



2012
HADLEY WILDCAT
TRACK FACTS

1. A doctor's signed physical form is due by April 5th. **FIRST PRACTICE March 21st**

2. **Plan on practice being held every day until 4:30-4:45.** If you are involved in baseball, football, or soccer, you may still be able to participate in track. Check with your track coach.

Mr. Dixon: 8th grade boys coach.

Mrs. Hopkins: 8th grade girls coach.

Mrs. Odom: 7th grade girls coach.

Mrs. Maher: 7th & 8th boys and girls distance coach.

Mrs. Heskin: 7th boys coach and boys & girls shot and discus

TBA : 7th & 8th grade boys and girls assistant coach.

3. **Practice starts a few days before spring break. March 21st & 22nd.** **Practice will be held DAILY AFTER spring break.**

4. **Three unexcused absences and you will be excused from participating on the team. After school detentions/referrals, are recorded as unexcused.** You are expected to attend every practice. If some emergency occurs and you need to miss a practice, you will need a written excuse from a parent. If you fail to get a note, you will not be allowed to compete in the next meet.

5. If you are on the team, you may participate in all the **home duel meets.** Since bus space is limited and most schools that we visit limit the number of entries, you must qualify for an away meet.

6. Track spikes are not required, but you may want them for a better performance. **Run Today** at 476 N. Main St. Glen Ellyn. <http://www.run-today.com/index.html> or **Dick-Pond Sporting Goods** in Carol Stream is a good source for shoes. <http://www.dickpondathletics.com>

7. Warm clothing at all meets is highly recommended. **You will not be allowed on the bus without a winter coat and sweat clothes if the weather is in the least bit cool.**

8. It will be necessary to buy your own track shirt for \$4.50. The order must be turned in by March 21st. Your regular black P.E. shorts must be worn during a meet. **This check must be separate from the participation fee's check. Please make check payable to Hadley Jr. High.**

9. During Spring holidays, you should do the workouts. Sprinters, especially, will be extremely sore or injured by the first meet if they fail to do so.

10. Track events include: 100, 200, 400, 800, 1600 meters, 4x100 relay, 4x200 relay, 4x400 relay, and low hurdles. Field events include: long jump, high jump, triple jump, shot put, and discus.

11. Spring Break workout: **Sprinters and jumpers-**To be done at least 5 days-Jog 8-10 min.

Stretch the front and back of legs.

Run 100 yd's at 3/4 speed with a 100 yd. walk for a rest

Repeat sprint/walk 2 more times. Jog easy for 4-5 min.

Distance runners - Run continuously for 15 minutes. Each day, do some short, fast running with rest in between. Do the faster running after the continuous run. Do this at least 5 days.

12. Students are required to pay a **\$30** participation fee (for 1st/only activity), **\$15** (2nd activity), **\$7.50** (3rd activity) and **\$3.00** (4th activity). When fees are paid along with signed athletic code, physical and waiver warm ups may be issued to the participant. Students are responsible for returning the warm up when the season is over. **The participation fee's check and the shirt order check MUST be separate. Please make checks payable to Hadley Jr. High.**

13. **In order to receive a track certificate at Honors Day, you must participate in all home duel meets and any away meet in which you qualify.**

TRACK TEAM CHECK LIST

- ___ Track Facts (keep at home)
- ___ Requirements for participation (keep at home)
- ___ Track team meet schedule (keep at home)
- ___ Athletic code. pages 1-2 (keep at home)
- ___ Signed athletic code. Page 3. (turn into coach)
- ___ Shirt order form and check along with the activity fees check. Two separate checks please. (turn into coach)
- ___ OPTIONAL. Order Online only.
You have the opportunity to order your own Hadley Track Sweats thru - www.rbsactivewear.com
Sweats will be shipped to Hadley Jr. High.
- ___ Signed waiver and release form (turn into coach)
- ___ Doctor's signed physical form. (turn into coach)

Home track meets start at 4:00-4:15 OR when the GBW track team is finished their practice.

ORDER OF EVENTS

FIELD EVENTS:

- Girls high jump. Once completed, boys high jump.
- 8th grade: Triple jump and shot put once completed long jump and discus.
- 7th grade: Long jump and discus once completed triple and shot put.

