

HERE'S WHAT YOU NEED TO BE ON THE HADLEY TRACK TEAM

You need:

1. _____ Register your athlete: Use the QR code or the link to Register
2. _____ **A current physical thru the end of May turned into the nurse's office!**
3. _____ **Team t-shirt** You can use a shirt from a previous track/cross country season.
Purchase online from RBSActivewear - **Deadline is March 24th!**
<https://hadleyjrhstr22.itemorder.com/>
*******PLEASE NOTE: All late orders will have a substantial surcharge.*******
4. _____ **\$40 Activity Fee (NOT \$30 Club Fee) -PLEASE PAY ONLINE with skyward**
5. _____ **PARENTS & ATHLETES Sign up for Remind.**
Remind is a one-way communication tool. Coaches will send messages about canceled meets, practices, or general reminders.
6. _____ **Join Google Classroom code: am6edfx**
7. _____ Check out the **TRACK FACTS & SCHEDULE**
→ Check the schedule for any conflicts
8. _____ Do the workouts over Spring Break (or start today!)

PARENTS KEEP THIS FORM AT HOME

TRACK FACTS:

- ★ First practice is **MONDAY APRIL 4th OUTSIDE!** Dress for the weather!
- ★ Practice is outside everyday until 4:30.
- ★ If you will miss any practices, a parent note/email is required to your attendance coach. If you fail to get a note/email, you will not be allowed to compete in the next meet.
- ★ **If you are injured and can not practice, DO NOT come to practice, parent note required.**
- ★ **Two unexcused absences will DISMISS you from participating on the team.**
- ★ **ANY school detention (lunch or after school) is recorded as unexcused from track that day.**
The athlete can not participate in practice or a meet on the day the detention is served.
- ★ In order to receive a track certificate at Honors Day, you must participate in all home dual meets and any Invitational or Conference meet in which you qualify.
- ★ Track spikes are not required, but you may want them for a better performance. Dick-Pond Sporting Goods in Carol Stream is a good source for shoes. <http://www.dickpondathletics.com>
- ★ Spring Break workout:
 - Sprinters, jumpers & throwers: (to be done at least 5 days) jog 8-10 min, stretch the front and back of legs, run 100 yards at 3/4 speed with a 100 yard walk for a rest, repeat sprint/walk 2 more times, jog easy for 4-5 minutes.
 - Distance runners: run continuously for 15 minutes with some short/fast running with rest in between, do the faster running after the continuous run, do this at least 5 days
- ★ Track meets begin around 4:15 or when GBW is finished with practice.

Track Meet Order of Events

<u>Running Events</u>	<u>Field Events</u>
Hurdles 100m 1600m 4x100m 400m 4x200 800m 200m	*these take place while running events are competing <ul style="list-style-type: none">● Girls high jump first, then boys● 8th grade triple and shot put first, then long and discus● 7th grade long and discus first, then triple and shot

Coaches Contact:

Coach Armstrong iarmstrong@d41.org 8th Gr.boys

Coach Lee elee@d41.org 8th Gr. girls

Coach Dixon sdixon@d41.org Distance

Coach Poleski mpoleski@d41.org

Coach Heskin hheskin@d41.org 7th Gr. boys

Coach Olzen jolzen@d41.org 7th Gr. girls

Coach Hodges khodges@d41.org

PARENTS KEEP THIS FORM AT HOME



HADLEY TRACK AND FIELD EXPECTATIONS



Track and field is a very physically demanding sport.

NOTE: *Before you can come to practice*****

You must have *ALL Paperwork* & an up-to-date physical turned into the nurses office!

- **We ask that you always give 100% of yourself and for your team**
- **Track involves running!**
- **All participants will be expected to run daily at practice.**
- **You will run farther than just your specific event in order to train properly.**
- **Do not assume that “sprinters” won’t run certain distances, or field event participants won’t have to run.**
- **Participation in a sport is a privilege of academic success.**
- **Parents & Athletes Please Note: Any type of detention (lunch or after school) will result in missing practice and UNEXCUSED absences.**
- **2 unexcused absences and you are dismissed from the team.**

Parents Keep This Form

To register your athlete for Track & Field -

Go to:

<https://forms.gle/CUkwAUXSd8zJvwCt7>

Or use the QR code



After registration, you still need to:

1. Get a Sports Physical
2. Pay \$40 athletic fee in Skyward
3. Order Uniform T-shirt - **Due by March 24th**

<https://hadleyjrhstr22.itemorder.com/>



State of Illinois Certificate of Child Health Examination

Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home	Work
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
 Date of Disease Signature Title

3. Laboratory Evidence of Immunity (check one) Measles* Mumps** Rubella Varicella Attach copy of lab result.
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:
Diagnosis of asthma?	Yes No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Child wakes during night coughing?	Yes No		Hospitalizations? When? What for?	Yes No	
Birth defects?	Yes No		Surgery? (List all.) When? What for?	Yes No	
Developmental delay?	Yes No		Serious injury or illness?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Diabetes?	Yes No		TB disease (past or present)?	Yes* No	
Head injury/Concussion/Passed out?	Yes No		Tobacco use (type, frequency)?	Yes No	
Seizures? What are they like?	Yes No		Alcohol/Drug use?	Yes No	
Heart problem/Shortness of breath?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Heart murmur/High blood pressure?	Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature _____ Date _____		
Ear/Hearing problems?	Yes No				
Bone/Joint problem/injury/scoliosis?	Yes No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old HEIGHT WEIGHT BMI B/P

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes No And any two of the following: Family History Yes No
Ethnic Minority Yes No Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No At Risk Yes No

