

# **IROQUOIS**



# **TRACK**

# **2023**



# *7<sup>th</sup> & 8<sup>th</sup> Grade Boys & Girls Track*

Athletes and Parents:

Track Practice begins Monday: **April 10, 2023**

Welcome to the Iroquois track team! Track is a no-cut sport which means anyone who comes out for track is on the team!!! No tryouts necessary. As part of the Iroquois Track Team, you are expected to attend all practices, be an example in the classroom and hallways, and always represent our school in a fitting manner. Like I said, attending practices are important!!! Please see the attached Calendar for practice details. All Athletes interested in participating in track **must have** the following turned in at the first practice: (if there are any issues getting these items in, please see Mr. Vitale)

- 1) A current athletic physical unless they **played OR tried out for** football, basketball or volleyball at Iroquois Middle School in the 2021-2022 calendar year. Physicals must be dated after **April 15<sup>th</sup> of 2022** to be valid for 2023 track season.
- 2) Transportation Form included in the packet (only if you have not played a sport this year)
- 3) Code of Conduct included in packet. Only to be filled out if you didn't play for an Iroquois team this year or you're an 8<sup>th</sup> grader who ran track last season as a 7<sup>th</sup> grader.

## **Attention Parents:**

If you would be interested in volunteering and helping the Iroquois track team at one or more of our home meets and could help either as a lane timer at the finish line or as an assistant for a field event at the shot put, long jump, or high jump that works with our coach. If you are interested, please contact me by phone or email. It is pretty easy and a great way to watch your child perform up close! Field events begin at 3:30 and running events begin at 3:45. Meets usually end around 5:30-6:00 PM.

**Thank you,**

**Jeff Vitale**

**Head Track Coach (723-3807)**

**Email: [jvitale@cvs.k12.mi.us](mailto:jvitale@cvs.k12.mi.us)**

**THE LAST DAY TO COME OUT WILL BE FRIDAY, APRIL 14<sup>TH</sup>**

# CHIPPEWA VALLEY MIDDLE SCHOOL TRANSPORTATION TO ATHLETIC EVENTS OFF-CAMPUS ACTIVITY

Revised 11/17/2021

I agree to provide transportation services from away contests for my son/daughter for the following Iroquois athletic team: **Football, Basketball, Volleyball** or **Track** (circle one) during the 2022 - 2023 school year.

I hereby give my child permission to participate in the above-named activity and do hereby relieve the Chippewa Valley School System of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the *Student and Athletic Code of Conduct*.

All students must travel from certain away contests by **previously arranged transportation**. This form must be completed and in the possession of the coach prior to the first contest. Football transportation is two ways (to and from school). Basketball, Volleyball, and track is only one-way transportation and you must pick up your child at the opponent's school.

Athlete's Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

## MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.



**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

LAST		FIRST		MI	SEX	GRADE	DATE OF BIRTH		AGE		
STUDENT'S NAME:											
NUMBER AND STREET					CITY			ZIP			
STUDENT'S ADDRESS:											
NAME OF FATHER OR GUARDIAN				WORK PHONE		NAME OF MOTHER OR GUARDIAN				WORK PHONE	
FAMILY DOCTOR				OFFICE PHONE		STUDENT'S HOME PHONE					

### INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: \_\_\_\_\_ Contract #: \_\_\_\_\_

Signatures of Student: \_\_\_\_\_ & Parent/Guardian or 18 Year Old: \_\_\_\_\_

GENERAL QUESTIONS		YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS		YES	NO	MEDICAL QUESTIONS		YES	NO
Has a Doctor ever denied or restricted your participation in Sports for any reason?				Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?				Do you have any concerns that you would like to discuss with a doctor?			
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____				Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____			
Have you ever spent the night in the hospital?				Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?				Have you ever had an eating disorder?			
Have you ever had surgery?								Do you worry about your weight?			
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		<b>YES</b>	<b>NO</b>	<b>BONE AND JOINT QUESTIONS</b>		<b>YES</b>	<b>NO</b>	Have you ever had a head injury or concussion?			
Have you ever passed out or nearly passed out DURING or after exercise?				Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?				Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?				Have you ever had any broken or fractured bones or dislocated joints?				Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
Do you get lightheaded or feel more short of breath than expected during exercise?				Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?				Have you ever been unable to move your arms or legs after being hit or falling?			
Do you get more tired or short of breath more quickly than your friends during exercise?				Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				Are you trying to or has anyone recommended that you gain or lose weight?			
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram				Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?				Are you on a special diet or do you avoid certain types of foods?			
Have you ever had an unexplained seizure or do you have a history of seizure disorder?				Do you regularly use a brace, orthotics, or other assistive device?				Do you wear protective eyewear, such as goggles, or a face shield?			
Does your heart ever race or skip beats (irregular beat) during exercise?				Do any of your joints become painful, swollen, feel warm or look red?				Do you or someone in your family have sickle cell trait or disease?			
Has a doctor ever told you that you have high blood pressure?				Do you have any history of juvenile arthritis or connective tissue disease?				Have you had any problems with your eyes or vision or had any eye injuries?			
Has a doctor ever told you that you have high cholesterol?				Have you ever had a stress fracture?				Do you wear glasses or contact lenses?			
Has a doctor ever told you that you have Kawasaki disease?				Have you a bone, muscle, or joint injury bothering you?				Have you ever had herpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?				<b>IMMUNIZATION HISTORY</b>		<b>YES</b>	<b>NO</b>	Have you had infectious mononucleosis (mono) within the last month?			
Has a doctor ever told you that you have a heart infection?				Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)				Do you have any rashes, pressure sores, or other skin problems?			
Has a doctor ever told you that you have a heart murmur?				<b>MEDICAL QUESTIONS</b>		<b>YES</b>	<b>NO</b>	Do You Have Any Allergies?			
<b>YOUR FAMILY'S HEART HEALTH QUESTIONS</b>		<b>YES</b>	<b>NO</b>	Have you ever become ill while exercising in the heat?				<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?				Do you cough, wheeze, or have difficulty breathing during or after exercise?				Have you ever had a menstrual period?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?				Do you have headaches or get frequent muscle cramps When exercising?				How old were you when you had your first menstrual period?			
Anyone in your family had unexplained fainting?				Do you have pain, a painful bulge or hernia in the groin?				How many periods have you had in the last twelve (12) months?			
Anyone in your family had unexplained seizures?				Is there any one in your family who has asthma?							
Anyone in your family had unexplained near drowning?				Have you ever used an inhaler or taken asthma medicine?							

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

Signature: \_\_\_\_\_ Signature of: \_\_\_\_\_ Date: \_\_\_\_\_  
Of Student Parent/Guardian

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

### EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN EMERGENCY 1) \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

CONTACT or 2) \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_



# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **three** places on this page by parent or guardian or 18-year-old.

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

## PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME:			Last			First			Middle			
STUDENT'S DATE OF BIRTH:	Month	Day	Year	PLACE OF BIRTH:	City	State						
CIRCLE GRADE:	7	8	9	10	11	12	SCHOOL:					

## PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP:	/	Pulse:	Vision: R 20/	L 20/	Corrected: Yes	No
<b>MEDICAL</b>			<b>NORMAL</b>			<b>ABNORMAL FINDINGS</b>	<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>		<b>ABNORMAL FINDINGS</b>
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)							Neck			
Eyes/Ears/Nose/Throat:	Pupils Equal	Hearing					Back			
Lymph Nodes							Shoulder/Arm			
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)							Elbow/Forearm			
Pulses: Simultaneous femoral and radial pulses							Wrist/Hand/Fingers			
Lungs:							Hip/Thigh			
Abdomen							Knee			
Genitourinary (Males Only)							Leg/Ankle			
Skin: HSV, lesions suggestive of MRSA, tinea corporis							Foot/Toes			
Neurologic:							Functional: Duck Walk			

### RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities **NOT** crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS  
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

SIGNATURE OF

EXAMINER:

PRINTED NAME

OF EXAMINER:

CIRCLE ONE

MD DO PA NP

DATE:

## STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT:

Date:

## PARENT OR GUARDIAN OR 18 -YEAR-OLD CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD

Date

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

## MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, \_\_\_\_\_, an 18 year-old, or the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE

**CODE OF CONDUCT ACKNOWLEDGEMENT FORM FOR STUDENT ATHLETES AND PARENTS**  
**TO BE COMPLETED ONE TIME PER ATHLETIC CAREER**

Complete Legal Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: ☐ Chippewa Valley High School ☐ Algonquin Middle School ☐ Wyandot Middle School  
☐ Dakota High School ☐ Iroquois Middle School ☐ Seneca Middle School

Athlete's Graduation Year – (circle) 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

HAS THIS STUDENT ATTENDED A HIGH SCHOOL OR MIDDLE SCHOOL OTHER THAN THE ONE LISTED ABOVE? ☐ Yes ☐ No  
IF YES, Name of School and School Year that student attended:

School: \_\_\_\_\_ School Year: \_\_\_\_\_

I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AND UNDERSTAND THE POSSIBILITY THAT SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN ATHLETIC ACTIVITIES. I FURTHER UNDERSTAND THAT THE ABOVE STUDENT WILL BE EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF THE SCHOOL DISTRICT AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION. I RECOGNIZE THAT AS A RESULT OF ATHLETIC PARTICIPATION, MEDICAL TREATMENT ON AN EMERGENCY BASIS MAY BE NECESSARY AND FURTHER RECOGNIZE THAT SCHOOL PERSONNEL MAY BE UNABLE TO CONTACT ME FOR MY CONSENT FOR EMERGENCY MEDICAL CARE. I DO HEREBY CONSENT IN ADVANCE TO SUCH EMERGENCY CARE, INCLUDING HOSPITAL CARE, AS MAY BE DEEMED NECESSARY UNDER THE THEN EXISTING CIRCUMSTANCES AND TO ASSUME RESPONSIBILITY FOR THE EXPENSES OF SUCH CARE. I AUTHORIZE CHIPPEWA VALLEY SCHOOLS TO USE A PHOTOGRAPH OR VIDEO RECORDING OF MY CHILD FOR DISTRICT NEWS OR WEB PAGE PUBLICATIONS. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THIS ENTIRE DOCUMENT AND I AGREE ON BEHALF OF THE ABOVE-NAMED STUDENT AND MYSELF TO ABIDE BY ALL OF ITS PROVISIONS.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AS AN ATHLETE, I UNDERSTAND THAT I AM EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF CHIPPEWA VALLEY HIGH SCHOOL, CHIPPEWA VALLEY SCHOOL DISTRICT, AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION SUCH AS THOSE STATED IN THIS DOCUMENT. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THE ENTIRE ATHLETIC CODE OF CONDUCT, UNDERSTAND THAT IT IS IN EFFECT 365 DAYS A YEAR, ALL DAY, EVERYDAY, AND EVERYWHERE, AND I AGREE TO ABIDE BY ALL OF THE STATED POLICIES, PROCEDURES, AND CODES OF THE ATHLETIC DEPARTMENT. I ALSO UNDERSTAND THAT THERE ARE ADDITIONAL POLICIES I MUST ADHERE TO WHICH ARE NOT CONTAINED IN THIS DOCUMENT.

SIGNATURE OF ATHLETE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPACT TEST ACKNOWLEDGEMENT FOR STUDENT ATHLETES AND PARENTS**

Chippewa Valley Schools are implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). Student Athletes are required to take an ImPACT Test. ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during practices and or competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted.

I give my permission for the student athlete named above to take an ImPACT Test. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which will be on file. I understand there is no charge for the testing at Chippewa Valley HS. I understand that there may be charges incurred by follow up care.

