Meridian Creek Middle School Track and Field

March 17– May

Join the fun!

Contact Coach Kaleb Pace or Coach Strohm for more information:
Pacek@wlwv.k12.or.us
Strohmb@wlwv.k12.or.us

MERIDIAN CREEK
Mustangs

THROWING EVENTS

General Safety:

-Warm up correctly.

-Know throwing mechanics before throwing hard.

-Take care of your implements.

Safety at the throwing area:

-Know where people are around you.

-Know the order of throwers.

-Keep the implements dry for a sure grip.

-Quiet for concentration of other throwers.

-Have proper footwear.

-Keep javelins in the vertical position when not in your hand.

Safety in the field:

-Have eye and voice contact with teammates and officials in the throwing area. CLEAR!

-Never run after a javelin.

-Return throws must never be toward others waiting for a turn.

JUMPING EVENTS

General safety:

-Warm up correctly.

-Leave runway markers out of other's paths.

-Correct footwear needed.

-Landing area must be clear.

-Know the order of jumpers.

Long and Triple Jump

-Rakes and other tools out of harm's way.

-Learn jumping mechanics before attempting a full speed jump.

High Jump and Pole Vault

-Pits must be clear before starting your approach.

-Communicate standard placement before starting your approach.

-Select the correct pole before vaulting.(pole must be greater than your weight)

-All pads must be in place before vaulting

-Consult the coach before changing poles or changing your placement on the pole.

-Inspect your pole for defects, cracks, etc. before vaulting.

-A coach must be present before vaulting.

-Remove rain covers before jumping or vaulting.

TRACK EVENTS AND TRAINING

-Move off of the track when someone yells "TRACK". Lane 1 go left, Lane 2 and out go right.

-Look left and right before walking onto the track.

-Never run by yourself off the track in an area that is not in open view.

-Do not attempt hurdles without technique work first.

-DO NOT cut across the throwing sectors.

-Remove starting blocks from the track when you are done.

Sign if you understand these safety rules:

Print Name:_____Sign Name:_____

MERIDIAN CREEK MIDDLE SCHOOL ATHLETICS CODE OF CONDUCT CONTRACT

Meridian Creek athletics prides itself on sportsmanship, athlete accountability, and providing a safe and welcoming environment for all athletes. We want you to know and agree to the high expectations we have for every student athlete.

Please read and review each item with your student athlete. You and your student athlete should initial each item on the list and sign and date the bottom. The code of conduct contract is REQUIRED for athlete participation in XC and TF at MCMS.

Student Initials	Guardian Initials	Student Athlete Expectation
		I will be responsible for communicating my absences to my coaches. I will let my coach know if I cannot make practice with an email before the time of practice. An excessive amount of unexcused absences will result in dismissal from the program. ***We understand numerous athletes participate in sports outside of school. Please communicate these absences to the head coach so that we can work together.***
		I will arrive to practice on time and actively participate in each practice and meet for the duration of the season. I will bring a water bottle to practice, and I understand that there is not free access to the restrooms/locker room during practice. I will walk home, get a parent's ride, or get on the activity bus right at 5:15 every day that there is practice.
		I will speak respectfully to my coaches and teammates. I will actively participate as a teamplayer representing the mustang community. I will be safe with my body and sports equipment at all times.
		At meets, I will speak to all coaches and students from every school with respect. I will remain in the areas that students are allowed to be in. I will sign out with the check-out coach before I leave the meet.

SIGN AND RETURN THE CODE OF CONDUCT CONTRACT TO MCMS MAIN OFFICE

If a student fails to keep these agreements, the student may receive a warning, a parent contact, suspension from the team for one meet, or may be asked to leave the team. Safety issues will be treated very seriously as we need to be able to trust all of our student athletes

PRINTED STUDENT NAME: _____

PRINTED PARENT NAME: _____

MERIDIAN CREEK MUSTANGS

Meridian Creek Middle School
Sport Emergency Information Form

****This form must be completely filled out and returned to the office before the first day of practice*

Please check sports you will be participating in this year:

☐ Cross Country (Fall) ☐ Track (Spring)

Student Name:_____ Birthday:_____ Grade:_____

Primary Guardian Contact:_____ Phone:_____

Secondary Guardian Contact:_____ Phone:_____

Address:_____ City:_____

Emergency Contact (if guardian cannot be reached):

Name:_____ Phone:_____

Relationship to Student:_____

Student's Doctor:_____ Phone:_____

Student's Dentist:_____ Phone:_____

Prefered Hospital:_____ Last Tetanus Immunization:_____

Health History - Please check all conditions that apply and explain below:

☐ Seizure Disorder ☐ Heart Disease ☐ Diabetes ☐ Asthma ☐ Life Threatening Allergy

☐ Chronic Conditions ☐ Other Health Concerns

If yes, please explain:_____

_____

_____

We give our consent for coaches to use their own judgment in securing medical aid in case the guardian can't be reached: ☐ Yes ☐ No

Insurance Agreement: in order to assure financial protection in case of injuries, it will be necessary for your student to have medical insurance. If you have your own policy, please consult your agent to determine exact coverage before indicating that your student has necessary protection. For those who do not have insurance that covers interscholastic sports, the West Linn-Wilsonville School District has contracted the Oregon School Board Association for student insurance for the current school year. Information is available at each school.

