



Manteno Middle School

Athletic Information for 2016-17 School Year



In order to participate in any extracurricular athletic activity at Manteno Middle School all athletes are REQUIRED to meet the following guidelines PRIOR TO THE FIRST CONTEST date for that sport:

- **Current athletic physical from a doctor on file with the middle school office before tryouts. It is recommended that families keep a backup copy of the athletic physical prior to filing it with the office, and send a copy of the physical along with the athlete prior to the first day of tryouts. All athletic physicals are valid for one calendar year from the date of the examination.**
- **All previous fees and fines owed to Manteno School District must be paid in full prior to the first day of tryouts for the sport.**
- **A \$75 activity fee is required for every sport that the athlete participates in. Checks can be made payable to Manteno Middle School and should be paid by the athlete before the first contest.**

Below is a list of athletic activities available for students at Manteno Middle School to participate in. All tryout dates listed are approximate and are subject to change. The listed tryout date for each sport is the expected start date, but the number of days of tryouts varies from sport to sport, and is determined at the coach's discretion. In most cases, regular practices will begin the day after tryouts have concluded.

- **Softball** – Tryouts begin 7/25/2016. All 6th, 7th and 8th grade girls that meet the above listed requirements are welcome to tryout. An A and a B team will be selected from the pool of athletes that tryout. *Season ends around 9/24/2016.*
- **Baseball** – Tryouts begin 8/1/2016. All 6th, 7th and 8th grade boys that meet the above listed requirements are welcome to tryout. An A and a B team will be selected from the pool of athletes that tryout. *Season ends around 10/1/2016.*
- **Girls Basketball** – Tryouts begin 8/29/2016. All 7th and 8th grade girls that meet the above requirements are welcome to tryout. Separate 7th grade and 8th grade teams are selected from the pool of athletes that tryout. *Season ends around 12/15/2016.*
- **Cheerleading** – Tryouts begin in the Fall, 2016. All students that will be in 6th, 7th or 8th grade in the 2016-17 school year that meet the above requirements are welcome to tryout. One combined team of 6th, 7th and 8th graders will be selected from the pool of athletes that tryout. *Practices begin in Fall, 2016. Season ends around 2/14/2017.*
- **6th Grade Boys Basketball** – Tryouts begin 10/14/2016. All 6th grade boys that meet the above requirements are welcome to tryout. One team will be selected from the pool of athletes that tryout, but the team will compete in both A and B level contests with the selection of players for each contest determined by the coach on a game-by-game basis. *Season ends around 12/16/2016.*
- **7th and 8th Grade Boys Basketball** – Tryouts begin 10/17/2016. All 7th and 8th grade boys that meet the above requirements are welcome to tryout. Separate 7th grade and 8th grade teams are selected from the pool of athletes that tryout. *Season ends around 2/16/2017.*
- **Wrestling** - Tryouts begin 11/28/2016. All 6th, 7th, and 8th graders that meet the above requirements are welcome to tryout. One combined team will be selected from the pool of athletes that tryout, and athletes will be selected by weight class for competition at meets and tournaments. *Season ends around 3/11/2017.*
- **6th Grade Girls Volleyball** - Tryouts begin 11/21/2016. All 6th grade girls that meet the above requirements are welcome to tryout. One team will be selected from the pool of athletes that tryout, but the team will compete in both A and B level contests with the selection of players for each contest determined by the coach on game- by-game basis. *Season ends around 2/28/2017.*
- **7th and 8th Grade Girls Volleyball** - Tryouts begin 11/28/2016. All 7th and 8th grade girls that meet the above requirements are welcome to tryout. 7th grade and 8th grade teams are selected from the pool of athletes that tryout. *Season ends around 3/21/2017.*
- **Track and Field** – Tryouts begin 2/27/2017. All 6th, 7th, and 8th grade boys and girls that meet the above requirements are welcome to tryout. Athletes will be assigned by coaches to events for meets based on athletic strengths and age regulations. Event assignments may vary from meet-to-meet at the coach's' discretion. *Season ends approximately 5/20/2017.*

Any student that anticipates participating in any of these athletic activities for the 2016-17 school year are encouraged to plan ahead to make sure all requirements are met by the first tryout date, and avoid scheduling conflicts that might result in the athlete missing any days of tryouts.

OAK ORTHOPEDICS

Saturday June 4, 2016



400 S. Kennedy Suite 100
Bradley, IL 60915
815-928-8050

For students entering grades 5,7,8,10,11,12

8:00 a.m. - 9:30 a.m.

- Bradley Bourbonnais community school districts
- Momence community school districts
- Grant Park community school districts
- St. Anne community school districts
- Beecher community school districts
- St. George community school districts
- Peotone community school districts

9:00 a.m. - 10:30 a.m.

- Bishop Mac
- Clifton community school districts
- Kankakee community school districts
- ~~Manteno community school districts~~*
- Watseka community school districts
- Wilmington school districts
- Reed Custer school districts
- Private schools (Maternity BVM, Trinity, St. Joes, Grace Baptist, Aquinas, St. Pauls, others)
- All others

1. Cost per student \$20 / **CASH ONLY**
2. Bring IHSA / IESA completed form
3. PARENT SIGNATURE on form
4. Student Dress: Tank top and shorts



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

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 Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
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 during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. 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 _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
 Last First Middle

EXAMINATION		NORMAL	ABNORMAL FINDINGS
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL			
Appearance			
<ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat			
<ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart ^a			
<ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses			
<ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin			
<ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional			
<ul style="list-style-type: none"> Duck-walk, single leg hop 			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSAA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.