## **2021 Emmet Field Cross Country**



Dear Parents.

Your child in grade 1 through 5 has the opportunity to run on the Cross Country Team. You are to take your child outside and see if they can do a SLOW jog without stopping for 8 minutes. If they cannot then its not recommended to be on the team but do something to build their fitness and stamina for next years team. They then need to be taken to the doctor to get a PHYSICAL COMPLETED (The proper form is attached to take it and have it filled out completely) so that I know that they can handle vigorous exercise. No one should be allowed to participate without proper paperwork completed. There are numerous benefits to being on the team such as being physically fit, building self esteem, making friendships, bonding with other families and coaches, use as a building block to be able to try - out and make other teams and sports. It can be done by anyone regardless of body shape and size, and you do not have to be a great athlete. If you need to talk to a coach then info is provided below. If you are not in town or on vacation then when you arrive back to Louisville then have your child start coming to practice. This summer when you come to practice then we will get you hooked up to our Emmet Field Cross Country app or website to get all information on Practices, Schedules, Calendars, Races, Uniforms. In years past we have used shutterfly and Team Snap.

\*The team will start practicing on Monday evenings at 8:00 - 9:15pm., Wednesday evenings at 8:00 - 9:15pm. and Saturday mornings at 9:00 - 10:15 am.(Starting July 19th)). Most practices are held at Seneca Park (we always meet just outside of the restrooms). Please bring your paperwork filled out in its entirety. We practice in the summer months late in the evenings and Saturday mornings to avoid the summer heat.

We will compete in approximately 8 meets. Once school starts in August, the team will practice in the evenings at Seneca Park at 6:00pm and conclude at 7:30pm. We always practice in bad weather (this includes rain, sleet or snow, unless thunderstorms and lightning are in the immediate area (then we will practice at Emmet Field Elementary schools gym and hallways). Races that we will compete in will range from .5 miles to 1.8 miles depending on each runners grade and age. Most races will be in Jefferson County and the season will conclude the 3rd week in October at the State Meet.

After our state meet in October those that qualify will be able to run on the Louisville Tiger Shark National Cross Country Team that Coach Johnson also coaches from November to December. More info will come later on our website.

Runners can bring a water bottle to practice as well as a towel or yoga pad to stretch and do Core Exercises. <u>I WILL</u> BE IN NEED OF PARENTS COMING TO PRACTICES AND TO MEETS TO ASSIST ME WITH COACHING AND BASIC ORGANIZATIONAL ACTIVITIES. The success of your child and this program is parents doing things to help. It is set up for parents to run under the direction of the head coaches. If you are able then we need adults to run with the kids at practice - especially our newbies and younger runners. I WILL NEED MUCH HELP IN COACHING, MANAGING, MONITORING THE KIDS AT EVERY PRACTICE. In most practices the runners are grouped by grade level and or ability. This is a team that expects nothing but the best and will not a babysitting service.

Once your child has done a "SELF ASSESSMENT (Can do a SLOW jog without stopping for 8 minutes) and have gotten a PHYSICAL FROM A PHYSICIAN (USE THE FORM ON THE NEXT PAGE), then fill out the bottom portion of this form and return to Coach Dan Johnson. I am really looking forward in starting our 10th year of Cross Country. Once these things are done then we will get you connected to our Website or App.

## THE COST TO BE ON THE TEAM IS \$70.00

(If you can not pay then we will find a sponsor for your child to cover cost)

Sincerely, Coach Dan Johnson

dan.iohnson@iefferson.kvschools.us 502 689-2093 (Call me if you have questions!) **Coach Brandon Ghrist** 

brandon.ghrist@jefferson.kyschools.us

Name:	Grade:	(2021	- 2022 School Year)

Jersey Size: YS YM YL AS AM AL Short Size: YS YM YL AS AM AL (Circle One)

Parents Name: (Please include both parents)

Email to receive info MOM: MOM PHONE#......DAD PHONE#......DAD PHONE#.....

## PREPARTICIPATION PHYSICAL EVALUATION **HISTORY FORM**



Mate. This form is to be filled out by pathent and parent prior to seeking the physician, physician assistant, advanced practice registered naves, or chroprastive if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d).

