





### Introduction of Staff



Mr. Art Mazzacca- Athletic Director/Assistant Principal

Ms. Bailey Wyrostek- Athletic Trainer

Ext. 2155

Dr. Tom Bottiglieri- School Doctor



## Winter Sports Coaching Staff



HHS Boys Basketball
Head Coach- Ryan McMann
Assistant Coach- Tom Cannon
Assistant Coach- Chris Ward

LMS Boys Basketball (Grades 7+8)
Head Coach- Chris Warner

HHS Girls Basketball
Head Coach- Todd Kenny
Assistant Coach- Ed "Mook" lannacone

LMS Girls Basketball (Grades 7+8)
Head Coach- Bailey Hansen

Bowling Head Coach- John LaForge



## Winter Sports Coaching Staff



Winter Cheerleading
Head Coach- Katie Russo
Assistant Coach- Jennifer Trentacosta

HHS Wrestling
Head Coach- Joe Mazzacca
Assistant Coach- Matt Ambrose
Assistant Coach- Greg Carr
Assistant Coach- Bob Pasquale

LMS Wrestling (Grades 6-8) Head Coach- Joe Walker

Indoor Track Head Coach- Gus Schell Assistant Coach- Angelo Guarnieri

Co-op Ice Hockey (Lakeland and Waldwick)
Head Coach- Nick Crouch (Lakeland)



### 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.





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

**High School Winter Physicals Due October 25** 

#### LMS Winter Physicals Due November 21

- 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

#### PARTICIPATION PHYSICAL EVALUATION

me			Date of birth	
x Age Grade Sci	nool		Sport(s)	
Medicines and Allergies: Please list all of the prescription and over	r-the-co	unter m	redicines and supplements (herbal and nutritional) that you are currently	taking
lo you have any allergies?	ntify spe	ecific al	lergy below.  ☐ Food ☐ Stinging Insects	
plain "Yes" answers below. Circle questions you don't know the a	nswers t	10.		
ENERAL QUESTIONS	Yes	No	MEDICAL	100
<ol> <li>Has a doctor ever denied or restricted your participation in sports for any reason?</li> </ol>			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	
2. Do you have any ongoing medical conditions? If so, please identify	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		27. Have you ever used an inhaler or taken asthma medicine?	-
below: ☐ Asthma		_	28. Is there anyone in your family who has asthma?	
8. Have year ever spent the night in the hospital?			29. Were you borned to see you mission a kidney an eye a testicion (males), your spleen, or any other organ?	
I. Har you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?	
T HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?	
. Have you ever passed out or nearly passed out DURING or			Do you have any rashes, pressure sores, or other skin problems?	
AFTER exercise?			33. Have you had a herpes or MRSA skin infection?	
. Have you ever had discomfort, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?	
chest during exercise?	-	<b>\</b>	35. Have you ever had a hit or blow to the head that caused confusion,	
. Does your heart ever race or skip beats (irregular beats) during exercise? I. Has a doctor ever told you that you have any heart problems? If so,	-	1	prolonged headache, or memory problems?	_
. Has a doctor ever told you that you have any heart problems? If so, check all that apply:		<b>\</b>	36. Do you have a history of seizure disorder?	_
☐ High blood pressure ☐ A heart murmur		<b>\</b>	37. Do you have headaches with exercise?	
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	
<ol> <li>Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)</li> </ol>			39. Have you ever been unable to move your arms or legs after being hit or falling?	
Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?	-
during exercise?			41. Do you get frequent muscle cramps when exercising?	
. Have you ever had an unexplained seizure?  Do you get more tired or short of breath more quickly than your friends	-		Do you or someone in your family have sickle cell trait or disease?      Have you had any problems with your eyes or vision?	-
during exercise?			43. Have you had any problems with your eyes or vision?  44. Have you had any eye injuries?	-
EART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?	-
. Has any family member or relative died of heart problems or had an			46. Do you wear protective eyewear, such as goggles or a face shield?	-
unexpected or unexplained sudden death before age 50 (including 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, Marfan syndrome, arrhythmogenic 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?	_
Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?	
replanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?	
i. h. varyone in your family had unexplained fainting, unexplained			FEMALES ONLY	
seizh or near drowning? DNE AND JOUE QUESTIONS	Yes	No	52. Have you ever by 1 County period?  53. We not were you when you had your first menstrual period?	
. Have you ever has severy to a bone, muscle, light or or tendon	105	no	53. How many periods have you had in the last 12 months?	
that caused you to miss a present			Explain "yes" answers here	_
. Have you ever had any broken or fractured bones or dislocated joints?			Exhibit Ann migately liele	
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				
. Have you ever had a stress fracture?				
. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism)	1			
Do you regularly use a brace, orthotics, or other assistive device?				
Do you have a bone, muscle, or joint injury that bothers you?				
Do any of your joints become painful, swollen, feel warm, or look red?				
5. Do you have any history of juvenile arthritis or consent of the disease.				
erel, state that, to the best of my knowledge, my answers to	the abo	NO UITO	etions are complete	
and the first of the pest of the knowledge, my answers to	e a00	es que	ations are compicte and	

