

**HERE'S WHAT YOU NEED TO BE ON THE
HADLEY CROSS COUNTRY TEAM
ALL PAPERWORK MUST BE TURNED IN
OR NO PRACTICE**

You need:

1. _____ Read the entire packet!! Then register your athlete: Registration information located in packet
 2. _____ **A current physical thru the end of Oct. turned into the nurse's office!**
 3. _____ **Team t-shirt** You can use a shirt from a previous track/cross country season.
Purchase online (both Youth & Adult sizes) from Squeegie Bros -
Deadline is Sept 6th!
http://hadley.sbites.com/hadley_jr_high/shop/page/athletics
- *****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: jediamo**
 7. _____ Check out the **XC FACTS & SCHEDULE**
→ & Check the schedule for any conflicts

PARENTS KEEP THIS FORM AT HOME

XC FACTS:

- ★ First practice is **Tuesday September 6th 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 XC certificate at Honors Day, you must participate in all home dual meets and any Invitational or Conference meet in which you qualify.
- ★ Dick-Pond Sporting Goods in Carol Stream is a good source for shoes
<http://www.dickpondathletics.com>
- ★ The cross-country team is an interscholastic program that involves an outdoor distance running competition against other schools. 6th & 7th graders (boys and girls) run 1.5 miles and the 8th graders (boys and girls) run 2 miles . Training to run these distances requires practice, practice, practice.
Team practice usually completed around 4:30-4:45
- ★ **PLEASE NOTE: THAT MISSING PRACTICES AND MEETS CAN AFFECT YOUR**
- ★ **PLACEMENT IN THE CONFERENCE CHAMPIONSHIP MEET.**
- ★ **Start time for meets are between 4:15-4:30. Each race lasts approximately 20 minutes.**
- ★ **Race order: 6/7 Gr. girls run first followed by 6/7 Gr. boys then 8th girls and 8th boys. Some meets will have the 8th grade girls and boys run together.**

STUDENT PICK-UP ON MEET DAYS

- ★ **Students can be picked up & signed out after their race is completed only by a parent/guardian OR, students can take the team bus back to Hadley after the completion of the meet.**
 - ★ **The team bus usually arrives back at Hadley between 6:00 & 6:30**
- ## **STUDENT PICK-UP ON MEET DAYS**
- ★ **Students MUST SIGN OUT in order to be picked up after their race is completed, OR students can take the bus back to Hadley after the completion of the meet.**
 - ★ **The team bus usually arrives back at Hadley between 6:00 & 6:30**

Please contact your coach with questions. 630-790-6450

Coach Mrs. Berg.....6th grade girls

Coach Mrs Hodges..... 6th grade boys

Coach Ms. Poleski.....7th grade girls

Coach TBA7th grade boys

Coach Mr. Dixon..... 8th grade girls/boys

To register your athlete for Cross Country -

Go to:

<https://forms.gle/SKZNsE9x3eAvxwfc6>

After registration, you still need to:

1. Get a Sports Physical
2. Pay \$40 athletic fee in Skyward
3. Sign up for Remind. (info in packet)
4. Order Uniform T-shirt -

All orders Due by Sept 6th!!

From Squeegie Bros. (Scroll down to to see both
Youth & Adult sizes)

http://hadley.sbites.com/hadley_jr_high/shop/page/athletics



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							
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 _____														Parent/Guardian Signature								Date	
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)																							
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 <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																							
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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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)																							
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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>						INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																	
Print Name						(MD,DO, APN, PA) Signature						Date											
Address												Phone											

Squeegee Bros.

http://hadley.sbites.com/hadley_jr_high/shop/page/athletics

Must have Green shirt and Black shorts Sweats are optional Youth sizes



HADLEY ATHLETICS - Youth Short Sleeve Performance T-Shirt
C2 Sport | 85698_16654666
\$15.00



HADLEY ATHLETICS - Youth Hooded Sweatshirt
Hanes | 32000_16654666
\$30.00



HADLEY ATHLETICS - Youth Special Blend Raglan Hooded Pullover
Independent Trading Co | 80076_16654666
\$40.00



Adult sizes



HADLEY ATHLETICS - Performance T-Shirt
C2 Sport | 85698_16654666
\$15.00



HADLEY ATHLETICS - Midweight Hooded Sweatshirt
Independent Trading Co | 80076_16654666
\$30.00



HADLEY ATHLETICS - Performance Raglan Pullover Hoodie
Barnack | 10148_16654666
\$40.00





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.

