

## 2020 St. Rose Track Team Registration

**DUE MARCH 9th**

### Contact Information

**Athletics Director:** John Moulder [athletics@stroseschool.com](mailto:athletics@stroseschool.com)

**Track Coordinator:** Lisa Jackson All communication via email at [track@stroseschool.com](mailto:track@stroseschool.com)

### Schedule

Grade	Day of the Week	Dates	Location	Time
K-2	Sunday	3/15, 3/22, 3/29, 4/5, 4/19, 4/26, 5/10 (optional – Mother's Day), 5/24	Newtown H.S. Track	2 p.m.-3 p.m.
3-8	Sunday	3/15, 3/22, 3/29, 4/5, 4/19, 4/26, 5/10 (optional – Mother's Day), 5/24	Newtown H.S. Track	3 p.m.-4 p.m.
Meets (not a drop off event)	Sunday	5/3 and 5/17	5/5 -Immaculate High School 5/19 – Immaculate High School	11:00 am-4 pm (arrive at 10:30 a.m. to check in)
Championship Meet (not a drop off event)	Sunday	5/31	Immaculate High School	11:00 am-4 pm (arrive at 10:30 a.m. to check in)

### Practice Details

- Students will be signed in AND out. We require formalized dismissal process and appreciate your cooperation
- **Note: there are no indoor facilities available to us during practices, this includes bathrooms, please plan accordingly**

### Important Track Meet Details

- Track Meets are at Immaculate High School (73 Southern Boulevard, Danbury, CT)
- **Track meets are NOT drop off events, therefore no dismissal procedure is necessary:** Athletes are required to sign in at the tent when they arrive. All athletes should arrive at 10:30 a.m. to properly check in
- Wear your team shirt to all meets

### Meet Events

- Grades K-2 TWO events and a RELAY
- Grades 3-8 THREE events and a RELAY
- Parents may request events for their children and coaches will make recommendations based on needs of team
- It is to your athletes advantage to choose 2 different events at each meet, this will increase chances of participating in the Championship Meet
- Entries are placed into a **VERY INFLEXIBLE** computerized system as required by the League. We have NO ability to make changes after the registration deadlines for each meet
- Available Events
  - K-2: 50m, 200m, 400m, 4,50m relay, broad jump, softball throw
  - 3-4: 50m, 200m, 400m, 800m, 4x 100m relay, broad jump, softball throw
  - 5-6: 100m, 200m, 400m, 800m, 1600m, 4x 200m relay, long jump, softball throw
  - 7-8: 100m, 200m, 400m, 800m, 1600m, 4x 200m relay, long jump, softball throw, shot put
- Sign-up Genius will be used to select the meet events.

## **Championship Event**

- K-8 THREE events and RELAY at the Championship Meet
- Top three per event, per age group, per gender, per school qualify
- Qualifying times from regular season events only. ***It would be to your athletes advantage to choose 2 different events at each meet, this will increase their chances of participating in the Championship Meet***
- Athletes must previously be in the Hytek system for a particular championship event
- Scratches (inability to participate) need to be identified before the meet

## **Team Snap**

Team Communications, Schedule, and Meet Results are all managed via the app: **TeamSnap**

- Once registration is closed, you will receive an invite via email to access TeamSnap
- All communications regarding Practices, Meets, and Results will be managed on this site and sent via email

## **Fees**

*Fees cover the costs involved with League membership dues, rental fees and awards*

1st child \$60    2nd child \$50    3rd child \$40    4th child \$30

For students in need of a team jersey, there is an additional fee of \$15 per child.

## **Uniforms**

- Meets
  - St. Rose team shirts ordered by St. Rose
  - \$15 per shirt, but same design as last previous years. **Required for Track Meets**
  - Comfortable shorts
  - Standard sneakers or running shoes. NO spikes or cleats
- Practices
  - Casual athletic dress - wear layers, bring rain gear – Spring weather is unpredictable
- Coaches
  - St. Rose Track & Field logo coaches shirts (red)

## **Volunteers**

Volunteers are needed for practices and meets!!!! If interested, please contact [track@stroseschool.com](mailto:track@stroseschool.com)

- Virtus Training is required for all volunteers

## **Code of Conduct**

Threatening, confrontational, or inappropriate behavior by parent(s) or student(s) that does not represent the values of St. Rose is not acceptable, and will result in a meeting and possible removal from the team