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### Physical Form - Page 1

- Make sure everything is completely filled out.
- Mark 'Yes' or 'No' for all questions 1-51 (for females 1-54).
- Any 'Yes' answer that is marked off MUST be explained on the lines to the bottom right of the page.
  - This must be filled out EVERY year.
  - If any 'Yes' answers are marked for questions 5-16 your child may need a cardiac clearance note.
  - If your child has seen a cardiologist, please provide the note with the physical packet when handing in.
  - If any 'Yes' answers are marked for asthma, please attach the Asthma Action Plan with the physical packet when handing in.
  - If you are unsure if your child will need a cardiac clearance note or if you have any other questions, please contact Ms. Wyrostek, <u>bwyrostek@hawthorne.k12.nj.us</u>
- At the bottom of the page, student AND parent/guardian signatures are required.

#### PREPARTICIPATION PHYSICAL EVALUATION

#### THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

lame						
Seese .				Date of bi	rth	
.cx	Age	Grade	School	Sport(s)		
Type of disat	sitiv					
2. Date of disat						
3. Classification						
		ease, accident/trauma, other)				
5. List the sport						
o. List the aport	a jou are more	and in paying			Yes	No
		, assistive device, or prosthet				
		or assistive device for sport				
		ssure sores, or any other skir	problems?			
		Do you use a hearing aid?				
10. Do you have						
		es for bowel or bladder funct	lion?			_
		omfort when urinating?				_
13. Have you har						
			thermia) or cold-related (hypothermia) illness	17		-
15. Do you have						_
16. Do you have explain "yes" ans		es that cannot be controlled b	y medication?			_
fease indicate if	you have ever	had any of the following.				
	522111				Yes	No
Atlantoaxial insta X-ray evaluation		100000000				
Dislocated joints					_	
Easy bleeding						
Lasy brooking	(more than one)					
Enlarged enlarg	(more than one)					
	(more than one)					
Hepatitis						
Hepatitis Osteopenia or osi	teoporosis					
Hepatitis Osteopenia or osl Difficulty controll	teoporosis ing bowel					
Hepatitis Osteopenia or os Difficulty controll Difficulty controll	teoporosis ing bowel					
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or ting	teoporosis ing bowel ing bladder aling in arms or	hands				
Hepatitis Ostropenia or ost Difficulty controll Difficulty controll Numbness or ting Numbness or ting	teoporosis ing bowet ing bladder sling in arms or sling in legs or fi	hands				
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or ting Numbness or ting Weakness in arm	teoporosis ing bowel ing bladder gling in arms or gling in legs or fi	hands				
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or ting Numbness or ting Weakness in arm Weakness in legs	teoporosis ing bowel ing bladder gling in arms or gling in legs or fi is or hands	hands				
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Hepatitis Osteopenia or os Difficulty centroll Difficulty centroll Numbness or ling Numbness or ling Numbness in arm Weakness in arm Weakness in legs Recent change in Recent change in	teoporosis ing bowel ing bladder gling in arms or gling in legs or fi s or hands s or feet	hands				
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or ting Numbness or ting Weakness in arm Weakness in legs Recent change in Recent change in	teoporosis ing bowel ing bladder gling in arms or gling in legs or fi s or hands s or feet	hands				
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or tiny Weakness in arm Weakness in legs Recent change in Recent change in Spina bifida Latex allergy	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet so r feet o coordination a ability to walk	hands				
Enlarged spleen Hepatitis Coletopenia or ost Osteropenia or ost Difficulty controll Difficulty controll Numbress or ling Numbress or	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet so r feet o coordination a ability to walk	hands				
Hepatitis Osteopenia or ost Difficulty centroli Difficulty centroli Numbness or liny Weakness in arm Weakness in legs Recent change in Recent change in Spina bifida Latex allergy	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet so r feet o coordination a ability to walk	hands				
Hepatitis Osteopenia or ost Difficulty centroli Difficulty centroli Numbness or liny Weakness in arm Weakness in legs Recent change in Recent change in Spina bifida Latex allergy	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet so r feet o coordination a ability to walk	hands				
Hepatitis Osteopenia or ost Difficulty centroli Difficulty centroli Numbness or liny Weakness in arm Weakness in legs Recent change in Recent change in Spina bifida Latex allergy	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet so r feet o coordination a ability to walk	hands				
Hepatitis Osteopenia or ost Difficulty controll Difficulty controll Numbness or tiny Weakness in arm Weakness in legs Recent change in Recent change in Spina bifida Latex allergy	teoporosis ing bowel ing bladder gling in arms or gling in legs or fe so r feet is or ocordination a ability to walk	hands				