Sign up for important updates from 2022 6/7 grade XC.

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

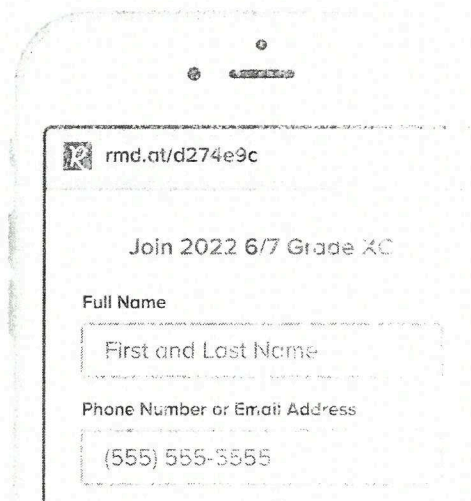
Pick a way to receive messages for 2022 6/7 Grade XC:

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/d274e9c

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

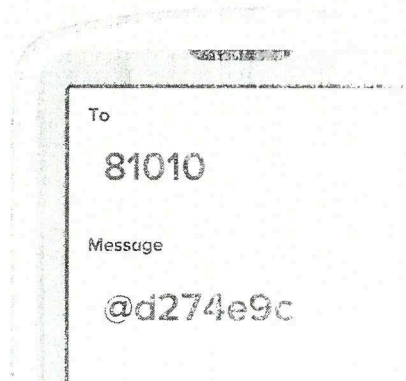


B If you don't have a smartphone, get text notifications.

Text the message @d274e9c to the number 81010.

If you're having trouble with 81010, try texting @d274e9c to (810) 250-7858.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/d274e9c on a desktop computer to sign up for email notifications.

Sign up for important updates from 2022 8th grade XC.

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

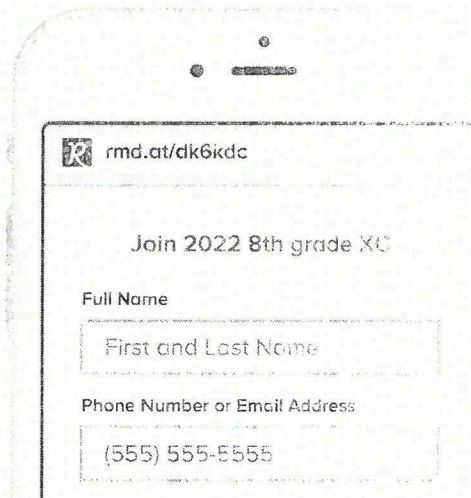
Pick a way to receive messages for **2022 8th grade XC**:

- 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/dk6kdc

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 @dk6kdc to the number 81010.

If you're having trouble with 81010, try texting @dk6kdc to (810) 250-7858.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/dk6kdc on a desktop computer to sign up for email notifications

2022 Hadley CC Schedule

September 2022

				1	2	3
4	5 Labor day No School	6 First Practice ALL Forms Due!	7	8	9 SIP Day	10
11	12 Practice @ Ackerman. Team bus to Ackerman Parent pick up @ Ackerman 4:30	13	14	15 Away Meet @ Franklin Northside Park 1300 N West St., Wheaton	16	17
18	19	20	21 Away Meet @ Stratford 251 Butterfield Dr, Bloomingdale	22	23	24
25	26 HOME MEET vs. Edison @ Ackerman No Bus back to Hadley	27 Away Meet @ JayStream 283 El Paso Ln. Carol Stream	28	29 Away Meet @ Leman 238 East Hazel St. West Chicago.	30	

October 2022

						1
2	3	4 Away Meet @ Monroe 1855 Manchester Rd, Wheaton	5	6	7	8
9	10 No School	11 No School	12	13 Away vs. Hubble @ Grace Church of DuPage 27W344 Galusha Ave. Warrenville	14	15
16	17	18 Conference Championship 2PM Start @ Monroe1855 Manchester Rd, Wheaton	19 Rain Date Conference Championship	20	21	22
23	24	25	26	27	28	29