

Molalla River Middle School Track General Information

1. Practice

- a. Practice will be every day after school beginning March 5th and will end NO LATER than 4:00 (unless otherwise notified).
- b. Practice will be held at Heckard Field (unless otherwise notified).
- c. Kids will be transported by bus to practice after the school day. Parents will need to pick them up after practice at Heckard Field. Unfortunately there is NO transportation provided for the athletes after practice.

2. Paperwork and Fee

- a. Athletes will need to turn in all appropriate paperwork (signed participation letter, sports physical documentation, and the emergency contact form) to the office prior to their first practice.
- b. The fee for track is \$75 and checks are to be payable to MRMS. Partial scholarships are available. Please see one of the coaches for details. The athletic fee, or payment plan, is due prior to the first meet.
- c. All athletes must have a physical in order to practice or compete (a new physical is needed every two years).

3. Uniforms

- a. Last year's uniforms can be used this year.
- b. The coach will be taking orders for uniforms during the first week of practice.
- c. Athletes have the following options:
 1. Shirt \$15.00 (**required; can use last year's**)
 2. Shorts \$15.00 (optional)
 3. Hooded Sweatshirt \$25.00 (optional)
 4. Sweat Pants \$20.00 (optional)Full Purchase Price (**\$75.00**)

4. Practice and Meet Dress Requirements

- a. All athletes will be required to follow school dress code for practice and meets.
- b. Sweats will be required for every warm-up.
- c. Please have your kids dress for the worst. If it gets cold, they need to have layers of clothing to dress in. Make sure they have sweatshirts and sweatpants available for inclement weather.

5. Track Meets

- a. All athletes will ride the bus to track meets.
- b. Athletes are expected to stay for the entire meet.
- c. If a student is to ride home with a parent after a meet, a note must be given to the coach prior to leaving the event. If a student is being transported by another family the note must indicate this as well.
- d. Students will be bused back to the middle school after every away meet (except from Heckard Field). We will do our best to notify parents of expected return time.
- e. We will never stop to eat on away track meets. Kids are encouraged to bring snacks and LOTS OF WATER.



WOLVERINE TRACK

We are excited about this year's upcoming track season and look forward to working with your child to develop their skills in track and field. Below are some expectations and guidelines that will be required of your athlete. If you have any questions please feel free to contact any of our coaches.

Athlete Expectations

1. Attend school and practice daily.
2. Give one hundred percent each practice and meet.
3. Follow all school rules while at school, practice, and at track meets.

Missing Practice (excused)

Regular attendance at school and practice is expected. You must attend school to attend practice unless pre-approved by the coach (doctor appointments, family emergencies, illness, etc.). Athletes not attending practice with unexcused absences may not participate in that week's meet.

Eligibility

The Friday prior to each meet, athletes will pick up and return a grade tracking sheet from Coach Corbett. Students not passing classes will not participate in the meet the following week (coaches from around the league must enter eligible participants to organize the event).

Parent Participation

Parents are welcome to attend practice. Parents are asked not to coach from the sidelines. If athletes require transportation, parents must pick up their child immediately after practice (4:00).

Wolverine Coaching Staff

HEAD COACH	Lisa Corbett
ASSISTANT COACH	Micah St. Clair
ASSISTANT COACH	Heidi Hillhouse



“Leave Your Mark”

WOLVERINE TRACK

Dear Parents,

Each year the process of getting kids picked up after practice or meets is becoming more of an issue. This letter is to inform you that all practices will never go longer than **4:00 pm**. We ask that you make arrangements for your child to be picked up by that time. As coaches, we have other responsibilities to attend to. I understand that sometimes circumstances arise. Please do your best to make arrangements and contact the coaches prior to practice if an issue comes up. We appreciate your understanding. If you have any questions regarding this issue please feel free to leave a message at the middle school 503-829-6133 and one of us will get back to you.

Thank you,

MRMS Coaching Staff

Daily Schedule

1. Immediately after school, go to locker room and get dressed down for practice (don't forget to prepare for bad weather).
2. Board busses and leave school at approximately 2:25.
3. Take role and warm-up.
4. Practice individual events.
5. Practice ends 4:00.

All athletes need to be picked up at Heckard Field. Please indicate how they are to get home after each practice below.

Please cut and return to coaches. _____

Participation Letter

I wish for my child to participate in Molalla River Middle School Track.
We have read and understand all of the information presented above in this letter.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

_____ will walk home after practice.
(Please **PRINT** athlete's first and last name)

OR
_____ will be picked up
(Please **PRINT** athlete's first and last name)

By _____ after practice.
(Please **PRINT** first and last name of the person who has permission to pick up your child)

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

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 Foods Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year ____ / ____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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 Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?	YES	NO
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?	YES	NO
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?	YES	NO
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

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 _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____

Age: _____

Grade: _____

School: _____

Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- 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, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): _____

Date: _____

Address: _____

Phone: _____

Signature of provider: _____

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Molalla River Middle School

ATHLETIC Emergency Information

Please print

Athlete Last Name	First Name	Age	Birth date	Grade

Emergency Information

Parents/Guardians	
Mailing Address	
Phone #'s Indicate cell/home/work	
Email	

In case of emergency, if parents cannot be contacted, notify:

Name	Phone
Name	Phone
Family Doctor	Phone
Preferred Hospital	Phone

Yes No The team coach, physician, and trainer may apply first aid treatment until the family doctor can be contacted.

Yes No We give our consent for coaches, trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

It is the responsibility of the parent/athlete to inform coaches of special medical needs.

SPECIAL MEDICAL NEEDS (Inhaler, allergies, etc)

Sport/Activity _____

INSURANCE INFORMATION

Please provide the following information:

_____ We have paid for school insurance on (date) _____.

_____ We do not want school insurance. Our insurance coverage is with
Insurance name _____ Policy Number _____

_____ We do not have insurance and will assume financial risk.

MUST HAVE SIGNATURE OF PARENT/GUARDIAN:
--

Parent or Guardian Signature

Date

Molalla River Middle School Track



REQUIRED ITEM

Dri-Fit T-Shirt- \$15
 Sizes: Youth S-XL & Adult S-2X



Add a name
 to any
 item for \$5



Hooded Sweatshirt- \$25
 Sizes: Youth M-XL & Adult S-2X
 (Optional Item)



Mesh Shorts- \$15
 Sizes: Youth S-XL & Adult S-2X
 (Optional Item)



Sweatpants- \$20
 Sizes: Youth S-XL & Adult S-2X
 (Optional Item)

Order Form Please Print

Questions? E-mail kim@kadmark.com

Product #	Product Description	Y/A	Size	Quantity	Price	Subtotal
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult			X	⊕
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult			X	⊕
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult			X	⊕
		<input type="checkbox"/> Youth <input type="checkbox"/> Adult			X	⊕
PERSONALIZATION - PRINT CLEARLY				→	X	⊕
					TOTAL	⊕

Name _____

Phone _____



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WOLVERINE TRACK

MOLALLA RIVER MIDDLE SCHOOL



WOLVERINES

<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>	<u>DEPARTURE TIME</u>	<u>OPPONENTS</u>
4-5	4:00	Silverton Middle School	2:30	Newberg, Silverton
4-12	4:00	Forest Grove High School	2:00	Neil Armstrong, Duniway
4-17	4:00	Central High School	2:20	Duniway, Talmadge
4-24	4:00	Silverton Middle School	2:30	Philomath, Talmadge, Silverton
5-3	4:00	Heckard Field	NA	Neil Armstrong, Newberg, Santiam Christian



“LEAVE YOUR MARK”