### Physical Form - Page 2

- This page should be completed WHETHER OR NOT all answers are marked 'Yes' or 'No'.
- Please make sure this page is NOT left out of the physical packet when handing it in. Even if ALL answers are 'No' it must still be attached.
- At the bottom of the page, student AND parent/guardian signatures are required.

NOTE: The preparticiaption 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	 		

1. Consider additional questions on more sensitive issue 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 of

eat pelt, use a helmet, and use condoms?

☐ Male ☐ Female Marfan stigmata (kyphoscoliosis, high-arched palate, pectus exc arm span > height, hyperlaxity, myopia, MVP, acrtic insufficiency Lymph nodes . Murmurs (auscultation standing, supine, +/- Valsalva) . Location of point of maximal impulse (PMI) · Simultaneous femoral and radial pulses Genitourinary (males only) Shoulder/arm Wrist/hand/linge Leg/ankle Foot/toes

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

akustion or baseline neuropsychiatric testino if a history of significant concussion ☐ Cleared for all spits without restriction with recommendations for further evaluation or treatment to

☐ Not cleared

ing further evaluation

any sports

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and eared for participation, a physician may rescind the clearance until the problem is resolved and the

amlete (and parents/quardians) Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type)

ignature of physician, APN, PA

sety for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

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### Physical Form - Page 3

- This is the first page that should be completed by the physician performing the physical.
- What to look for?
  - ALL sections under 'FXAMINATION' are filled in
    - Ex: pulse, AND both right and left vision. Sometimes these are accidentally missed on the physician's end.
  - If the physician checks off the 'cleared for all sports without restriction', 'cleared for all sports with restriction...', or 'not cleared'
    - This is sometimes missed but is an important part of the physical.
    - One of these boxes MUST be checked before turning in the physical to the school for final clearance.
  - Is there a signature and/or stamp from the physician's office on this page?
    - A signature and/or stamp should be seen on BOTH page 3 and 4. NOT ONE OR THE OTHER.

