# Hawthorne High School Spring Sports Parent Information Night





### Introduction of Staff



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

Ms. Bailey Wyrostek- Athletic Trainer Ext. 2155

Dr. Tom Bottiglieri- School Doctor



### Sport Offerings



High School: Baseball- Varsity and JV Softball- Varsity and JV Boys and Girls Track and Field- Varsity and JV Boys Lacrosse- Varsity and POTENTIALLY JV Golf- Varsity Girls Flag Football- \*Not a Varsity Sport\* May participate in other sports

LMS:

Boys and Girls Track and Field



# Winter Sports Coaching Staff



HHS Baseball Head Coach- John Passero

<u>HHS Softball</u> Head Coach- Ed "Mook" lannacone

<u>HHS Golf</u> Head Coach- TBD

<u>HHS Lacrosse</u> Head Coach- Greg Carr



# WinterSports Coaching Staff



<u>HHS Outdoor Track</u> Head Girls Coach- Gus Schell Head Boys Coach- Angelo Guarnieri

<u>LMS Outdoor Track</u> Head Girls Coach- Joni Genberg Head Boys Coach- Garrett Postolakis

<u>HHS Girls Flag Football</u> Head Coach- Osvaldo Duran







- Hawthorne Athletics is about a "Family"
  - "Once a Bear, Always a Bear"
- Coaching is Teaching
  - Life Lessons from Athletics
  - Academics come first
    - Minimum of 30 credits from the previous year and a 70 GPA.
    - Attendance and behavior in school can affect participation in sports.
- Coaches are professionals
  - Varsity is about building character and a team but also about winning.
  - Sub-Varsity is about playing time and preparing for Varsity
  - Coaches make the best decisions possible for the program and the team.
- Student-Athletes are encouraged to speak to their coaches regarding their role and responsibilities on the team.
- Parents may contact coaches or Athletic Director at any time via phone or email.



# **Physicals**



• All athletes must have a current (within the last 365 days) physical on file before participating in any activity.

High School Spring Physicals Due February 20

LMS Spring Physicals Due February 29

 Physicals must be completed on the NJ state forms. Universal forms will not be accepted.

If your son/daughter uses an inhaler, the physician must complete an asthma treatment plan. This must be done YEARLY.

NJ state law that the district doctor must sign off and clear all physicals before participation

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.

Stinging Insects

#### 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 keepa 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

E Food

Medicines

Do you have any allergies? 
Yes No If yes, please identify specific allergy below.