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Iroquois Middle School****2023 Boys & Girls Track Schedule****April****May**

Monday	Tuesday	Wednesday	Thursday	Friday
<b>3</b> SPRING BREAK NO PRACTICE	<b>4</b> SPRING BREAK NO PRACTICE	<b>5</b> SPRING BREAK NO PRACTICE	<b>6</b> SPRING BREAK NO PRACTICE	<b>7</b> SPRING BREAK NO PRACTICE
<b>10</b> Practice 3-4:30 PM	<b>11</b> Practice 3-4:30 PM	<b>12</b> Practice 3-4:30 PM	<b>13</b> Practice 3-4:30 PM	<b>14</b> Practice 3-4:30 PM
<b>17</b> Practice 3-4:30 PM	<b>18</b> Practice 3-4:30 PM	<b>19</b> Practice 3-4:30 PM	<b>20</b> Practice 3-4:30 PM	<b>21</b> Practice 3-4:30 PM
<b>24</b> Practice 3-4:30 PM	<b>25</b> Practice 3-4:30 PM	<b>26</b> PRACTICE MEET Home vs Algonquin	<b>27</b> Practice 3-4:30 PM	<b>28</b> Practice 3-4:30 PM
<b>1</b> Practice 3-4:30 PM	<b>2</b> MEET #1 - 3:30 Home vs Seneca	<b>3</b> MEET #2 - 3:30 @ LC East	<b>4</b> Practice 3-4:30 PM	<b>5</b> NO PRACTICE
<b>8</b> MEET #3 - 3:30 Home vs ROMEO	<b>9</b> Practice 3-4:30 PM	<b>10</b> MEET #4 - 3:30 @ Richards Jr. High	<b>11</b> Practice 3-4:30 PM	<b>12</b> NO PRACTICE
<b>15</b> MEET #5 - 3:30 Home vs Algonquin	<b>16</b> Practice 3-4:30 PM	<b>17</b> MEET #6 - 3:30 @ Wyandot	<b>18</b> Practice 3-4:30 PM	<b>19</b> NO PRACTICE
<b>22</b> MEET #7 - 3:30 Home vs LC North	<b>23</b> Practice 3-4:30 PM	<b>24</b> DISTRICT MEET 3:30 PM @ Seneca	<b>25</b> PIZZA PARTY 3-4:15 PM	<b>26</b>

Head Coach: Jeff Vitale

Contact Information: [jvitale@cvs.k12.mi.us](mailto:jvitale@cvs.k12.mi.us)

Assistant Coach: Jeff Zoli

Contact Information: [jzoli@cvs.k12.mi.us](mailto:jzoli@cvs.k12.mi.us)

Assistant Coach: Shannon Lafrate

Contact Information: [slafrate@cvs.k12.mi.us](mailto:slafrate@cvs.k12.mi.us)

Assistant Coach: Nicole Wenz

Contact Information: [nwenz@cvs.k12.mi.us](mailto:nwenz@cvs.k12.mi.us)

Assistant Coach:

Contact Information:

**IROQUOIS****PANTHERS**





# 2023 Boys/Girls Track



<u>DATE</u>	<u>H/A</u>	<u>Opponent</u>
Wednesday, April 26, 2023	Home	Algonquin Eagles (Practice Meet)
Tuesday, May 2, 2023	Home	Seneca Jaguars
Wednesday, May 3, 2023	Away	Lanse Creuse East Eagles
Monday, May 8, 2023	Home	Romeo Bulldogs
Wednesday, May 10, 2023	Away	Richards Jr. High Knights
Monday, May 15, 2023	Home	Algonquin Eagles
Wednesday, May 17, 2023	Away	Wyandot Hawks
Monday, May 22, 2023	Home	Lanse Creuse North Crusaders
Wednesday, May 24, 2023	Away	District Meet @ Seneca

*Track meets start at approx 3:30 with field events*

# IROQUOIS



# PANTHERS