### PREPARTICIPATION PHYSICAL EVALUATION **SLEARANCE FORM** ☐ Cleared for all orts without restriction orts without restriction with recommendations for further evaluation or treatment for □ Not cleared Pending further evaluation □ For any sports ☐ For certain sport **EMERGENCY INFORMATION** ICP OFFICE STAME SCHOOL PHYSICIAN: Reviewed on Approved Signature: leted the preparticipation physical evaluation. The athlete does not present apparent 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, ssessment Professional Development Modu for Sports Medicine, and American Deteopathic Academy of Sports Medicine, Permission is granted to reprint for procommercial, educational r

### Physical Form – Page 4

- This is the second page of the physical that should be completed by the physician (and the FINAL page of the 4-page physical packet).
- Has the physician checked off the 'cleared for all sports without restriction', 'cleared for all sports with restriction...', or 'not cleared' box?
  - One of these boxes MUST be checked before turning in the physical to the school for final clearance.
  - These are the same boxes as on page 3. 1 box from both page 3 and 4 MUST be checked (it should be the same box on each page).
- Is there a stamp in the 'HCP office stamp' space or somewhere else on the page?
- Is there a physician signature or stamp below the 'HCP office stamp' box?
- Is the 'Completed Cardiac Assessment Professional Development Module' filled out?

#### Asthma Treatment Plan - Student PATNJ + ASTRONOMENT - STUDENT - ST

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)







Triggers

Check all items

that trigger

□ Colds/flu

☐ Allergens

bloM c

dander

smoke

o Perfumes.

cleaning

products.

scented

o Sudden temperature

change o Extreme weather

Foods

products Smoke from

huming wood

- hot and cold

o Ozone alert days

inside or outside

o Dust Mites

dust, stuffed

O Pollen - trees.

grass, weeds

o Pets - animal

o Pests - rodents.

cockroaches

Cigarette smoke

& second hand

Odors (Irritants)

animals, carpet

	se	

Name		Date of Birth		Effective Date
Doctor	Parent/Guardian (if app	licable)	Emerg	ency Contact
Phone	Phone		Phone	

#### **HEALTHY** (Green Zone)

#### You have all of these:

. Breathing is good · No cough or wheeze · Sleep through

the night · Can work, exercise. and play

#### Take daily control medicine(s). Some inhalers may be more effective with a "spacer" - use if directed.

MEDICINE HOW MUCH to take and HOW OFTEN to take it

patient's asthma: Advair@ HFA . 45, . 115, . 230 2 puffs twice a day Aerospan™ ☐ 1, ☐ 2 puffs twice a day ☐ Exercise Alvesco® □ 80, □ 160 ☐ 1, ☐ 2 puffs twice a day Dulera® □ 100. □ 200 2 puffs twice a day Flovent® ☐ 44, ☐ 110, ☐ 220 2 puffs twice a day Qvar® □ 40. □ 80 ☐ 1. ☐ 2 puffs twice a day Symbicort® [ 80, [ 160 ☐ 1. ☐ 2 puffs twice a day Advair Diskus® 

100, 
250, 
500 1 inhalation twice a day Asmanex® Twisthaler® 110. 7 220 ☐ 1. ☐ 2 inhalations ☐ once or ☐ twice a day. Flovent® Diskus® 

50 
100 
250 1 inhalation twice a day Pulmicort Flexhaler® 

90, 

180 ☐ 1. ☐ 2 inhalations ☐ once or ☐ twice a day.

Pulmicort Respules® (Budesonide) □ 0.25, □ 0.5, □ 1.0 1 unit nebulized □ once or □ twice a day Singulair® (Montelukast) 

4, 

5, 

10 mg 1 tablet daily Other None

If exercise triggers your asthma, take

Remember to rinse your mouth after taking inhaled medicine. minutes before exercise.

#### CAUTION (Yellow Zone) | | | |

And/or Peak flow above

#### You have any of these:

· Cough

· Mild wheeze

· Tight chest · Coughing at night

· Other:

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room. And/or Peak flow from to

#### Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE H	OW MUCH to take and HOW OFTEN to take it
□ Albuterol MDI (Pro-air® or Proventil®     □ Xopenex®     □ Albuterol □ 1.25, □ 2.5 mg     □ Duoneb®	or Ventolin®) _2 puffs every 4 hours as needed 2 puffs every 4 hours as needed 1 unit nebulized every 4 hours as needed 1 unit nebulized every 4 hours as needed
	3, ☐ 1.25 mg _1 unit nebulized every 4 hours as needed 1 inhalation 4 times a day

If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.