D Pollens

ENERAL QUESTIONS	Yes	No	MEDICAL CHILDRONS NO.
<ol> <li>Has a doctor ever denied or restricted your participation in sports for any reason?</li> </ol>	1		26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
2. Do you have any ongoing many second se	- (		27. Have you ever used an inhaler or taken asthma medicine?
below: Asthron Anemia Diabetes Descriptions			28. Is there anyone in your family who has asthma?
Other: 3. Have variever spent the night in the hospital?	-	-	23. https://www.even.com/without or are you missing a kidney, an eye, a testide
	_	-	(males), your spiceri, or any construction
			30. Do you have groin pain or a painful bulge or hernia in the groin area?
		No	31. Have you had infectious mononucleosis (mono) within the last month?
Arrest Ar			32. Do you have any rashes, pressure sores, or other skin problems?
6. Have you ever had discomfort, pain, tightness, or pressure in your			33. Have you had a herpes or MRSA skin infection? 34. Have you ever had a head injury or concussion?
chest during exercise?			34. Have you ever had a hit or blow to the head that caused confusion.
7. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a nit or blow to the head that caused contusion, projonged headache, or memory problems?
8. Has a doctor ever told you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?
check all that apply:  High blood pressure A heart murmur			37. Do vou have headaches with exercise?
High blood pressure     A heart murmur     High cholesterol     A heart infection			8. Have you ever had numbness, tingling, or weakness in your arms or
Kawasaki disease     Other:			legs after being hit or falling?
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			. Have you ever been unable to move your arms or legs after being hit or falling?
0. Do you get lightheaded or feel more short of breath than expected			Have you ever become ill while exercising in the heat?
during exercise?			4 Do you get frequent muscle cramps when exercising?
1. Have you ever had an unexplained seizure?			Do you or someone in your family have sickle cell trait or disease?
2. Do you get more tired or short of breath more quickly than your friends			Have you had any problems with your eyes or vision?
during exercise?			1. Have you had any eye injuries?
EART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	5. Do you wear glasses or contact lenses?
<ol> <li>Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 lincluding</li> </ol>			46. Do you wear protective eyewear, such as goggles or a face shield?
drowning, unexplained car accident, or sudden infant death syndrome)?			47. Do you worry about your weight?
<ol> <li>Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arthythmogenic right ventricular cardiomyopathy, long QT</li> </ol>			48. Are you trying to or has anyone recommended that you gain or lose weight?
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?
	-		50. Have you ever had an eating disorder?
<ol> <li>Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</li> </ol>	1	/	51. Do you have any concerns that you would like to discuss with a doctor?
6. ss anyone in your family had unexplained fainting, unexplained			FEMALES ONLY
se, res, or near drowning?			52. If a you ever had a menstrual period?
ONE AND YOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?
7. Have you every an injury to a bone, muscle, ligament, or tend			54. How many periods have you had in the last 12 months?
that caused you so this a practice or a game? 8. Have you ever had any broken and the state of t	_	-	Explain "yes" answers here
9. Have you ever had an injury that required x-rays, MRI, CT scan,	∕	-	
injections, therapy, a brace, a cast, or crutches?			
0. Have you ever had a stress fracture?			
<ol> <li>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)</li> </ol>			
2. Do you regularly use a brace, orthotics, or other assistive device?			l
3. Do you have a bone, muscle, or joint injury that bothers you?			
4. Do any of your joints become painful, swollen, feel warm, or look red?			
5. Do you have any history of juvenile arthritis or connective tissue disease?			
nereby state that, to the best of my knowledge, my answers to the	a abe		stions are complete and corpu-
pature of attliets Signature of			Date Date
2010 Amazinan Anadamu of Eamlly Disurinians, Amazinan Anadamu of Padiatric	e Amo	dean Cai	lege of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic
	o, ninel	nari Un	lege of Sports Webrche, American Webical Society for Sports Weblche, American Orthopaeoic is granted to reprint for noncommercial, educational purposes with acknowledgment

# Physical Form Page 1

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

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, d	sease, accident/trauma, other	)			
5. List the sports you are inte	ested in playing				
				Yes	No
6. Do you regularly use a bra	e, assistive device, or prosthe	tic?			
7. Do you use any special bra	ce or assistive device for sport	b?			
8. Do you have any rashes, p	essure sores, or any other ski	a problems?			
9. Do you have a hearing loss	? Do you use a hearing aid?				
10. Do you have a visual impai	rmont?				
11. Do you use any special de-	ices for bowel or bladder func	tion?			
12. Do you have burning or dis	comfort when urinating?				
13. Have you had autonomic d	vsrofiexia?				
	sed with a heat-related (hyper	thermia) or cold-related (hypothermia) illness?			
14. Have you ever been diagno					
14. Have you ever been diagno 15. Do you have muscle spast	sity?				

Physical Form Page 2

#### 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 spieen		
Hepatilis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty centrolling 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

to y 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

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Date .

NOTE: The preparticitation 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.

Date of birth

#### PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name
PHYSICIAN REMINDERS
1. Consider additional questions on more sensitive issues
De you feil stressed out or under a lot of pressure?
\* De you ever feel sad, hopeless, depressed, or anxious?
\* De you ever feel sad, hopenene or residence?