RUNNING EVENTS

Hurdles
1600m (mile)
100m
400m
4x200m relay
800m
4x100m relay

REQUIREMENTS FOR PARTICIPATION

Glen Ellyn School Board Policy 6:190AP Instruction

Administrative Procedure - Eligibility for Participation in Extracurricular Activities Extra Curricular Code of Conduct

REQUIREMENTS FOR PARTICIPATION In order to be eligible for participation in extra-curricular activities, students must observe the standards of behavior set forth in the District's discipline policy. **In addition, students must maintain grades which are in accordance with the student's ability. Teachers will notify coaches whenever a student's performance does not match his/her ability level and when they feel a student is not putting forth the effort needed to succeed.** When a teacher identifies a problem with an individual student, the coach will consult with that teacher to determine if effort has improved.

If no improvement is noted within two weeks, students may be barred from continued participation on the team or in the extra-curricular activity in question.

Please mark the student athlete's performance (M, P, NM, or A) in each of the Work Habits. The information provided will be used to determine participation on the team or in the extracurricular activity. Should performance change in any Work Habit area, please notify the coach.

Student Name: _____		Sport _____		
Date: _____, 2011-2012		Coach _____		
WORK HABITS	ASSIGNMENTS	BEHAVIOR	PREPARATION and ORGANIZATION for ACADEMIC WORK	ACCOUNTABILITY for LEARNING
Literacy				
Math				
Science				
Social Studies				
Foreign Language				
PE				
Exploratory				

Comments:

Track Team Schedule

- Athletes must have the following information turned in to compete in a meet: Waiver and release form, Track Shirt, Physical and Athletic fee.
- Students can be picked up at away meet locations only by a parent or guardian. Parents must inform coach when signing out student to go home.
- Students CANNOT ride home with another track athlete unless he/she has a written note from a parent or guardian granting permission
- There will be no bus transportation for home meets. All home meets are held at the Glenbard West Track.

MARCH

2012

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	14	16	17
18	19	20	21 Practice Last day to turn in shirt money and sports fee.	22 Practice	23 SIP DAY NO Practice	24
25	26	27	28	29	30	31

SPRING BREAK

Track Team Schedule

APRIL

2012

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2 Practice	3 Practice	4 Practice	5 Practice	3 No School	7
				Last day to turn in sports physical!		
8	9 Practice	10 Practice	11 HOMEMEET @GBW	12 Practice	13 HOME MEET @GBW	14
15	16 Practice	17 Practice	18 HOME MEET @GBW	19 HOME MEET @GBW	20 SIP DAY NO Practice	21
22	23 NO Practice Teacher meetings	24 Practice	25 HOME MEET HADLEY INVITE @GBW	26 Practice	27 Practice	28
29	30 HOME MEET @GBW					

MAY

2012

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1 Practice	2 Practice	3 Practice	4 Practice	5
6	7 Conference meet. Prelims@ Willowbrook H.S.	8 Practice	9 Conferences meet. Finals@ Willowbrook H.S.	10 Practice	11 Rain date for conference meet	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Dear Parents of Hadley Student Athletes,

Congratulations are in order for your child for being selected to represent Hadley Junior High School on an interscholastic sports team. Being chosen for the team recognizes your child's natural ability and motivation. It is our hope that the season will be successful and enjoyable. Please read the following district policy related to our interscholastic sports programs:

PHILOSOPHY

School District 41 offers a variety of extracurricular programs to provide additional opportunities to students. Participation in these activities is highly encouraged but remains a privilege. Students choosing to participate in these activities bear the responsibility of representing their school both in the community and at school. These extended responsibilities include holding students who choose to participate to a higher standard of conduct as a condition of participation. The goals of an extracurricular program encompass development of healthy living habits, discipline, leadership, teamwork, citizenship skills and respect for structure, rules and responsibilities. Individual initiative, character and teamwork will be enhanced when there is team cooperation with established procedures. We believe this Code will help make participation in our extracurricular program a strong and enduring learning experience. District 41 staff remains committed to developing the whole child.

PURPOSE

All students involved in extracurricular activities shall comply with these rules and regulations and conduct themselves in a manner that will bring credit and honor to themselves, their schools and their communities. The Code sets forth specific rules for student participation in extracurricular activities and guidelines and procedures to be followed for violations of the rules.