#### EMERGENCY (Red Zone) || || Your asthma is



getting worse fast:

· Quick-relief medicine did not help within 15-20 minutes · Breathing is hard or fast . Nose opens wide . Ribs show

And/or Peak flow below

· Other:

**REVISED MAY 2017** 

#### Permission to Self-administer Medication:

Duoneb®

Other

This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law

Combivent Respimat®

This student is not approved to self-medicate.

#### Take these medicines NOW and CALL 911.

Other: Asthma can be a life-threatening illness. Do not wait! HOW MUCH to take and HOW OFTEN to take it Albuterol MDI (Pro-air® or Proventil® or Ventolin®) 4 puffs every 20 minutes Xopenex® \_4 puffs every 20 minutes

This asthma treatment 1 unit nebulized every 20 minutes plan is meant to assist. 1 unit nebulized every 20 minutes not replace, the clinical Xopenex® (Levalbuterol) □ 0.31, □ 0.63, □ 1.25 mg 1 unit nebulized every 20 minutes decision-making required to meet 1 inhalation 4 times a day individual natient needs

> PHYSICIAN/APN/PA SIGNATURE Physician's Orders PARENT/GUARDIAN SIGNATURE

PHYSICIAN STAMP

Make a copy for parent and for physician file, send original to school nurse or child care provider.

#### 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 name . Child's doctor's name & phone number · Parent/Guardian's name
  - . Child's date of birth . An Emergency Contact person's name & phone number
- & 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	AHIT	HORI	7AT	ION

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.

Parantificantina filantina	Phone	B.+-
Parent/Guardian Signature	Phone	Date
FILL OUT THE SECTION BELOW ONLY IF YOUR HE SELF-ADMINISTER ASTHMA MEDICATION ON THE RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1)	FRONT OF THIS FORM.	
☐ I do request that my child be ALLOWED to carry to in school pursuant to N.J.A.C. 6A-16-2.3. I give per Plan for the current school year as I consider him medication. Medication must be kept in its origin shall incur no liability as a result of any condition on this form. I indemnify and hold harmless the Sc or lack of administration of this medication by the	mission for my child to self-administer medicati wher to be responsible and capable of transport all prescription container. I understand that the or injury arising from the self-administration by hool District, its agents and employees against a	ting, storing and self-administration of the school district, agents and its employees y the student of the medication prescribed
☐ I DO NOT request that my child self-administer h	nis/her asthma medication.	



Parent/Guardian Signature

Phone



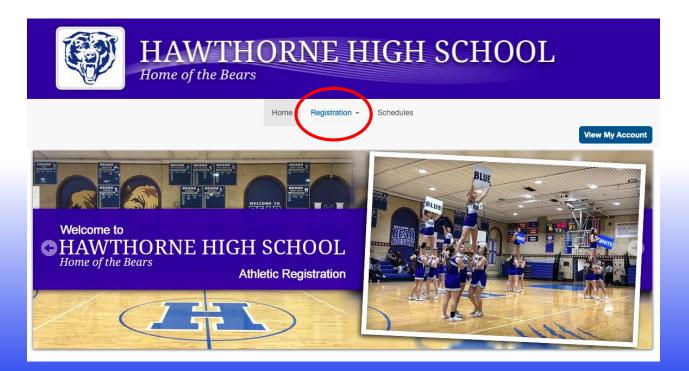
Date





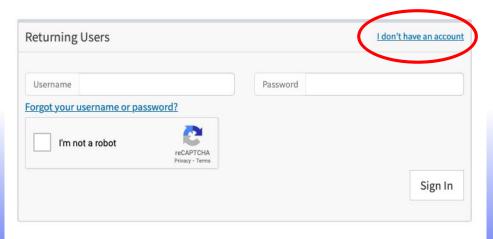
- RSchool is the site used to register your child for any athletic program at Hawthorne High School.
- The link to RSchool can be easily accessed by going to the 'athletics' tab on the high school website.

rSchool Activity Registration



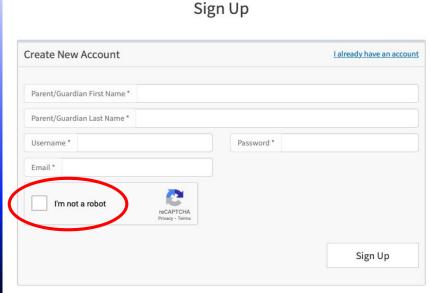
- After clicking on 'Registration', choose either 'Hawthorne HS Athletic Registration' or 'Lincoln MS Athletic Registration'
- This will bring you to a Login page, if you already have a username and password you will be prompted to input that information. If you have not registered before you will be asked to create a login.