# Physical Form Page 3

2. Consider reviewing questions on cardiovascular symptoms (questions	5-14).			
COMINATION				
Height Weight	Male D F	emale		
BP / ( / ) Pulse	Vision R 20/		L 20/	Corrected C Y N
IncalCAL		NORMAL		ABNORMAL FINDINGS
Appearance • Martan stigmata (kyphoscollosis, mgr annual and the receivable are	rachsoriachdu			
<ul> <li>warran segmata (kyproscorosis, night arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>	as the other core.			
Eyes/ears/nose/throat				
Pupits equal				
Hearing Lymph nodes				
Hoart*				
<ul> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> </ul>				
Location of point of maximal impulse (PMI)				
Putses  • Simultaneous femoral and radial pulses				
Lungs				
Abdomen				
Genitourinary (males only)*				
Skin				
<ul> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			_	
Neurologic *			-	
MUSCULOSKELETAL			_	
Neck Back			-	
Shoulder/arm			-	
Elbow/forearm			-	
Wrist/hand/lingers				
Hip/thigh				
Knea				
Løg/ankle				
Foot/tees			_	
Duck we single leg hop				
Duck-multi single leg hop     Consider ECG, echa. edisgram, and referral to cardislogy for abnormal cardiac history or ex			-	
Consider Gil exam if is revenue setting. Heaving that party present is recommended.     Consider cognitive evaluation or baseline resurpsychiatric testing if a history of significant o     Cleared for all spo. Is without restriction				
Cleared for all spors without restriction with recommendations for further e	valuation or treatment for			
Not cleared				
<ul> <li>Pending further evaluation</li> </ul>				
For any sports				
For certain sports				
Reason				
Recommendations				
I have examined the above-named student and completed the preparticip participate in the sport(s) as outlined above. A copy of the physical exam arise after the athlete has been cleared for participation, a physical exam to the athlete (and according example).	is on record in my office	and can be ma	de available to t	he school at the request of the parents. If
	The second in second			Data of succes
warne of physician, advanced practice nurse (APN), physician assistant (	(PA) (print/type)			Date of exam
				Phone
AddressSignature of physician, APN, PA				

Cleared for all sports without restriction	Sex D M D F Age Date of birth	
Cleared for sports without restriction with re	commendations for further evaluation or treatment for	Physical Form Page 4
Not cleary		
Pending further evaluation		Vaao 4
□ For any sports		T UUE T
For certain sports		
Reason		
Recommendations		
EMERGENCY INFORMATION		
Allergies		
Other information		
	SCHOOL PHYSICIAN:	
HE OFFICE STAMP		
UFFICE STAMP	Reviewed on(Date)	
UFFICE STAMP	Reviewed on	—
HE OFFICE STAMP	(Date) Approved Not Approved	
U OFFICE STAMP	(Date)	( )
	(Date) Approved Not Approved Signature:	rent
have examined the above-named studen	(Date) Approved Not Approved Signeture: t and complete the preparticipation physical evaluation. The athlete does not present approved and physical exam is on record in my	office
I have examined the above-named studen clinical contrainter-water of the studen and can be made available to the school a	(Date) Approved Not Approved Signature: t and complete the preparticipation physical evaluation. The athlete does not present approved in the sport(s) as outlined above. A copy of the physical exam is on record in my the round to the newton the conditions arise after the athlete thas been cleared for participation.	office pation,
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have come lengt the above-named studen clinical contraintnews and can be made available to the school a the physician may reselve two evarance u (and party inguralians). one of physician, advanced practice nurse (A Adm. Sopplare of physician, table PA	(Date) Approved Not Approved Signature: tand complete the preparticipation physical evaluation. The athlete does not present appr sweptie in the sport(s) as outlined above. A copy of the physical exam is on record in my the rougest of the present. If conditions acrea after the athlete has been cleared for partici- ntil the problem is resolved and the potential consequences are own, lefer explained to the NM short Date	office pation,
I have cause long the above-named studen clinical contraintonance of the school a the physician may reach the creater of the (and paroche guardians). The of physician, advanced practice nurse (A Address	(Date) Approved Not Approved Signature: tand complete the preparticipation physical evaluation. The athlete does not present appr sweptie in the sport(s) as outlined above. A copy of the physical exam is on record in my the rougest of the present. If conditions acrea after the athlete has been cleared for partici- ntil the problem is resolved and the potential consequences are own, lefer explained to the NM short Date	office pation,

