

SO YOU WANT TO BE ON THE HADLEY XC TEAM?

The cross-country team is an interscholastic program that involves an outdoor distance running competition against other schools. 6th & 7th graders (boys and girls) run 1.5 miles and the 8th graders run 2 miles (boys and girls). Training to run these distances requires practice, practice, practice. Team practice is everyday after school and usually completed around 4:30-4:45. Practice begins the second day of school. If you would like to participate in another sport outside of Hadley, coaches will try to make that work. Please check schedules and notify coaches prior to the start of the season of conflicts. All paperwork must be completed and turned in before a runner may race.

Paperwork to be turned in to your coach includes:

- Activity fee sheet and money
- T-shirt order form and money
- Emergency information
- Summer running sheet
- Waiver
- Contract
- Physical

You may find these forms on Hadley's athletic page,
<http://www.d41.org/schools/hadley/athletics.htm>.

- **Athletes must have the following information turned in to compete in a meet: Sports contract, Waver and release form, Shirt order form, Physical.**
- **Students can be picked up at away meet locations by only a parent or guardian.**
- **Students CAN NOT ride home with another XC athlete unless he/she has a written note only from a parent or guardian.**

Please contact your coach with questions. 630-790-6450

Coach Maher 6th grade

Coach Slager 7th grade

Coach Dixon 8th grade



XC CHECK LIST

- ___ **XC information sheet (keep at home)**
- ___ **XC 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 XC sweats thru - www.rbsactivewear.com
 Sweats will be shipped to Hadley Jr. High.
- ___ **Emergency information form. (turn into coach)**
- ___ **Signed waiver and release form (turn into coach)**
- ___ **Cross-country self assessment. (turn into coach)**
- ___ **Summer running log. (turn into coach)**
- ___ **Doctor's signed physical form. (turn into coach)**

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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

OPTIONAL SWEATS ORDER.

- THE TEAM WILL ALSO PROVIDE HADLEY LOANER SWEATS.
- YOU MAY PAY/PLACE YOUR ORDER STARTING ON 8/13/12 at www.rbsactivewear.com
- FOR AN EXTRA CHARGE YOU CAN ALSO CHOOSE TO HAVE YOUR NAME IMPRINTED ON THE SWEATS.

Hadley Junior High Online Store

Store Closes on **TBD**

All orders will be shipped directly to the school or contact person within 3 weeks of the store closing date. Orders are not sent to individual customer's addresses. Orders are not sent to individual customer's addresses.

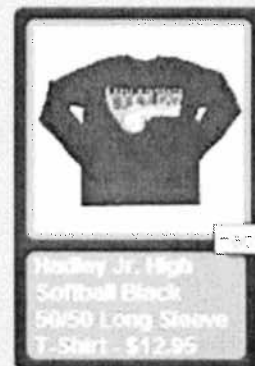
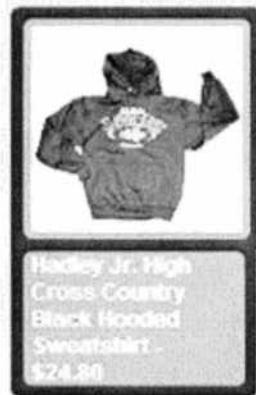
If you have any questions, contact:

Kyle Sleck

ksleck@d41.dupage.k12.il.us

Items (Hadley Junior High)

Click on an item to find out more detail or order.



YOU MAY PAY/PLACE YOUR ORDER STARTING ON 8/13/12 at www.rbsactivewear.com

XC SHIRT ORDER FORM

Name _____

Male / Female

Grade Level 6th, 7th or 8th

Cost: \$6.75 (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 24th. No orders will be accepted after this time.

TRACK SHIRT \$ _____

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.**

First activity/sport: \$30

Second activity/sport: \$15

Third activity/sport: \$7.50

Fourth activity/sport: \$3.00

ATHLETIC FEE \$ _____

Check #1

Check #2

EMERGENCY INFORMATION

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

People to contact in case of emergency:

1. Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

2. Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

In case of a serious accident or illness requiring immediate professional attention, we will contact the local emergency medical personnel.

Additional emergency request:

Please list any medical history that might be a vital piece of information in an emergency (Example: diabetes, cardiac problems, allergies, epilepsy, bleeder, etc.)

.....
Please let me know if any information changes.

Glen Ellyn School District 41

Waiver and release of all claims for participation in:

XC

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



CROSS-COUNTRY

Name _____ male/female

Grade for next year (2012-2013) _____

Other
sports/activities _____

How would you rate your present fitness level?
(excellent good fair poor)

How many minutes do you think you can run, at a slow
pace, without stopping? _____



STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

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

Address	Street	City	ZIP code	Parent/ Guardian	Telephone # Home	Work
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IMMUNIZATIONS: To be completed by health care provider. Note the mo/day/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DOSE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubella)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

Comments

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)*

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
 Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school - annually beginning at age 3; School age - during school year at required grade levels

Date																	Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts
Age/Grade																	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																	
Hearing																	

Printed by Authority of the State of Illinois
(Complete Both Sides)

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

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)

PHYSICAL EXAMINATION REQUIREMENTS		HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING 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.
 Blood Test Indicated? Yes No Blood Test Date _____ Blood Test Result _____ (Blood test required in Chicago and other high risk zip codes.)

TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / Result _____ mm

LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES		Date	Results	Date	Results
Hemoglobin * or Hematocrit *					
Urinalysis			Sickle Cell * (as indicated)		
			Other		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optommetrist Yes <input type="checkbox"/> No <input type="checkbox"/>			Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	

NEEDS/MODIFICATIONS required in the school setting _____ **DIETARY** Needs/Restrictions _____

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for ankyriamia, 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 _____ (If No or Modified, please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination:
 Print Name _____ Signature _____ Date _____

Address _____ Phone _____

(Complete both sides)

Cross Country

August					2012	
<i>Sun</i>			<i>Wed</i>	<i>Thu</i>		<i>Sat</i>
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22 First student attendance day	23 1 st Practice	24 Practice	25
26	27 Team practices at Ackerman	28	29 Home Meet @ Ackerman vs. Indian Trail, Churchville, Bryan, Sandburg, CMHS	30	31 No practice enjoy the holiday	
September					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 No School Labor Day	4 Away meet vs. Edison, Wheaton	5	6 Away Meet @ Jefferson, Madison Meadows Park vs. Jefferson, Bryan	7	8
9	10 No Practice All School Meetings	11 Away Meet vs. Monroe, Wheaton	12 Away Meet @ Jackson, Villa Park vs. Jackson, Sandburg, Hinsdale, CMHS	13	14 Sip day No Practices	15
16	17 Away Meet @ Churchville, Elmhurst vs. Churchville, Jackson.	18	19	20	21 CONFERENCE MEET @ Jackson, Villa Park	22
23	24	25	26	27 Rain date for Conference meet	28	29
30						