Overview

IMPORTANT NOTE: The SJS website (www.sjsbr.org/Athletics/Track & Field) is the source for ALL the team information. Very few emails are sent by coaches during the season. Practices are sometimes canceled or changed, so please visit the website often and especially before events.

Practices: Tuesdays and Fridays from 6:00-7:00 PM, Pleasant Valley Park

What the kids need: 'Real' running shoes; a light jacket or sweatshirt over a t-shirt; water bottle. Children 2nd grade or under must have a parent/guardian remain at practice.

Program fee: \$45 per student includes Meet fees, but not uniform. (See separate uniform order form.)

Coach: Matthew Wizeman (matthewwizeman@yahoo.com)

Meet dates: Exact schedule to be confirmed

**Please return this form with your fee of \$45 per child to the main office c/o Mrs. Melcher.
All checks should be made payable to "Saint James School"**

Runner's Name: _____ Boy/Girl: _____ Grade: _____
Runner's Name: _____ Boy/Girl: _____ Grade: _____
Runner's Name: _____ Boy/Girl: _____ Grade: _____

Number of Athletes _____
Cost per Athlete \$45.00
Registration Total (# of athletes * \$45.00) _____

Do you need an SJS Track shirt(s): Y _____ N _____

How Many shirts: _____
Cost per Shirt \$15.00
Shirt total _____
Grand Total _____

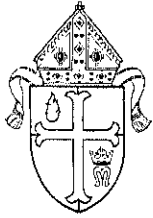
Parent/Guardian's Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____



Diocese of Metuchen
Office of Youth & Young Adult Ministry
St. James School
Track and Field/CC 2018-2019 player registration Form
PLEASE PRINT CLEARLY

Player's Information

Student Name: _____ Age: _____
 Date of Birth _____ Grade _____
 Parent / Guardian _____
 Phone - Home (_____) _____ Cell (_____) _____
 Work (_____) _____ Parent's Email Address: _____
 Address _____
 City / State / Zip _____
 Emergency contact _____ Phone: (_____) _____
 Health Insurance Company: _____
 Policy Number: _____ Policyholder Name: _____
 Doctor's Name: _____ Doctor's Phone #: _____
 Hospital Preference (in case of emergency): _____

IMPORTANT

I consent to my child, _____ ("my child"), participating in Track and Field/CC and consent to the mode of transportation as indicated (see page 2). My child and I will abide by the rules and regulations of the Diocese of Metuchen, its affiliated organizations including St James sports.

I specifically waive and release any and all claims of any nature which I may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

Name: _____ Player: _____
Print Name of Parent/Guardian Print Player's Name
 Signature: _____ Signature: _____
Signature of Parent/Legal Guardian Player's Signature
 Date: _____ Date: _____

PLEASE MAKE SURE BOTH PAGES OF THIS REGISTRATION FORM ARE COMPLETED/SIGNED

INCOMPLETE FORMS WILL MAKE PLAYER INELEGIBLE TO PLAY.

REGISTRATION FORMS MUST BE SUBMITTED PRIOR TO THE BEGINNING OF THE Track and Field/CC SEASON FOR PARTICIPANT TO PLAY.



Diocese of Metuchen

Office of Youth & Young Adult Ministry

Track and Field/Cross Country 2018/2019 Player Registration Form

Parent/Guardian: Please read carefully and sign below.

MEDICAL RELEASE

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Track and Field/Cross Country. Should emergency medical treatment be necessary and I cannot be reached immediately, I authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS

I agree that I have read and fully understand the *Office of Youth & Adult Ministry's Policies, Rules of Conduct & Bylaws* (available on www.diometuchen.org) and I agree to adhere to them. I agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I assume all responsibility and transportation costs.

This section must be notarized

In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Parent/Guardian Name (Print): _____ Date: _____

Signature of Parent/Guardian: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

During the hours of track and field/Cross Country activities I can be reached at: (____) _____

Saint James School
Track and Field/Cross Country – 2018/2019
Code of Conduct for Parents & Guests

For a successful season, it is required that:

1. Players Play
2. Coaches Coach: *Instruct, guide and encourage*
3. Officials Officiate
4. Parents become Role Models: *Support, encourage and love their child whether winning or losing.*

Acceptable Standards of Behavior

- These young players play for their own enjoyment and growth, are doing their best, need our help to gain confidence, and are not playing for us.
- Remain seated in the seats at all times during the games.
- No derogatory remarks or gestures to players, coaches, officials, or attendees will be tolerated.
- Respect others in the seats/stands; do not argue.
- This is only a game, a Catholic Youth Ministry League game, not a street game
- Keep it wholesome and family oriented
- Applaud good plays by opposing players as well as your own.
- Respect decisions made by the officials.
- Be a positive role model. Encourage teams, do not coach, instruct or criticize from the stands.
- Be grateful your child is healthy enough to play and wants to have fun with others his/her age.
- Applaud both teams as they come onto and leave the court throughout the game.
- Join in prayer at the beginning and/or end of games

Remember making mistakes and losing are part of life. Be tolerant of mistakes by the players, the volunteer coaches, referees, and others. Mistakes are opportunities for learning. Encourage players!

As parents and guests, we show mutual respect and support to others in a Catholic community environment & ensure healthy competition and fair play. We know sports should be fun. It helps our child's wholesome development. Sports also help character development and good sportsmanship. We recognize that we are role models of good, Catholic, encouraging behavior to all, and that our children learn best from us.

Parent Signature

Date

Parent Signature

Date

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

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

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. 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 athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

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 any 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 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 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 athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION 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, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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* <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) [†]			
Skin <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Duck-walk, single leg hop 			

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

- 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 preparticipation physical evaluation. The athlete 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. If conditions arise after the athlete has been cleared for participation, a 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, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

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 _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete 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. If conditions arise after the athlete 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, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____