#### Asthma Treatment Plan - Student PAGNI (This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)



Name		Date of Birth		Effective Date	
Doctor	Parent/Guard	ian (if applicable)	Emerg	gency Contact	
Phone	Phone		Phone	1	

in and the	(Green Zone)		more effective with a	spacer - use il directed.	Check all items that trigger
	You have all of the	INT	EDICINE	HOW MUCH to take and HOW OFTEN to take it	patient's asthma
	Breathing is good		Advair <sup>®</sup> HFA 🗌 45, 🔲 115, 🗌 23	02 puffs twice a day	Colds/flu
	<ul> <li>No cough or whee</li> </ul>	ze 🗆	Aerospan™	1, 2 puffs twice a day	Exercise
Elso the	<ul> <li>Sleep through</li> </ul>		Alvesco®  80,  160	1, 🗆 2 puffs twice a day	Allergens
	the night		Duleraº [] 100, [] 200	2 putts twice a day	o Dust Mites.
A	· Can work, exercise	a. 🛛 🖂	Flovent <sup>®</sup> 44,  110,  220  Qvar <sup>®</sup> 40,  80	2 puffs twice a day	dust, stuffed
50	and play		Symbicort9 30 160	1, 2 puffs twice a day	animals, carpe
	5000 B. B.		Advair Diskus <sup>®</sup> [] 100, [] 250, []		<ul> <li>Pollen - trees, grass, weeds</li> </ul>
			Asmanex <sup>®</sup> Twisthaler <sup>®</sup> □ 110. □	220 1. 2 inhalations once or twice a day	o Mold
			Flovent® Diskus® 🗆 50 🛄 100 🗌	2501 inhalation twice a day	o Pets - animal
			Pulmicort Flexhaler® [] 90, [] 18	IO 1, 🗆 2 inhalations 🗋 once or 🗋 twice a day	dander
			Pulmicort Respules® (Budesonide) [] 0	25, 0.5, 1.0_1 unit nebulized once or twice a day	o Pests - rodent
			Singulair® (Montelukast) [] 4, [] 5,	10 mg1 tablet daily	cockroaches
			Other		Odors (Irritants)
nd/or Peak	flow above		None		<ul> <li>Cigarette smol</li> </ul>
			Remember	to rinse your mouth after taking inhaled medicine	& second hand smoke
	If exercise trigg	gers your a	sthma, take	puff(s)minutes before exercise	
					cleaning
UTION	(Yellow Zone)		<b>Continue daily control me</b>	edicine(s) and ADD quick-relief medicine(s).	products, scented
0	You have any of	these:			products
	Cough	M	EDICINE	HOW MUCH to take and HOW OFTEN to take it	<ul> <li>Smoke from</li> </ul>
	Mild wheeze			ntil® or Ventolin®) _2 puffs every 4 hours as needed	burning wood inside or outsi
	Tight chest		Xopenex <sup>®</sup>	2 puffs every 4 hours as needed	Weather
			Albuterol 🗌 1.25, 🔲 2.5 mg	1 unit nebulized every 4 hours as needed	
	Coughing at night     Others			2 puffs every 4 hours as needed 1 unit nebulized every 4 hours as needed 1 unit nebulized every 4 hours as needed	O Sudden temperature
	Coughing at night     Other:		Duoneb®	1 unit nebulized every 4 hours as needed	<ul> <li>Sudden temperature change</li> </ul>
32	Other:	-   -	Duoneb® Xopenex <sup>®</sup> (Levalbuterol) [] 0.31, []	1 unit nebulized every 4 hours as needed 0.63, □ 1.25 mg _1 unit nebulized every 4 hours as needed	<ul> <li>Sudden temperature change</li> <li>Extreme weath</li> </ul>
Quick-relief me	Other: edicine does not help v	within	Duoneb <sup>®</sup> Xopenex <sup>®</sup> (Levalbuterol) [] 0.31, [] Combivent Respimat <sup>®</sup>	1 unit nebulized every 4 hours as needed	<ul> <li>Sudden temperature change</li> <li>Extreme weath - hot and cold</li> </ul>
quick-relief me i-20 minutes o	Other: edicine does not help v or has been used more	within	Duoneb <sup>®</sup> Xopenex <sup>®</sup> (Levalbuterol) [] 0.31, [] Combivent Respimat <sup>®</sup> Increase the dose of, or add:	1 unit nebulized every 4 hours as needed 0.63, □ 1.25 mg _1 unit nebulized every 4 hours as needed	<ul> <li>Sudden temperature change</li> <li>Extreme weath - hot and cold</li> <li>Ozone alert day</li> </ul>
quick-relief me 5-20 minutes o times and sym	Other: edicine does not help v or has been used more nptoms persist, call you	within ur	Duoneb®Xopenex® (Levalbuterol) [] 0.31, [] Combivent Respimat® Increase the dose of, or add: Other	1 unit nebulized every 4 hours as needed 0.63, □ 1.25 mg _1 unit nebulized every 4 hours as needed 1 inhalation 4 times a day	<ul> <li>&gt; Sudden temperature change</li> <li>&gt; Extreme weath - hot and cold</li> <li>&gt; Ozone alert day</li> <li>□ Foods:</li> </ul>
quick-relief me 5-20 minutes o times and sym octor or go to t	Other: edicine does not help v or has been used more nptoms persist, call you the emergency room.	within ur	Duoneb <sup>®</sup> Xopenex <sup>®</sup> (Levalbuterd) 0.31, Combivent Respimat <sup>®</sup> Increase the dose of, or add: Other If quick-relief medici	1 unit nebuliced every 4 hours as needed 0.63.  1.25 mg 1 unit nebuliced every 4 hours as needed 1 inhalation 4 times a day ne is needed more than 2 times a	<ul> <li>Sudden temperature change</li> <li>Extreme weath - hot and cold</li> <li>Ozone alert day</li> <li>Foods:</li> </ul>
quick-relief me 5-20 minutes o times and sym	Other: edicine does not help v or has been used more nptoms persist, call you the emergency room.	within ur	Duoneb <sup>®</sup> Xopenex <sup>®</sup> (Levalbuterd) 0.31, Combivent Respimat <sup>®</sup> Increase the dose of, or add: Other If quick-relief medici	1 unit nebulized every 4 hours as needed 0.63, □ 1.25 mg _1 unit nebulized every 4 hours as needed 1 inhalation 4 times a day	<ul> <li>Sudden temperature change</li> <li>Extreme weath - hot and cold</li> <li>Ozone alert day</li> </ul>
quick-relief me 5-20 minutes o times and sym octor or go to t nd/or Peak flo	Other:edicine does not help vor has been used more nptoms persist, call you the emergency room. ow fromto	vithin ur	Duoneb <sup>®</sup>	1 unit nebulized every 4 hours as needed 0.63. □ 1.25 mg _1 unit nebulized every 4 hours as needed _1 inhalation 4 times a day ne is needed more than 2 times a exercise, then call your doctor.	<ul> <li>Sudden temperature change</li> <li>Extreme weath</li> <li>hot and cold</li> <li>Ozone alert day</li> <li>Foods:</li> </ul>
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#### Asthma Treatment Plan – Student Parent Instructions