#### Login

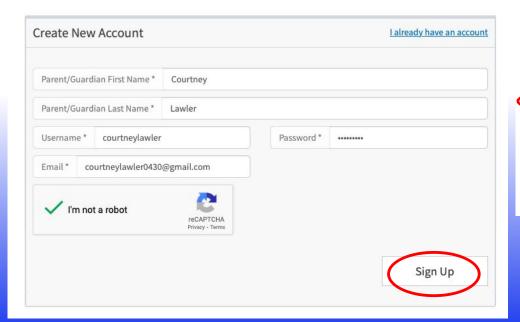


- Create a username and password that you will remember.
- When logging in it will ask for your username and password, NOT your email and password.
- Make sure to check the box that says
   "I'm not a robot"

 Once you create an account you will continue to use this same account for all other sport registrations and/or any of your other children that need to be registered.



#### Sign Up



#### Thank You For Signing Up!

Registration -

Schedules

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 lee "Confirm Your Activity Registration Account", slick the link inside the email to activat account. If you have not received an email which a few minutes, please check your spam or wink folder.

#### Confirm Your Activity Registration Account Inbox ×

Hawthorne Online Registration <notifications@mail-oar.rschooltoday.net>

to me ▼

Hello Courtney,

Your account has been created and must be activated before you can use it.

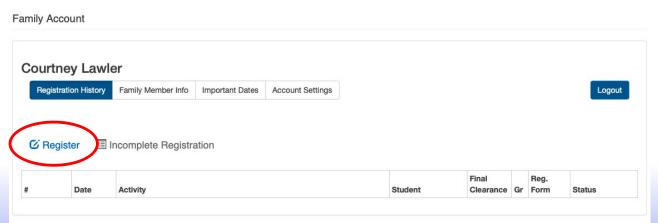
To activate the account, please click on the following link or copy-paste it in your browser.

https://hawthorne-ar.rschooltoday.com/oar/activation/NTUwNTE1MC44MzI5NTcwMCAxNjExMDk0MDk5

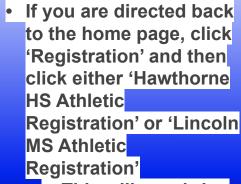
Regards,

Art Mazzacca
Assistant Principal/Athletic Director
Hawthorne Online Registration
Email: amazzacca@hawthorne.k12.nj.us
Phone: 973-423-6331

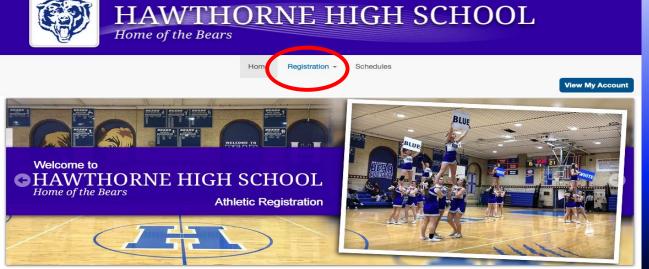
- After filling out the required information, you will receive an email to confirm your account.
- Click the link and it will redirect you to your account on RSchool.

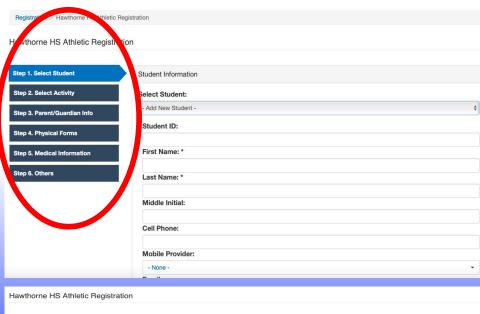


- Once you have created your account, you will be brought to your 'Family Account'.
- Click on 'Register' you may be brought directly to the registration page, or it might redirect you to the home page.