REQUIREMENTS FOR PARTICIPATION

In order to be eligible for participation in extra-curricular activities, students must observe the standards of behavior set forth in the District's discipline policy. In addition, students must maintain grades which are in accordance with the student's ability. Teachers will notify coaches whenever a student's performance does not match his/her ability level and when they feel a student is not putting forth the effort needed to succeed. When a teacher identifies a problem with an individual student, the coach will consult with that teacher to determine if effort has improved. If no improvement is noted within two weeks, students may be barred from continued participation on the team or in the extra-curricular activity in question.

PROHIBITED MISCONDUCT

Misconduct that is contrary to the philosophy and purposes of this Code is prohibited. Some examples of misconduct include, but are not limited to, possession of, delivery of, or being under the influence of prohibited substances; possession or use of tobacco; illegal acts; gross insubordination; assault; battery; reckless behavior; extortion; hazing; major school disruptions; bullying; sexual harassment; theft; fighting; vandalism; mob action; gang affiliation; and possession of weapons and/or "look-alikes;" or assisting in any of the foregoing prohibited activities.

APPLICATION OF CODE

This Code of Conduct is in effect 24 hours a day, 365 days a year. It applies to incidents of misconduct on or off school property, whether in season or not, and whether school is in session or not. Violations of the Code accumulate throughout a student's school career. Violations of the Code that are not related to a student's attendance at school or participation in a school activity or event are limited to incidents of misconduct verified by District 41 staff, law enforcement agencies or an admission of guilt. Direct reports from law enforcement agencies of illegal activity will be investigated. Anonymous or secondhand reports of possible violations generally will not be investigated absent substantive confirming information. A Code violation is verified if, by the information available, it appears more likely than not that a Code violation has occurred.

The consequences for misconduct in violation of this Code are separate from and in addition to those assigned for violating school rules, school district policies and the law. The Code in no way limits the authority of the administration or the Board of Education to impose other or additional consequences in accord with school rules and district policies.

PROCEDURES

The following procedures generally will be followed in enforcing the Extracurricular Code:

1. Upon completion of an investigation, information about an incident is given to the Principal.
2. The appropriate administrator will interview the student and a parent will be notified.
3. The Principal will schedule a hearing within three (3) school days of the completion of the investigation of the misconduct before the Review Board*. Parent(s) or guardian(s), students and other appropriate school staff will be invited to participate in the hearing.
4. The Review Board will consider all the relevant information and apply consistent and reasonable consequences appropriate to the circumstances, including prohibiting the student's participation in practices and rehearsals.
5. The student or his/her parent or guardian may request a review of the Review Board's decision by the Principal. This request must be made in writing to the Principal within five (5) school days of the student's receipt of the Assistant Principal's decision and must articulate the reason(s) that a review should be granted.
6. The Principal will determine if the decision should be upheld, reversed or modified. The Principal's decision is final.

***The Review Board is comprised of the guidance counselor, coach, club/activities sponsor, or other school personnel that are appropriate.**

CONSEQUENCES

Students who are found to have violated this Code of Conduct will be suspended from participation in extracurricular activities for a specific time, as decided by the Review Board. The Principal upon review shall have discretion to determine the severity of the consequences, based on the circumstances surrounding the misconduct. A student not involved in extracurricular activities at the time of the violation will be assigned a consequence beginning upon his/her next involvement in an extracurricular activity. A student may not, however, become involved in a new athletic activity solely to serve the assigned consequence, and the Principal may prevent a student from doing so by assigning a consequence to be served during the student's next involvement in his/her regular activity or activities.

Student/Parent Acknowledgment of Code

Students and their parents/guardians must return this signed form before a student is eligible to participate in District 41 extra-curricular activities.

I have read and understand the rules that apply to my participation in extra-curricular activities. I understand that in order to participate in athletic teams and other extra-curricular activities sponsored by District 41, I must follow the rules and expectations explained in the District's extra-curricular code of conduct.

_____ Student Name (printed)

_____ Student Signature ----- Date

I have read and understand the rules that apply to my student's participation in extra-curricular activities. I understand that the opportunity to participate in such activities is a privilege, and not a right, and that my student must adhere to the expectations outlined in the extra-curricular code as a condition of participation.