The PACNJ Asthma Treatment Plan is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with: . Child's doctor's name & phone number · Child's name

Child's date of birth
 An Emergency Contact person's name & phone number



- 2. Your Health Care Provider will complete the following areas:
  - . The effective date of this plan
  - . The medicine information for the Healthy, Caution and Emergency sections
  - . Your Health Care Provider will check the box next to the medication and check how much and how often to take it
  - · Your Health Care Provider may check "OTHER" and:
    - Write in asthma medications not listed on the form
    - Write in additional medications that will control your asthma
    - Write in generic medications in place of the name brand on the form

. Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow

3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:

- Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
- . Child's asthma triggers on the right side of the form
- · Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form

4. Parents/Guardians: After completing the form with your Health Care Provider:

- Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
- . Keep a copy easily available at home to help manage your child's asthma
- · Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

#### PARENT AUTHORIZATION

I hereby give permission for my child to receive medication at school as prescribed in the Asthma Treatment Plan. Medication must be provided in its original prescription container properly labeled by a pharmacist or physician. I also give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

Phone

Parent/Guardian Signature

FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CARE PROVIDER CHECKED PERMISSION FOR YOUR CHILD TO SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT OF THIS FORM.

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY.

I do request that my child be ALLOWED to carry the following medication for self-administration in school pursuant to N.J.A.C.:6A:16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

I DO NOT request that my child self-administer his/her asthma medication.