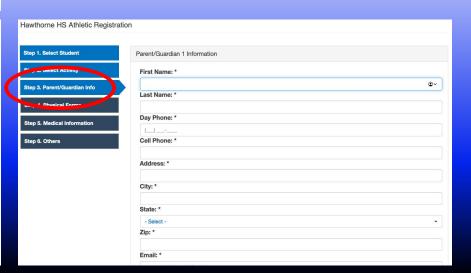
This will now bring you to the registration page.

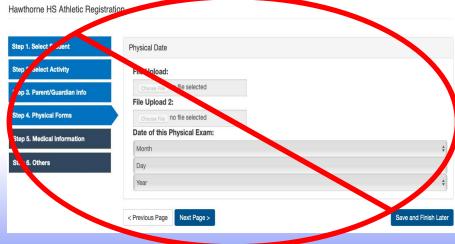




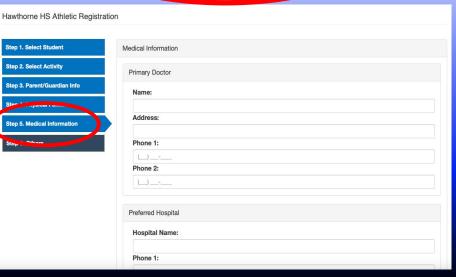
- There are six sections in the registration process.
- Please go through each section and make sure that any required space is filled out, however, the more information that you can provide, the better.
  - Anything with an \* is a required area.

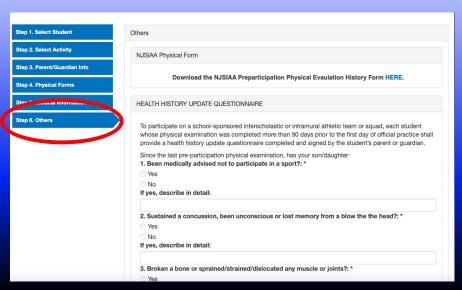






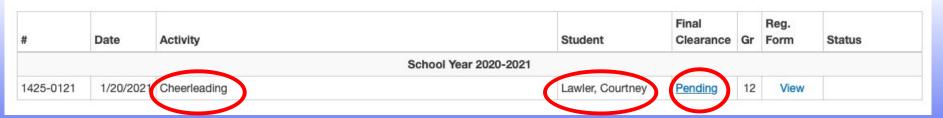
- One section should be skipped entirely and that is section 4, the Physical Forms.
  - These should be turned into the main office or to Ms. Wyrostek.
- Section 6 includes the Health History Update (this must be filled out before the start of EACH sport season).
- Section 6 includes several parent and student signatures, please make sure to fill ALL of them out.



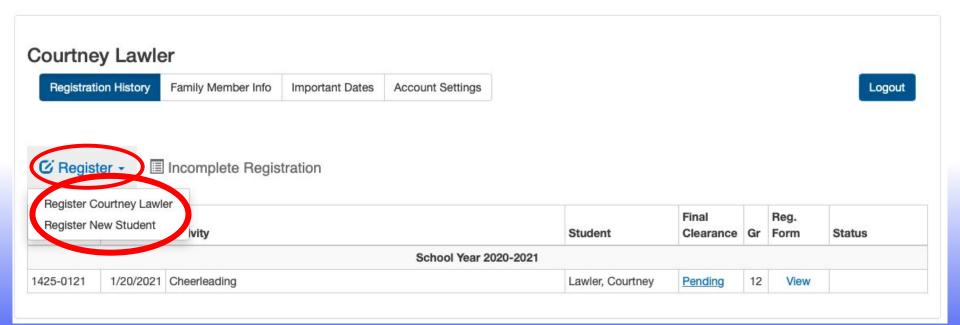


Logout





- The name displayed at the top of the screen will be the parent's name or the family name, depending on the information that was used to create the username.
- The student's name will be listed below, if you have more than one child, they can be registered under the same family and will be displayed one after the other.
- The activity that your child is participating in will be listed on the left-hand side.
  - You will have to register your child for each activity they are participating in (Ex. Fall -Cheerleading, Winter - Basketball, Spring – Softball)
- Final clearance status will be entered as your child is cleared by an Administrator. You will be emailed with the status change of a physical.