☐ My child has adequate insurance. Insurance Company Name:_____

Policy#:_____

☐ My child is covered under Oregon School Board Association Insurance

Parent/Guardian Signature:_____ **Date:**_____

COACHES: you must have this form with you during all practices and games.

MERIDIAN CREEK MUSTANGS

SPANISH

Meridian Creek Middle School
Información de Emergencia para el Deporte

****Esta forma debe de ser completamente llenada y regresada a la oficina de la escuela antes del primer día de prácticas*

Por favor, marque los deportes en el que estarás participando este año:

☐ Campo Traviesa (otoño) ☐ Pista (primavera)

Nombre del estudiante:_____

Fecha de Nacimiento:_____ Grado:_____

Guardián Contacto Primario:_____ Tel:_____

Guardián Contacto Secundario:_____ Tel:_____

Dirección:_____ Ciudad:_____

Contacto de Emergencia (si el guardián no puede ser alcanzado):

Nombre:_____ Tel:_____

Relacion con el estudiante:_____

Doctor del estudiante:_____ Tel:_____

Dentista del estudiante:_____ Tel:_____

Hospital preferido:_____ Última inmunización de Tétanos:_____

Historial de Salud - Por favor marque todas las condiciones que apliquen y explique abajo:

☐ Transtorno Convulsivo ☐ Cardiopatía ☐ Diabetes ☐ Asma ☐ Alergia potencialmente mortal

☐ Condiciones Crónicas ☐ Otros Problemas de Salud

Si la respuesta es si, por favor explique:_____

_____

_____

Damos nuestro consentimiento para que los entrenadores lo usen con su propio juicio para asegurar ayuda médica en caso de que el guardián no pueda ser alcanzado: ☐ Si ☐ No

Acuerdo de Seguro Médico: Para poder asegurar la protección financiera en caso de heridas, será necesario para su estudiante tener seguro médico. Si tiene su propia póliza, por favor consulte a su agente para determinar exactamente la cobertura antes de indicar que su estudiante tenga la protección necesaria. Para aquellos que no tienen seguro que cubra deportes interescolares, el Distrito Escolar West Linn-Wilsonville ha contratado con la Asociación de Consejo Ejecutivo de Escuelas de Oregon, por un seguro de estudiante para el actual año escolar. La información está disponible en cada escuela.

☐ Mi estudiante tiene seguro adecuado.

Nombre de Compañía de Seguro Médico :_____ Póliza#:_____

☐ Mi estudiante está cubierto bajo el seguro de la Asociación de Consejo Ejecutivo de Escuelas de Oregon

Firma del Padre/Guardián:_____ **Fecha:**_____

Contrato del Código de conducta atlético de la escuela secundaria Meridian Creek

El equipo de atletismo de Meridian Creek se enorgullece de su espíritu deportivo, la responsabilidad de los atletas y de brindar un entorno seguro y acogedor para todos los atletas. Queremos que conozca y acepte las altas expectativas que tenemos para cada atleta estudiante.

Lea y revise cada punto con su atleta estudiante. Usted y su atleta estudiante deben poner sus iniciales en cada punto de la lista y firmar y fechar la parte inferior. El contrato del código de conducta es OBLIGATORIO para la participación de los atletas en XC y TF en MCMS.

Iniciales de estudiante	Iniciales de Padre/ Tutor	Expectativas de Estudiante
		Seré responsable de comunicar mis ausencias a mis entrenadores. Le informaré a mi entrenador si no puedo asistir a la práctica mediante un correo electrónico antes de la hora de la práctica. Una cantidad excesiva de ausencias injustificadas resultará en la expulsión del programa. ***Entendemos que numerosos atletas participan en deportes fuera de la escuela. Por favor, comunique estas ausencias al entrenador principal para que podamos trabajar juntos.***
		Llegaré a tiempo a las prácticas y participaré activamente en cada práctica y encuentro durante la temporada. Llevaré una botella de agua a las prácticas y comprendo que no hay acceso gratuito a los baños o vestuarios durante las prácticas. Caminaré hasta casa, pediré a mis padres que me lleven o subir al autobús de actividades a las 5:15 todos los días que haya prácticas.
		Hablaré con respeto a mis entrenadores y compañeros de equipo. Participaré activamente como miembro del equipo representando a la comunidad Mustang. Seré seguro con mi cuerpo y mi equipo deportivo en todo momento.
		En las competencias, hablaré con respeto a todos los entrenadores y estudiantes de todas las escuelas. Permaneceré en las áreas en las que los estudiantes tienen permitido estar. Firmaré mi salida con el entrenador que me haya dado de alta antes de irme de la competencia.

