

A graphic for Hawthorne High School's Spring Sports Parent Information Night. The background shows a large brick school building with a central clock tower, a green athletic field with white yard lines, and a parking lot with several cars. The sky is overcast with a faint rainbow. A blue rounded rectangle is overlaid on the center, containing the event title in white text. Stadium lights are visible in the upper left and right corners.

**Hawthorne High School
Spring Sports
Parent Information Night**



HAWTHORN



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

HHS Softball

Head Coach- Ed "Mook" Iannacone

HHS Golf

Head Coach- TBD

HHS Lacrosse

Head Coach- Greg Carr



Winter Sports Coaching Staff



HHS Outdoor Track

Head Girls Coach- Gus Schell

Head Boys Coach- Angelo Guarnieri

LMS Outdoor Track

Head Girls Coach- Joni Genberg

Head Boys Coach- Garrett Postolakis

HHS Girls Flag Football

Head Coach- Osvaldo Duran



Philosophy



- 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.

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	MEDICAL COMMENTS
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
2. Do you have any ongoing medical conditions? Please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy Other: _____			27. Have you ever used an inhaler or taken asthma medicine?
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?
4. If yes, you ever had surgery?			29. Have you had (or do you have) a kidney, an eye, a testicle (males), your spleen, or any other organ removed?
HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?
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 <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever become ill while exercising in the heat?
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)?			40. Do you get frequent muscle cramps when exercising?
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?			41. Do you or someone in your family have sickle cell trait or disease?
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Have you had any problems with your eyes or vision?
16. Has anyone in your family had unexplained fainting, unexplained loss of consciousness, or near drowning?			43. Have you had any eye injuries?
BONE AND JOINT QUESTIONS	Yes	No	44. Do you wear glasses or contact lenses?
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?			45. Do you wear protective eyewear, such as goggles or a face shield?
18. Have you ever had any stress fractures or dislocated joints?			46. Do you worry about your weight?
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Are you trying to or has anyone recommended that you gain or lose weight?
20. Have you ever had a stress fracture?			48. Are you on a special diet or do you avoid certain types of foods?
21. Have you ever been told that you have or have you had an x-ray for neck instability or abnormal instability (Divers syndrome or heartfem)?			49. Have you ever had an eating disorder?
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had any concerns that you would like to discuss with a doctor?
23. Do you have a bone, muscle, or joint injury that bothers you?			FEMALES ONLY
24. Do any of your joints become painful, swollen, feel warm, or look red?			51. Do you have any concerns that you would like to discuss with a doctor?
25. Do you have any history of juvenile arthritis or connective tissue diseases?			52. Have you ever had a menstrual period?

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 _____

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New Jersey Department of Education 2014; Pursuant to P.L. 2013, c. 71

5-01010-0

Physical Form Page 1

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

Date of exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sports) _____

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
Allarthral instability		
X-ray evaluation for allarthral 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 _____

*Physical
 Form
 Page 2*

NOTE: The preparation 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, or use other safety equipment?
- Consider reviewing symptoms on cardiovascular symptoms (questions 5-14).

GENERAL INFORMATION		
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		
ABNORMAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (hyperextensible ligaments, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none">Pupils equalHearing		
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/heel		
Toes		
Other <ul style="list-style-type: none">Dislocated single leg leg		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider DII exam for private setting. Hearing 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 review the situation until the problem is resolved and the potential consequences are completely explained to the athlete (per state regulations):

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Physical Form Page 3

■ 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 _____

OFFICE STAMP

[Redacted 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 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 parent. 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 parent/guardians).

Name of physician, advanced practice nurse (APRN), or physician assistant _____ Date _____

Address _____ Phone _____

Signature of physician, APRN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

Physical Form
Page 4



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](#)



HAWTHORNE HIGH SCHOOL

Home of the Bears

Home [Registration](#) Schedules

[View My Account](#)



- 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

[Forgot your username or password?](#)

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Create New Account [I already have an account](#)


Parent/Guardian First Name *

Parent/Guardian Last Name *

Username *

Password *

Email *

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up


Create New Account [I already have an account](#)

Parent/Guardian First Name * Courtney

Parent/Guardian Last Name * Lawler

Username * courtneylawler Password *

Email * courtneylawler0430@gmail.com

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Confirm Your Activity Registration Account Inbox x

Hawthorne Online Registration <notifications@mail-oar.rschoolday.net> to me ▾

5:08

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.

<https://hawthorne-ar.rschoolday.com/oar/activation/NTUwNTE1MC44MzI5NTcwMCAxNjExMDk0MDk5>

Regards,

Art Mazzacca
Assistant Principal/Athletic Director
Hawthorne Online Registration
Email: amazacca@hawthorne.k12.nj.us
Phone: 973-423-6431

[Home](#) [Registration](#) ▾ [Schedules](#)

Thank You For Signing Up!

Before we can activate your account, we need to confirm your email address.

to your email account and look for the email from us with subject line "Confirm Your Activity Registration Account". Click the link inside the email to activate your account. If you have not received an email within a few minutes, please check your spam or junk folder.