## **Banquet & Awards**

Banquet is tentatively planned for 6/4/20 (date, time and place to be finalized soon)

- Participation Trophy OR
- Completion of Track Log Award (Larger Trophy)
- School Record Certificate/League Record Certificate
- Meets medals for top 8 individual performance, these spots earn points for our team
- "Spirit of Track" award

## **REGISTRATION DUE MARCH 9, 2020**

The St. Rose of Lima School Track and Field program is an excellent opportunity for all students in Grades K through Grade 8 who want to participate in track and field. **There are no try outs. All students are welcome.**

- Yearly Physical every 13 months
- Submit Physical forms and actual registrations forms to Mr. Moulder. If unsure of Physical status, please check with the school nurse
- **Regular registration form with fee submission "Participation Health Record and Parent Permission" form must be completed before a student can even practice with the team**
- **Athlete cannot practice until the following are received and approved by the School Nurse:**
  - State Health Assessment Record
  - Concussion Informed Consent Form
  - Consent to Treat Form
  - And Sports Participation Health Record and Parent Permission form
- The registration form is included in this packet. Please send your completed registration form and appropriate fee to the School, Attn: Athletic Director, Mr. John Moulder.
- Last day for registration **3/9/20**

***Please do not email forms to the track email address, all registration forms MUST be submitted to the Athletic Director by March 9<sup>th</sup>.***

Questions? Email [Track@stroseschool.com](mailto:Track@stroseschool.com)

ST. ROSE OF LIMA SCHOOL TRACK AND FIELD

REGISTRATION FORM

Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Mom's E-mail \_\_\_\_\_ Dad's E-mail \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Sports Physical on File at School \_\_yes\_\_no

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Sports Physical on File at School \_\_yes\_\_no

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Sports Physical on File at School \_\_yes\_\_no

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Sports Physical on File at School \_\_yes\_\_no

**VOLUNTEER (*All volunteers must be VIRTUS trained*)**

Please circle all areas you are interested in volunteering (no experience necessary!)

Track Meets                      Sunday Practices                      Administration                      Photographer

Virtus Trained? Yes / No

Comments: \_\_\_\_\_

**REGISTRATION PAYMENT**

First child	_____	\$60.00
Second child	_____	\$50.00
Third child	_____	\$40.00
Fourth child	_____	\$30.00

**UNIFORM JERSEY PAYMENT/SIZES (YS,YM,YL,S,M,L)**

First child size	_____	\$15.00
Second child size	_____	\$15.00
Third child size	_____	\$15.00
Fourth child size	_____	\$15.00

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_ (*Payable to St Rose School*)

My child(ren) and I agree to all Bylaws, rules and regulations as stated by the Track and Field League and St. Rose of Lima School as presented on the website and at the Parent meeting.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## SPORTS PARTICIPATION HEALTH RECORD AND PARENT PERMISSION

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

### A YEARLY PHYSICAL IS REQUIRED

Name \_\_\_\_\_ Sport \_\_\_\_\_

Please check YES or NO, if YES, explain in space at the lower portion of this page.

	YES	NO
1. Have you had a medical illness or injury since your last physical?	_____	_____
2. Do you have an ongoing or chronic illness (Asthma, Diabetes, Epilepsy, Arthritis, Hemophilia or any disability)?	_____	_____
3. Do you have any known allergies?	_____	_____
4. Do you carry an EpiPen? Use inhaler? (Circle)	_____	_____
5. Have you ever had a head injury/concussion or been unconscious?	_____	_____
6. Do you wear glasses/contact lenses during play?	_____	_____
7. Have you ever had a serious eye injury?	_____	_____
8. Do you have false teeth/wear braces/ or need a mouth guard?	_____	_____
9. Do you have high blood pressure, heart problems?	_____	_____
10. Do you have a family member who had a heart attack under age 50?	_____	_____
11. Is there any history of sudden death in your family?	_____	_____
12. Do you have only one kidney, have a kidney disease, liver disease, or ever had a spleen injury?	_____	_____
13. Do you have frequent or severe headaches?	_____	_____
14. Do you have a hearing loss or impairment in one or both ears or had an ear injury or surgery.	_____	_____
15. Have you ever had "mono" (mononucleosis)? Year _____	_____	_____
16. Have you ever had back pain/pinched nerves or a neck or spine injury?	_____	_____
17. Have you ever had ankle, foot or knee problems including sprains or had shin splints, fractures, dislocations, or joint problems?	_____	_____
18. Is a M.D. presently treating you? For? _____	_____	_____
19. Have you ever been hospitalized? Operations? _____	_____	_____
20. Are you currently on any long-term medication?	_____	_____
21. Do you have any health problem or limitation, which might jeopardize your participation in interscholastic sports?	_____	_____