Grade		ase list all of	the prescription and over-th	e-counter m	edicines and supplements (herbal and	d nutritional) that you are currently take	
	Mergies: Pic						П
Mergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking							
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?	O Yes C	I No If yes, please identil	y specific all	ergy below.		
Wiergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking allengies?			□ Pollens		□ Food	☐ Stinging Insects	
Wergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking allengies?	vers below.	Sircle question	ns you don't know the answ	vers to.			
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking to you have any allergies?   We have any allergies?   Posters    Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters   Posters	SENERAL QUESTIONS			Yes No	MEDICAL QUESTIONS		No
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GENERAL QUESTIONS	Yes	N	MEDICAL QUESTIONS	Yes.	2
<ol> <li>Has a doctor ever denied or restricted your participation in sports for any reason?</li> </ol>		· · · · · ·	<ol> <li>Do you cough, wheeze, or have difficulty breathing during or after exercise?</li> </ol>		
2. Do you have any origining medical conditions? If so, piecase identify before.   ———————————————————————————————————		ļ	27. Have you ever used an inhaler or balon authora medicine? 28. Is there anyone in your family who has asthma?		$\Box$
3. Have you ever spent the right in the hospital?			<ol> <li>Were you born without or are you missing a kidney, an eye, a tresticle (makes), your spiece, or any other organ?</li> </ol>		
4. Have you ever had surgery?			30. Do you have grain pain or a painful bulge or hernia in the grain area?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious monorupleosis (mono) within the last month?		
5. Have you ever passed out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?	П	П
6. Have you ever had discomfort, pain, lightness, or pressure in your			33. Have you had a herpes or MRSA skin infaction? 34. Have you ever had a head injury or concussion?		T
chest during exercise? 7. Does your heart ever race or skip beats (integular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion,		Π
8. Has a doctor ever told you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?	T	T
Check all that apply:			37. Do you have headaches with exercise?		Γ
High cholesterol A heart intection Namezald disease Other.			38. Have you ever had numbness, lingling, or weakness in your arms or legs after being hit or halling?		
<ol> <li>Has a doctor ever ordered a test for your heart? For example, ECG-EXG, extecardiogram)</li> </ol>			39. Have you ever been unable to move your arms or legs after being hit or falling?		
10. Do you get lightheaded or feel more short of breath than expected		-27	40. Have you ever become is while exercising in the heat?	$\top$	П
oung electise?			41. Do you get frequent muscle cramps when exercising?		T
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or disease?		
12. Do you get more thred or short of breath more quickly than your friends		25	43. Have you had any problems with your eyes or vision?		
DEADT MEAST METERING ABOUT VAID EASINV	ż	4	44. Have you had any eye injuries?		
HEAKI MEALIN QUESTIONS ABOUT TOUR FAMILY	2	90	45. Do you wear glasses or contact tenses?		
<ol> <li>Has any family member or relative deed of heart problems or had an unexpected or unexplained suitiben death before age 80 linduiding</li> </ol>			46. Do you wear protective eyewear, such as goggles or a face shield?		
drowning, unexplained car accident, or sudden intant death syndrome??	_		47. Do you worry about your weight?		
<ol> <li>Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arthythmogenic right ventrioular cardiomyopathy, long QT</li> </ol>			48. Are you trying to or has arryone recommended that you gain or lose weight?		
syndrome, short UT syndrome, Brugada syndrome, or catecholaminergic polymornitic verificular bachecada?			49. Are you on a special diet or do you avoid certain types of foods?		П
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an exting disorder?	T	T
implanted defibrillator?		20	or. Do you have any concerns that you would she to discuss with a document		T
<ol> <li>Has anyone in your family had unexplained fainfing, unexplained seistures or near drowning?</li> </ol>			52 Have vor ever had a mentinal period?		
BONE AND JOINT QUESTIONS	Yes	8	53. How old were you when you had your first menshoul period?	1	Τ
17. Have you ever had an injury to a bone, muscle, ligament, or tendon			54. How many periods have you had in the last 12 months?	Ш	П
must caused you to mass a practice of a game?			Explain "yes" answers here		
19. Have you even had an injury that required a range, MPU, CT scan, havelone therefore there a cast or contribut?				Ш	$\prod$
20. Have you ever had a stress tracture?					1
<ol> <li>Have you ever been bild that you have or have you had an x-ray for neck instability or attentiacial instability? (Down sondrome or owarfam)</li> </ol>					
22. Do you regularly use a brace, ortholics, or other assistive device?					
	L				
24. Do any of your joints become painful, swollen, feel warm, or look red?					1
25. Do you have any history of juvenile arthritis or connective tissue disease?					1

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Date of birth

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Name

- Consider additional questions on more sensitive issues

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   Bo you are their sail, hopeless, depressed, or amalous?

   Bo you be the she all you home or residence?

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   Bo you de the shoot of or use any other drugs?

   Bo you drink alcohol or use any other drugs?

   Have you ever below any additionant to him by you gain or hose weight or impress you performance?

   Bo you wear a scat beld, use a helmet, and use condonns?

   Bo you wear a scat beld, use a helmet, and use condonns?

   Consider reviewing questions on cardioviscular symptoms (questions 5–14).

EXAMINATION			
Height Weight	☐ Male ☐ Female		0.0000000000000000000000000000000000000
BP / ( / ) Pulse	Vision R 20V	L20/	Corrected D Y D N
	NORMAL		
Appensince  • Marfan stigmata (Asphosocolecis, high-arched pable, pectus encaratum, arachnodach)/s, arm span > height Inpentado, myods, MAP andic resulficiency)	actyle.		
Hearing Lymph nodes	32		
Heart*  • Murmus (auscultation standing, supire, +/* Valsalva)  • Location of point of maximal impulse (PMI)			
Pulses  • Simultaneous femoral and radial pulses			
Lungs			
Absomen			
Sein faurinary (mates only/* Skin			
<ul> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologica Malechii Osivos ETAI			
Neck.			
Back			
Shoulder/arm			
Elbow/forearm			
Wristhandfingers			
Hpthgh			
Knee		-	
Lepande		1	
Footbass		-	
Functional  • Duck-walk, single leg hop			
Cheside ECI, exboardingan, and referril to endelegy for absented andlas history or earn. "Consider EU sean if in pulsate setting, faving their party present is encommented. "Consider ougstleve extrades or baseline neuropsychistic testing it in instry of agelitzant concusion.	si		
Cleared for all sports without restriction			
Cleared for all sports without restriction with recommendations for further evaluation or treatment for	on 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 gractice and participate in the sportist as cultined above. A copy of the physical exam is an record is my office and can be made available to the school at the request of the parents. If condi- participate is the sportist as cultimated above. A copy of the physician may rescind the destrance until the problem is resolved and the potential consequences are completely the advanced contrained to the parents.	hysical evaluation. The athlete ecord in my office and can be a y resolnd the dearance until th	does not present a nade available to th e problem is resolve	pperent clinical contraindications to practice and e sohool at the request of the parents. If condi- red and the potential consequences are completely
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Name of physician (print/type)			Date
Address			Phone
Signature of physician			, MD or DO

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