Parent/Guardian Signature Phone Date



Colline of New Jerry, sponsored by the Aversa's Long Association in New Jerry. This publication was supported by a part from the New Jerry, Department of Hauft, and Device, with family



Date



## Rschool



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

rSchool Activity Registration



 After clicking on 'Registration', choose either 'Hawthorne HS Athletic Registration' or 'Lincoln MS Athletic Registration'

#### Login

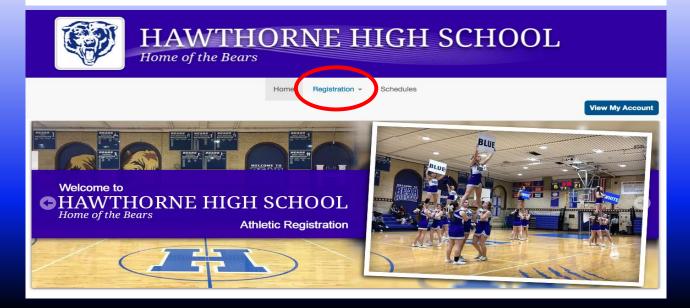
Returning Users	I don't have an account		
Username Password?	b		
I'm not a robot			
	Sign In	Sig	gn Up
		Create New Account	l already have an account
		Parent/Guardian First Name *	
		Parent/Guardian Last Name *	
		Username *	Password *
	(	Email *	
			Sign Up

#### Sign Up

Create New Account	I already have an account	
Parent/Guardian First Name * Courtney		
Parent/Guardian Last Name * Lawler		
Username * courtneylawler Password	*	Confirm Your Activity Registration Account Inbox ×
Email * courtneylawler0430@gmail.com		Hawthorne Online Registration <notifications@mail-oar.rschooltoday.net> 5:0 to me -</notifications@mail-oar.rschooltoday.net>
V I'm not a robot		Hello Courtney, Your account has been created and must be activated before you can use it. To activate the account, please click on the following link or copy-paste it in your browser.
	Sign Up	https://hawthorne-ar.rschooltoday.com/oar/activation/NTUwNTE1MC44MzI5NTcwMCAxNjExMDk0MDk5 Regards,
		Art Mazzacca Assistant Principal/Athletic Director
Home Registration - Schedules		Hawthorne Online Registration Email: <u>amazzacca@hawthorne.k12.nj.us</u> Phone: 973-423-6431
Thank You For Signing	Up!	
Before we can activate your account, we need to confirm your account and look for the email from us with subject if the "Confirm Your Activity Re	e email address.	

#### Family Account

ourtney	/ Lawle	∍r					
Registration	n History	Family Member Info	Important Dates	Account Settings			Logou
i Registe	er 🔳 Ir	ncomplete Registra	ation				
8 Registe	er 🗐 Ir	ncomplete Registra	ation		Final	Reg.	



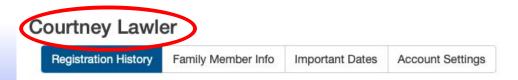
Registration / Hawthorne HS Athletic	Registration	
Haw Norne HS Athletic Registr	ation	
Step 1. Select Student	Student Information	
Step 2. Select Activity	Select Student:	
Step 3. Parent/Guardian Info	- Add New Student -	
Step 4. Physical Forms	Student ID:	
Step 5. Medical Information	First Name: *	
Step 6. Others	Last Name: *	
	Middle Initial:	
	Cell Phone:	
	Mobile Provider:	
	- None	

#### Hawthorne HS Athletic Registration

Step 1. Selection	Activity	Step 1. Select Student	Parent/Guardian 1 Information
Step 2. Select Activity	Fall:	Or OBIECT ACTIVITY	First Name: *
Pteo 3. Parent/Guardian Info	None Fall 2020 Boys Soccer	Step 3. Parent/Guardian Info	Q~ Last Name: *
Step 4. Physical Forms	Cheerleading Football Girls Soccer	Const Physical Former	Dec Discust
Step 5. Medical Information	Girls Soucer Girls Tennis Girls Volleyball Marching Band/Color Guard No Level	Step 5. Medical Information	Day Phone: *
Step 6. Others	Wiardning Bano/Color Guard No Level	Step 6. Others	Cell Phone: *
	None           Winter 2020 - 2021           Basketball Boys Freshman           Basketball Boys JUVarity           Bowing Girs JUVarity           Bowing Girs JUVarity           Bowing Girs JUVarity           Bowing Girs JUVarity           Winstig           Bowing Girs JUVarity           Bowing Girs JUVarity           Wresting           Spring:           None		Address: *  City: *  State: *  Select -  Zip: *  Email: *