_____ Parent Name (printed)

_____ Parent Signature ----- Date

You should also be aware that your child is expected to leave the building 15 minutes after practices and games. Coaches have been told to supervise your child for this amount of time. After 15 minutes, your child will not be supervised by an adult. Your child has been instructed to notify you of the times they will be done with practice. Please know that the only adults in the building are our night custodians and they are often not in the areas where your children will be waiting for rides. We are always concerned when our students are left unattended for a long period of time. Everyone's cooperation will help prevent any problems.

I have received the letter and am aware of the fact that supervisors are available for only 15 minutes after practice.

_____ Parent Signature

TRACK SHIRT ORDER FORM

Name _____

Male / Female

Grade Level 7th or 8th

Cost: \$4.50 (Make check payable to Hadley Jr. High) this check MUST be separate from the activities/participation fee check.

~~***We will be using the same shirt as last year so you may reuse last year's shirt if you wish.***~~

All Adult Sizes Small _____

Med. _____

Large _____

XL _____

MONEY IS DUE BY 3:30 ON MARCH 21st. No orders will be accepted after this time.

Activity Fees

This includes any and all activities that require a fee for the current school year.

Activity/participation fees should be turned into the coach, along with the signed Athletic Code, Activity Waiver and Physical Exam Form. Please be aware that some sports also require a team tee shirt purchase. Checks should be made out to Hadley Jr. High.

- PLEASE CIRCLE ATHLETIC FEE AMOUNT AND ADD TO YOUR SHIRT ORDER.

First activity/sport: \$30

Second activity: \$15

Third activity: \$7.50

Fourth activity: \$3.00

SHIRT ----- \$ _____

ATHLETIC FEE \$ _____

TOTAL----- \$ _____

Check #1

Check #2

Optional Track Sweats

You also have the option to personalize your sweats with your name for an extra fee.

Don't miss out on this great offer.

RBS online store closes March 24th.

Order early

www.rbsactivewear.com

IT'S TIME TO ORDER YOUR HADLEY TRACK GEAR

Orders must be placed by March 25th

	
Hadley Track Black Open Bottom Sweatpants - \$22.36	Hadley Track Sport Grey Hooded Sweatshirt - \$23.05

* Go to the website - www.rbsactivewear.com
* Click on Online Store icon
* Choose your store
* Choose your garment
* Click "Order Now" & choose your sizes

DUCKY'S SPORTS & REVENDS
10000 10th Ave S, Suite 100, Seattle, WA 98148
Phone: 206.461.1100 Fax: 206.461.1101

If you don't have access to the internet,
call RBS at 800-503-5999 to order your gear

AGAIN THESE SWEATS ARE OPTIONAL!

- The Track team will also provide Hadley Loaner Sweats.
- Loaners sweats must be returned washed and clean at end of season.
- There is a **\$45** cost per item for missing, lost or damaged Hadley loaner sweats.

Glen Ellyn School District 41

Waiver and release of all claims for participation in:

Track & Field

Please read this form carefully and be aware that by enrolling your child in the above program you will be waiving and releasing all claims for injuries the participant may sustain.

Name of participant

Waiver and Release

In allowing my child to participate in the above Glen Ellyn School District 41 program, I recognize and acknowledge that there are certain risks of physical injury; and I agree to assume the full risk of injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such a program.

I agree to waive and relinquish all claims I or my child may have as a result of participating in the program against Glen Ellyn School District 41 and its from injuries, damage or loss which may have or which accrue to me or my child on account of participation in the program.

I further agree to indemnify and hold harmless and defend Glen Ellyn School District 41 and it's officers, agents, servants, and employees from any and all claims sustained by me or my child arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize Glen Ellyn School District 41 to secure from any accredited hospital and or physician any treatment deemed necessary for my immediate care or for the immediate care of my minor child, and agree that I will be responsible for any medical services rendered.

Signed Parent or Guardian of Participant

Date

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during the night	Yes	No		Hospitalizations? When? What for?	Yes	
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No	
Developmental delay?	Yes	No		Serious injury or illness?	Yes	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No	
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No	
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No	
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.			
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____	Parent/Guardian Signature _____ Date _____					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						
Ear/Hearing problems?	Yes	No				
Bone/Joint problem/injury/scoliosis?	Yes	No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/>				
Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____				
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____				

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in **PHYSICAL EDUCATION** Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Print Name _____	(MD, DO, APN, PA) Signature _____	Date _____
Address _____	Phone _____	

(Complete both sides)