- To register for another activity, click on the 'Register' button and it will give you a
  drop-down menu.
  - Choose either 'Register .....' or 'Register New Student'
- A new registration must be done for each sport a student is participating in.
  - This ensures that a new Health History Update has been done before the start of the season. This replaces the paper version of the health history update.



### **Concussions**



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

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 o	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 the Athletic Director.



## **Option 2 Physical Education**



Student Eligibility by Marking Period

Marking Period 2: Winter Season for grades 9, 10, & 11

Marking Period 3: Winter Season for grades 12

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

Option 2 Portfolio Requirements





Select a School 🕈 Language 🕈 Login Search...

Home Student Handbook About Administration Departments Athletics PTO Bear Cave HIB Information For Staff



#### Hawthorne High School

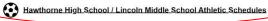
160 Parmelee Avenue, Hawthorne, NJ 07506

**\$973-423-6415 \$\mathbb{m}\$973-423-6422** 

CREATING FUTURE GENERATIONS OF LEADERS | Home of the Bears!

#### **ATHLETICS**

**Hawthorne High School** / Athletics



Directions to Athletic Events







Today > August 2023	*	Week Month	•	COLL	APSE N	IENU				These Ads Provide Funds Support Our School Progra
		Color Key: • Home • Away	Q					G	0	
Thursday, August 31, 2023			«				2023		>>	
TIME	EVENT	DETAILS					TH 3			
10:00am	<ul><li>Volleyball: Girls JV Scrimmage</li></ul>	vs. Garfield @ Garfield High School					10			
10:00am	Volleyball: Girls Varsity Scrimmage	vs. Garfield @ Garfield High School	13	14	15	16	17	18	19	
6:00pm	• Football: Varsity Game	vs. North Arlington @ Hawthorne High School					24			
		9					31 7			
Friday, September 1, 2023					V BY TY					
Saturday, September 2, 2023					V SCHE					
TIME	EVENT	DETAILS			THE M					
10:00am	Soccer: Boys Varsity Scrimmage	vs. Multiple Schools @ West Milford High School	0	NOT	IFY ME				_	
Sunday, September 3, 2023		-	*)	LOG	IN					
Monday, September 4, 2023										
Tuesday, September 5, 2023										



### 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 November 30 in order for the Banner to be ordered, we will not be taking any late orders.
- Senior Media Day will be on Tuesday, November 28

# Important Dates

**First Game:** 

Bowling- December 5- Parkway Lanes
Boys and Girls Basketball- December 14
Wrestling- December 14 (JV), 15(Girls), 16(Varsity)- Garfield
Indoor Track- December 18- Armory Track
Ice Hockey- TBD

### Senior Nights

Senior Night Games(Please arrive 30 mins. prior to game): Girls Basketball and Winter Cheerleading - January 23, 6:00PM Wrestling- February 9, 6:00PM Boys Basketball - February 13, 7:00PM

All other Senior Nights will be held at Halftime of Basketball Games: Bowling and Hockey- January 10, 7:00PM (Boys Basketball Game) Indoor Track- January 29, 7:00PM (Boys Basketball Game)

\*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 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.





Winter Sports Awards- Monday, March 11, 7:00PM

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







# Thank you everyone! GO BEARS!!!!

### **Meet the Coaches:**

Boys Basketball (MS and HS)- Auditorium

Indoor Track- Room 123

Cheerleading- Room 213

HS Girls Basketball- Room 120

MS Girls Basketball- Room 122

Bowling- Room 214

Wrestling (MS and HS)- Room 225 and 227

lce Hockey- Room 126

Once a Bear, Always a Bear!