Step 1. Select student	Physical Date	
Ster Select Activity	File by ad:	
tep 3. Parent/Guardian Info	Choose File India selected File Upload 2:	
Step 4. Physical Forms	Choose File on file selected	
tep 5. Medical Information	Date of this Physical Exam:	
Step. 3. Others	Month	
	Day Year	$\sim$ /

Hawthorne HS Athletic Registratio	on		
		Step 1. Select Student	Others
Step 1. Select Student	Medical Information	Step 2. Select Activity	NJSIAA Physical Form
Step 2. Select Activity	Primary Doctor	Step 3. Parent/Guardian Info	Download the NJSIAA Preparticipation Physical Evaulation History Form HERE.
Step 3. Parent/Guardian Info	Name:	Step 4. Physical Forms	
Stan	Name.	 Stan	HEALTH HISTORY UPDATE QUESTIONNAIRE
Step 5. Medical Information	Address:	Step 6. Others	To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.
Stop - Atkara	Phone 1:		Since the last pre-participation physical examination, has your son/daughter: 1. Been medically advised not to participate in a sport?: *
	Phone 2:		○ Yes ○ No
			If yes, describe in detail:
	Preferred Hospital		2. Sustained a concussion, been unconscious or lost memory from a blow the the head?: * Yes
	Hospital Name:		○ No If yes, describe in detail:
	Phone 1:		3. Broken a bone or sprained/strained/dislocated any muscle or joints?: *
			⊖ Yes





#### C Register - 🔲 Incomplete Registration

#	Date	Activity		Student	Final Clearance	Gr	Reg. Form	Status
		$\frown$	School Year 2020-2021		$\frown$			
1425-0121	1/20/202	Cheerleading		Lawler, Courtney	Pending	12	View	

Registration Histor	Family Member Info	Important Dates	Account Settings			Logo
Register -	Incomplete Regis	stration				
Begister -		stration				



## **Concussions**



All athletes will take a baseline concussion test every prior to the start of their season

\*Policy has changed from every 2 years to 1\*

Any athlete suspected of having a concussion will be excluded from participation in sports until cleared by a physician who specializes in concussions (orthopedic or neurologist)

Once clearance is obtained, there is a mandatory 6-step progression back to sport



# **Concussion Return to Play Protocol**



<b>Rehabilitation Stage</b>	Functional Exercise	Objective of Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, stationary bike keeping intensity <70% of maximum predicted heart rate	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey	Add movement
4. Noncontact training drills	Progression to more complex ice hockey drills (passing drills)	Exercise and coordination
5. Full-contact practice	After being medically cleared, player can participate in normal hockey practice	Restore confidence and functional skills
6. Return to play on the ice	Normal game	_

Adapted from consensus statement on concussion (McCrory et al<sup>27</sup>).

The athlete must complete each step with me and there must be a day or 24 hours in between each step.



Return to play (other injuries)



At any point an athlete goes to see a doctor for anything, it is required that the athlete must have a clearance note to participate. No notes from emergency rooms will be accepted.



# **Option 2 Physical Education**



Student-athletes participating in Hawthorne High School sponsored athletic programs may earn Physical Education credits by participating on any of our athletic teams during the year.

HHS student-athletes may opt to participate in one (1) marking period of an Option 2/Study Hall during their athletic season that will replace their assigned PE class for that marking period.

Option 2 is NOT available to students during their Health marking period.



# **Option 2 Physical Education**



If a student leaves a team for any reason during or prior to the end of the season they will immediately return to PE class.

The grade earned will appear on the student's transcript as a "P" (Pass) or an "F" (Fail).

Credit will be awarded upon verification of attendance and a passing grade indicated by the student's PE teacher and <mark>the Athletic Director.</mark>



# **Option 2 Physical Education**



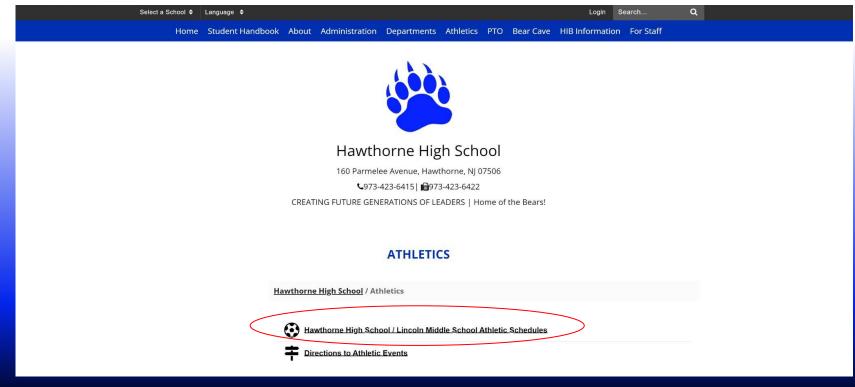
Student Eligibility by Marking Period Marking Period 4: Spring Season for grades 10, 11, & 12