FIRME Y DEVUELVA EL CONTRATO DEL CÓDIGO DE CONDUCTA A LA OFICINA PRINCIPAL DE MCMS

Si un estudiante no cumple con estos acuerdos, puede recibir una advertencia, un aviso a sus padres, suspensión del equipo por una competencia o se le puede pedir que abandone el equipo. Las cuestiones de seguridad se tratarán con mucha seriedad, ya que debemos poder confiar en todos nuestros estudiantes atletas.

Nombre de estudiante: _____ **Fecha:**_____

Nombre de Padre/Guardián:_____ **Fecha:**_____

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2017

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	**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: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ 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	**YES**	**NO**
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	**YES**	**NO**
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	**YES**	**NO**
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.

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2017

PHYSICAL EXAMINATION FORM

Date of Exam:_____ Date of birth:_____

Name:_____ Sport(s):_____

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

EXAMINATION			
Height: Weight: BMI:			
BP: / (/) Pulse: Vision R 20/ L 20/ Corrected ☐ YES ☐ NO			
	NORMAL	ABNORMAL FINDINGS	
MEDICAL			
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."

Examen previo a la participación en deportes en la escuela – parte 2: Debe rellenarlo el proveedor de atención médica *Revisado en mayo de 2017*

FORMULARIO DE EXAMEN FÍSICO

Fecha del examen:_____

Nombre:_____ Fecha de nacimiento: _____

Sexo:_____ Edad:_____ Grado:_____ Escuela:_____ Deportes:_____

EXAMEN		
Altura: Peso:	ÍNDICE DE MASA CORPORAL:	
BP: / (/) Pulso:	Visión D 20/ I 20/	Corregida ☐ SÍ ☐ NO
MÉDICO	**NORMAL**	**HALLAZGOS ANORMALES**
Aspecto		
Ojos, oídos, nariz, garganta		
Ganglios linfáticos		
Corazón • Soplos (auscultación de pie, supino, con y sin Valsalva)		
Pulsos		
Pulmones		
Abdomen		
Piel		
Sistema neurológico		
MÚSCULO-ESQUELÉTICO		
Cuello		
Espalda		
Hombro/brazo		
Codo/antebrazo		
Muñeca/mano/dedos		
Cadera/muslo		
Rodilla		
Pierna/tobillo		
Pie/dedos del pie		

☐ Autorizado para todos los deportes sin restricción

☐ Autorizado para todos los deportes sin restricción con recomendaciones para una evaluación adicional o tratamiento para:

☐ No autorizado

- ☐ Pendiente de evaluación adicional
- ☐ Para cualquier deporte
- ☐ Para ciertos deportes: _____

Razón: _____

Recomendaciones: _____

_____

_____

_____

He examinado el estudiante mencionado anteriormente y he completado la evaluación física previa a la participación. El atleta no presenta aparentes contraindicaciones clínicas para practicar y participar en los deportes, según lo indicado anteriormente. Existe copia del examen físico en el expediente de mi oficina y se puede hacer disponible a la escuela si los padres así lo solicitan. Si se presentaran condiciones después de que el atleta haya sido autorizado a participar, el proveedor podrá rescindir la autorización hasta que se resuelva el problema y se haya explicado completamente las posibles consecuencias al atleta (y a los padres o tutores). Este formulario es un duplicado exacto del actual formulario requerido por la Junta Estatal de Educación, que contiene las mismas preguntas de historial y los resultados del examen físico. También he revisado el "Protocolo de examen sugerido".

Nombre del proveedor (escribir a mano o a máquina):_____ Fecha:_____

Dirección:_____ Teléfono: _____

Firma del proveedor:_____

ORS 336.479, sección 1 (3) "Un distrito escolar require que los estudiantes que participen en deportes extracurriculares, en los grados 7 a 12, pasen por un examen físico una vez cada dos años". Sección 1(5) "Cualquier examen físico obligatorio por esta sección deberá ser llevado a cabo por un (a) médico que posea una licencia sin restricciones licencia para la práctica de la medicina; (b) licencia de médico naturista; (c) asistente médico con licencia; (d) enfermera certificada ; o (e) un médico quiropráctico con licencia que cuente con capacitación y experiencia clínica en la detección de enfermedades y defectos cardiopulmonares".

Formulario adaptado de *©2010 Academia Estadounidense de Médicos de Familia, Academia Estadounidense de Pediatría, Colegio Estadounidense de Medicina Deportiva, Sociedad Médica Estadounidense para la Medicina Deportiva y la Sociedad Estadounidense de Ortopedia para la Medicina Deportiva.*