



**Kennedy Track
and Field
Rocks!!!**

Kennedy Track and Field 2023

Ryan Hansen, Victoria Miller,

Brandon Mahle & Delaney McMahan

Dear Parents/Guardians,

Hello from the John F. Kennedy Track and Field Coaching Staff. It is that time again and we are very excited about this year's track season. We will have an amazing number of students participating and will be looking forward to a fun year!

Our first practice is Monday, March 13th

Dual meets: 4/13, 4/20, 4/27

Sub Districts: - 5/04 Churchill High School

Districts: 5/11

There is a great deal of information included in this packet to help you and your student athlete start the season strong!



Included in your Track Packet:

- Program Expectations and Procedures
- Fee's and Registration Form with Volunteer Needs(**return to office**)
- Annual Interval History Form(**return to office**)
- Sports Physical Form(**return to office**)
- Tentative Calendar for the 2023 Track Season

Please return all forms into the front office. We would love to have the fee's and registration form in as soon as possible so we can start getting a count for our t-shirt order. Every track athlete will receive a t-shirt to keep. Each student will have a track uniform that will be checked out to them prior to the first meet and returned after the last meet.

We will have a Track Pizza Party on Thursday, May 18th in the Kennedy Cafeteria from 3:45-4:30 pm

If you have any questions please email Victoria Miller: miller_v@4j.lane.edu

Kennedy Track and Field



EXPECTATIONS AND PROCEDURES

1. Practice time will be 3:45-5:00p.m. on Monday-Thursdays. We will not have practices on Fridays or non school days.
 - Attendance will be taken promptly at 3:45pm
 - Parents can pick up at 5:00p.m. in front of the school
2. After team breaks up into workout groups, **no student is allowed in the gym until 4:50p.m, unless under direct supervision of a coach.** Everyone should be out of the locker room by 5:05p.m.
 - Students are not allowed in the equipment rooms unless you are helping a coach.
3. Once broken into your workout group you must stay on task and complete the workout given to you by your coach.
4. Follow good training habits and get yourself in the best possible shape. Bring a snack and water bottle to practice.
5. School work, attendance at school and track practice must be maintained to school standards. Students must be caught up and passing classes in addition to having good attendance.
6. Return all equipment to its appropriate storage area. Help put high jump mats and standards away.
7. Be a good teammate and work your best to improve yourself and others.
8. We are guests down at Churchill's Track. Please respect their space and equipment. If using hurdles, starting blocks, or shovels and rakes for the long jump pit **YOU MUST RETURN ALL THEIR EQUIPMENT TO THEIR STORAGE SHED!**

CONSEQUENCES for VIOLATIONS

1. Anyone violating any of the above expectations and standards will be in jeopardy of the following consequences:
 - First** offense will result in a warning and conference between coach and athlete.
 - Second** offense will result in a referral and phone call home.
 - Third** offense will result in conference with coach, parent, athlete and could result in possible suspension from next Meet.
 - Fourth** offense will result in removal from the team.
2. Attendance Procedures:
 - Please let your coach know if you are going to miss or be late to practice



John F. Kennedy Track and Field

Fee's and Registration Form

First practice date March 13th. Practice time: 3:45-5:15pm in the Kennedy Gym

Athlete's Name: _____
Last First

Grade: _____

Adult T-shirt size (CIRCLE ONE): XS S M L XL XXL

The Fee for the 2023 track season is \$100.00 or \$20 for students on free and reduced lunch. *Scholarships are also available.* Please see Mrs. Miller in the front office.

Amount enclosed: _____

Parent email address: _____

Parent Phone: _____

Please circle YES or NO if you would like to help volunteer at one of our Track Meets.

YES

NO

Meets are 4/13, 4/20 & 4/27

Sub Districts 5/04 @ Churchill HS

Districts 5/11 TBA

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

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

Foods

Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year ____/____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
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, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. 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 _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____

Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s): _____

EXAMINATION		
Height:	Weight:	BMI:
BP: / (/)	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): _____

Date: _____

Address: _____

Phone: _____

Signature of provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Kennedy Track and Field

March 2023



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13 First Day of Practice 3:45 - 5:15pm	14 Practice 3:45 - 5:15pm	15 Practice 3:45 - 5:15pm	16 Practice 3:45 - 5:15pm	17	18
19	20 Practice 3:45 - 5:15pm	21 Practice 3:45 - 5:15pm	22 Practice 3:45 - 5:15pm	23 Practice 3:45 - 5:15pm	24	25
26	27 Spring Break	28 Spring Break	29 Spring Break	30 Spring Break	31 Spring Break	