**Option 2 Portfolio Requirements** 



### **Schedules**







# **Schedules**



Hawthorne

These Ads Provide Funds to < Today > August 2023 👻 Week Month Support Our School Programs COLLAPSE MENU Color Key: 
 Home 
 Away Q GO AUGUST 2023 -----Thursday, August 31, 2023 SU TU WE TH FR SA 140 TIME EVENT DETAILS 30 31 1 2 3 4 5 Volleyball: Girls JV Scrimmage 10:00am vs. Garfield @ Garfield High School 10 11 12 6 7 8 9 Volleyball: Girls Varsity Scrimmage 13 14 15 16 17 18 19 10:00am vs. Garfield @ Garfield High School 20 21 <u>22 23 24 25</u> 26 Football: Varsity Game 6:00pm vs. North Arlington @ Hawthorne High School 27 <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>1</u> 2 3 4 5 6 7 8 9 Friday, September 1, 2023 VIEW BY TYPE VIEW SCHEDULES Saturday, September 2, 2023 GET THE MOBILE APP EVENT DETAILS TIME NOTIFY ME Soccer: Boys Varsity Scrimmage vs. Multiple Schools.. @ West Milford High School 10:00am LOGIN Sunday, September 3, 2023 Monday, September 4, 2023

# **Important information**



When a parent/guardian would like to take their child home after a game/match, we ask that you email Mr. Mazzacca and your head coach ahead of time. Mr. Mazzacca will send a follow up email confirming the request. Please remember, we are responsible for your child at all times unless we hear from you.

Students are never allowed to drive themselves to or from an away game/match. Students are required to take the bus with their teammates to an away event. If there is an emergency and the student needs to be taken by a parent to an event, please email Mr. Mazzacca in advance.



### Senior Banners



- Senior Banners will be purchased through the Athletic Office.
- Banners are \$45
  - Checks need to be made payable to "Hawthorne Athletics"
- Checks must be received by March 20 in order for the Banner to be ordered, we will not be taking any late orders.
- Senior Media Day will be on Tuesday, March 19



# **Important Dates**



First Game: Baseball and Softball- April 1 Boys and Girls Track- April 2 Lacrosse- April 2 Golf- TBD Flag Football- TBD



### **Senior Nights**



Senior Day Games(Please arrive 30 mins. prior to game): Track and Golf(Tentatively)- April 22, 4pm Lacrosse- May 11, 10am at HHS Baseball- May 14, 4pm Softball- May 15, 4pm at Rea Ave. Field Flag Football- TBD

\*Senior Night presentations are coordinated by the Head Coach, parents are encouraged to reach out to the head coach regarding Senior Night gifts, signs, balloons, etc.\*





Spring Sports Awards- Tuesday, June 4, 6:30PM

Senior Brunch @ The Brownstone-Sunday, June 2, 10:00AM Cost: TBD

1st Team All County Awards Dinners @ The Tides, 7:00PM: Girls- Monday, June 10 Boys- Wednesday, June 12 Online Ticketing, cost: \$67



# **Important Links**

- Hawthorne Athletics
- Sideline Store
- HHS Parent/Coach Handbook
- <u>Schedule</u>
- <u>rSchool Registration</u>
- Physical Forms
- <u>Coaches Emails</u>
- <u>Varsity Letter Criteria</u>
- NCAA Eligibility
- NJIC Website







### Thank you everyone! GO BEARS!!!!

### Meet the Coaches:

#### Boys and Girls Track (MS and HS)- Auditorium Baseball- Room 123

### Golf- 121

### Softball- Room 120

### Lacrosse- Main Cafe

#### Flag Football- Room 122

#### Once a Bear, Always a Bear!