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

[Register](#)

Incomplete Registration

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Status
---	------	----------	---------	-----------------	----	-----------	--------



HAWTHORNE HIGH SCHOOL

Home of the Bears

Home

[Registration](#)

Schedules

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Welcome to
HAWTHORNE HIGH SCHOOL
Home of the Bears

Athletic Registration



Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Student Information

Select Student:

- Add New Student -

Student ID:

First Name: *

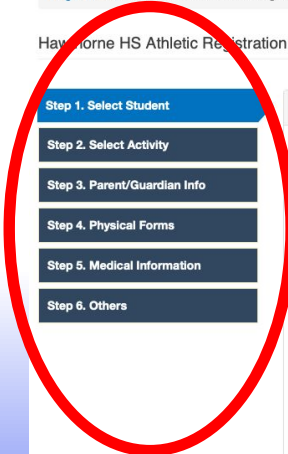
Last Name: *

Middle Initial:

Cell Phone:

Mobile Provider:

- None -



Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Activity

Fall:

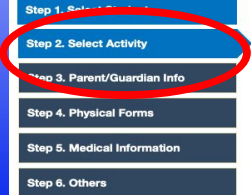
- None
- Fall 2020
 - Boys Soccer
 - Cheerleading
 - Football
 - Girls Soccer
 - Girls Tennis
 - Girls Volleyball
 - Marching Band/Color Guard No Level

Winter:

- None
- Winter 2020 - 2021
 - Basketball Boys Freshman
 - Basketball Boys JV/Varsity
 - Basketball Girls JV/Varsity
 - Bowling
 - Cheerleading
 - Indoor Track Boys
 - Indoor Track Girls
 - Wrestling

Spring:

- None



Hawthorne HS Athletic Registration

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Cell Phone: *

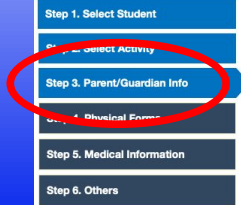
Address: *

City: *

State: *

Zip: *

Email: *



Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Physical Date

File Upload:
Choose File no file selected

File Upload 2:
Choose File no file selected

Date of this Physical Exam:
Month
Day
Year

< Previous Page Next Page > Save and Finish Later

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Medical Information

Primary Doctor

Name:
Address:
Phone 1:
Phone 2:

Preferred Hospital

Hospital Name:
Phone 1:

Step 1. Select Student
Step 2. Select Activity
Step 3. Parent/Guardian Info
Step 4. Physical Forms
Step 5. Medical Information
Step 6. Others

Others

NJSIAA Physical Form

Download the NJSIAA Preparticipation Physical Evaluation History Form [HERE](#).

HEALTH HISTORY UPDATE QUESTIONNAIRE

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.

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport?: *

Yes
 No
If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow the the head?: *

Yes
 No
If yes, describe in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints?: *

Yes

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

 Register ▾

 Incomplete Registration

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

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

 Register

 Incomplete Registration

Register Courtney Lawler

Register New Student

			Student	Final Clearance	Gr	Reg. Form	Status
School Year 2020-2021							
1425-0121	1/20/2021	Cheerleading	Lawler, Courtney	Pending	12	View	



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



Rehabilitation Stage	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 al²⁷).

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 the Athletic Director.



Option 2 Physical Education



Student Eligibility by Marking Period

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

Option 2 Portfolio Requirements



Schedules



Select a School ▾

Language ▾

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Hawthorne High School

160 Parmelee Avenue, Hawthorne, NJ 07506

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CREATING FUTURE GENERATIONS OF LEADERS | Home of the Bears!

ATHLETICS

[Hawthorne High School](#) / Athletics



[Hawthorne High School / Lincoln Middle School Athletic Schedules](#)



[Directions to Athletic Events](#)



Schedules



Hawthorne

CALENDAR

< Today > August 2023 ▾

Week Month

Color Key: ● Home ● Away

Thursday, August 31, 2023

TIME	EVENT	DETAILS
10:00am	● Volleyball: Girls JV Scrimmage	vs. Garfield @ Garfield High School
10:00am	● Volleyball: Girls Varsity Scrimmage	vs. Garfield @ Garfield High School
6:00pm	● Football: Varsity Game	vs. North Arlington @ Hawthorne High School

Friday, September 1, 2023

Saturday, September 2, 2023

TIME	EVENT	DETAILS
10:00am	● Soccer: Boys Varsity Scrimmage	vs. Multiple Schools... @ West Milford High School

Sunday, September 3, 2023

Monday, September 4, 2023

Tuesday, September 5, 2023

COLLAPSE MENU

Q GO

« AUGUST 2023 »

SU	MO	TU	WE	TH	FR	SA
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

VIEW BY TYPE

VIEW SCHEDULES

GET THE MOBILE APP

NOTIFY ME

LOGIN

These Ads Provide Funds to Support Our School Programs



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.



Important Dates



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](#)
- [Schedule](#)
- [rSchool Registration](#)
- [Physical Forms](#)
- [Coaches Emails](#)
- [Varsity Letter Criteria](#)
- [NCAA Eligibility](#)
- [NJIC Website](#)



@HHSBearsSports



**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!