ANY YES ANSWERS, EXPLAIN HERE: \_\_\_\_\_

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

\* If the physical becomes due mid season, it is the student's/parent's responsibility to get the New Sport Physical to the coach. If this is not done they will no longer be able to participate

**THIS FORM MUST BE COMPLETED FOR EACH INDIVIDUAL SPORT**

## ST. ROSE ATHLETIC DEPARTMENT

### CONSENT TO TREAT FORM

Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

In case of emergency, I \_\_\_\_\_ give permission for my son /daughter to be treated on site at a school event.

Daytime phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Person to contact if unavailable: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

#### Medical Information

My son/daughter suffers from:

Asthma? Yes ☐ No ☐

Asthma Inhaler? Yes ☐ No ☐

Daily Medications? Yes ☐ No ☐

Diabetes? Yes ☐ No ☐

Insulin? Yes ☐ No ☐

Seizures? Yes ☐ No ☐

Seizure Meds? Yes ☐ No ☐

Skeletal/Muscular Condition? \_\_\_\_\_

Any Daily Medications? \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student and Parent Concussion Informed Consent Form  
2018-2019

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

**What is a Concussion?**

**National Athletic Trainers Association (NATA)** - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

**Centers for Disease Control and Prevention (CDC)** - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion  
[http://www.cdc.gov/headsup/basics/concussion\\_what.html](http://www.cdc.gov/headsup/basics/concussion_what.html)

*Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious"* -CDC, Heads Up: Concussion Fact Sheet for Coaches [http://www.cdc.gov/concussion/HeadsUp/pdf/Fact\\_Sheet\\_Coaches-a.pdf](http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf)

**Section 1. Concussion Education Plan Summary**

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

**Section 2. Signs and Symptoms of a Concussion: Overview**

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loses consciousness
- Amnesia/memory problems
- Acts silly/combatative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.

**Section 3. Return to Play (RTP) Protocol Overview**

Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

**Concussion Management Requirements:**

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity\*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

**Medical Clearance RTP protocol (Recommended one full day between steps)**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity, <70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

\* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to her/his medical provider.

I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

I authorize my child to participate in \_\_\_\_\_ for school year \_\_\_\_\_  
(Sport/Activity)

Parent/Guardian name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

**References:**

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82.  
<http://www.nfhs.org>.  
[http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus\\_Statement\\_on\\_Concussion\\_in\\_Sport\\_3rd.1.aspx](http://journals.lww.com/cisportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx).
2. Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports. [http://www.cdc.gov/NCIPC/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm).
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

**Resources:**

- Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. Retrieved on June 16, 2010.  
<http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports Guide for Coaches. Retrieved on June 16, 2014.



## Track Log

- Run for 10 minutes or do 10 sprints to count as a workout
- Soccer, baseball, dances classes, etc. do not count
- Goal
  - Run outside 15 times outside of practice by 5/4 or 30 times by 5/26
  - A completed 5K counts as 4 runs
    - For a list of 5K events visit: [www.hytekrracing.com/calendar/](http://www.hytekrracing.com/calendar/) (most 5K races also have kids races for shorter distances)

### St. Rose Track and Field Log

Name of Athlete: \_\_\_\_\_

Date	Run Y/N	Run #	Dates	Run Y/N	Run #
			5k Runs	An official 5K counts as 4 runs.	
			Date	Event	Finish Y/N

Goal is to run 20 times in addition to scheduled practices by 5/3/20

A run is defined by running for 10 minutes or doing 10 sprints

Running at organized practices or events for other sports does not count

Submit completed form to one of the coaches at the 5/3/20 Track Meet

## Name of Athlete:

Goal is to run 15 times in addition to scheduled practices by 5/31/20  
A run is defined by running for 10 minutes or doing 10 sprints  
Running at organized practices or events for other sports does not count  
Submit completed form to one of the coaches at the Championship Meet 5/31/20