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No Blood Test Indicated? Yes No Blood Test Date Result

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm

No test needed Test performed Skin Test: Date Read / / Result: Positive Negative mm _____
Blood Test: Date Reported / / Result: Positive Negative Value _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

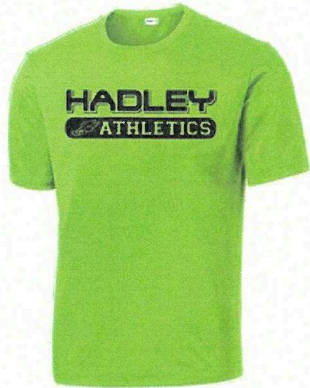
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Modified

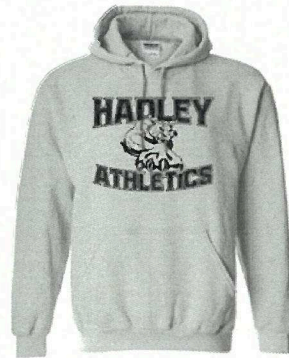
Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____
Address _____ Phone _____

RBS Store ****Deadline to order 3/24/2022****

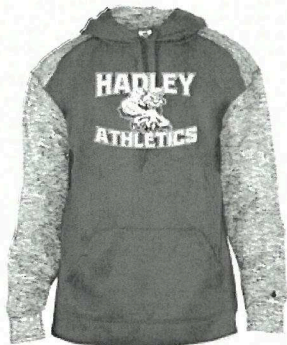
- Late orders will have a substantial surcharge!
- <https://hadleyjrhrstr22.itemorder.com/>



Competitor Tee (Must have)



Hooded sweatshirt (optional)



Hooded sweatshirt (optional)



Men's Joggers Pant (optional)



Women's jogger Pant (optional)



Athletic Fee: Team Sports.

There is a \$40 one-time athletic fee required to participate on a Hadley athletic team/sports.

Payment: Please pay \$40 through Skyward Family Access.

Note: Not the \$30 Club activity fee.



7th grade

Sign up for important updates from Hadley Track 2022.

Get information for Hadley Jr High School right on your phone—not on handouts.

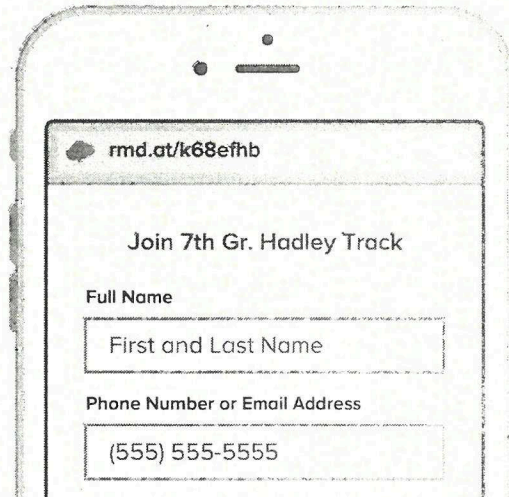
Pick a way to receive messages for 7th Gr. Hadley Track:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/k68efhb

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @k68efhb to the number 81010.

If you're having trouble with 81010, try texting @k68efhb to (630) 427-4456.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/k68efhb on a desktop computer to sign up for email notifications.

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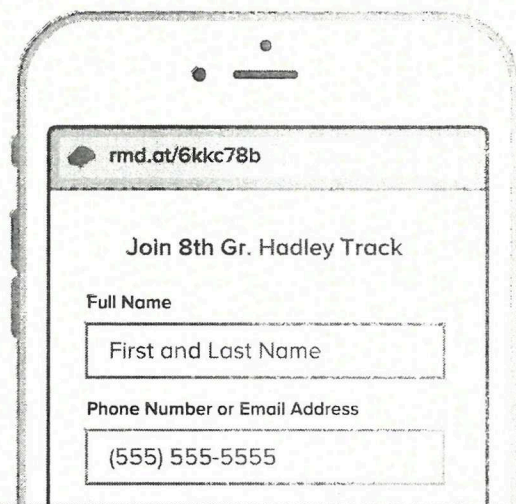
Pick a way to receive messages for **8th Gr. Hadley Track**:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/6kkc78b

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



- B** If you don't have a smartphone, get text notifications.

Text the message @6kkc78b to the number 81010.

If you're having trouble with 81010, try texting @6kkc78b to (630) 427-4456.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/6kkc78b on a desktop computer to sign up for email notifications.

2022 Hadley Track

April 2022

					1 No School	2
3	4 1st practice Must have All paperwork turned in to practice!	5 Must have ALL paperwork turned in to practice	6	7	8	9
10	11	12	13 Home Meet Wildcat Meet Hadley vs Hadley @ GBW	14	15 No School	16
17 Easter	18	19	20	21 Home Meet vs Jay Stream @ GBW	22	23
24	25	26	27 Away meet @ vs. Jay Stream & Franklin @ Wheaton North H.S.	28 Home Meet vs. Stratford @ GBW	29 Sip Day	30

May 2022

1	2	3 Away Meet vs. Hubble @ Wheaton Warrenville South H.S.	4	5	6 Home Meet vs. ??? @ GBW	7
8	9 Away Meet vs. Edison @ Wheaton Warrenville South H.S.	10	11 Away Meet vs. Monroe & Franklin @ Wheaton North H.S.	12	13	14
15	16	17	18 Conference Championship Meet @ Wheaton Warrenville South H.S.	19 Rain Date Championship Meet	20	21
22	23	24	25	26	27	28
29	30 No School	31 No School				