

Attention

Fall Sports Participants

STARTING DATE: MONDAY, AUGUST 21, 2023 VARSITY & JV
SATURDAY AUGUST 19TH FOOTBALL VARSITY
 MONDAY, AUGUST 28, 2023 MODIFIED

FALL SPORTS OFFERINGS

SPORT	LEVELS	COACH	EMAIL
Cross Country (B&G)	Varsity & Modified	Eric Geitner	Eric.geitner@ndhsbatavia.com
Football	Varsity & Mod A	Jimmy Fanara (V) Brett Hall (MOD)	jpfanara@rochester.rr.com Brettian324@gmail.com,
Girls Soccer	Varsity & Mod A)	Jarrod Clark (V) Jessie Rapone (M)	jarrod@mancusogroup.com jessie32rap@gmail.com
Volleyball	Varsity/JV/Modified	Carolyn Babcock (V)	Carolyn.babcock@ndhsbatavia.com

SPORT	First Day	IMPACT TEST	Practice	Practice site
Varsity Football	Sat 8/19	8am	9am	Sutherland Field
Varsity Soccer	Mon 8/21	3pm	4pm	Sutherland Field-Union St. End
Varsity Volleyball	Mon 8/21	9am	10am	ND GYM
JV Volleyball	Mon 8/21	7:15am	8am	ND GYM
Varsity Cross County	Tues 8/22	7:15am or 4:45pm	8am or 5pm	ND Front Steps
MOD Cross Country	Mon 8/28	7:15AM	8:00am	ND Front Steps
MOD Volleyball	Mon 8/28	3pm	4pm	ND GYM
MOD Soccer	Mon 8/28	4pm	5pm	Sutherland Field-Union St. End

NOTES:

1. **IMPACT TEST:** All athletes will be taking the IMPACT Baseline Concussion Test to establish their baseline to help in concussion diagnosis and management. Given in library.
2. **DUAL PARTICIPATION** which involves playing 2 sports at the same time is now legal. Please contact Coach Rapone for more information on this option as there is paperwork to complete.
3. **HEALTH FORM:** All athletes must submit a completed health form (2 sheets) by the first day of practice. A health form is enclosed (or listed below) and they are also available on ND website.
4. **PHYSICAL:** Athletes that are new to ND or **current students that Lori has contacted** need a proof of physical DATED AFTER 8/1/22 before beginning practice. Contact Lori with any questions (lorie.fix@ndhsbatavia.com or 343-2783 ext 100).
5. Any required paperwork can be dropped off at Main Office, emailed to lorie.fix@ndhsbatavia.com or faxed to 343-7323.

“HIGH SCHOOL IS MUCH MORE REWARDING THE MORE YOU PARTICIPATE! “
“GET INVOLVED! GIVE A SPORT A SHOT!”

NOTRE DAME HIGH SCHOOL HEALTH FORM

ALL YES ANSWERS MUST BE EXPLAINED.

YES NO

1. Have you had a medical illness or injury since your last check-up or sports physical? _____
2. Have you ever been hospitalized overnight? _____
3. Have you ever had surgery? _____
4. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? _____
5. Have you ever taken any supplements or vitamins to help you improve your performance? _____
6. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? _____
7. Have you ever had a rash or hives develop during or after exercise? _____
8. Have you ever been dizzy or passed out during or after exercise? _____
9. Have you ever had chest pain during or after exercise? _____
10. Do you have diabetes? _____
11. Do you tire more easily than you feel you should? _____
12. Have you ever been diagnosed with anemia? _____
13. Have you ever had racing of your heart or skipped heartbeats? _____
14. Have you had high blood pressure? _____
15. Have you ever been told you have a heart murmur? _____
16. Has any family member or relative died of heart problems or of sudden death before age 50? _____
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? _____
18. Has a physician ever denied or restricted your Participation in sports for any heart problems? _____
19. Have you ever been diagnosed with blood or bleeding disorders? _____
20. Do you have ONLY one kidney? _____
21. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters)? _____
22. Have you ever had a head injury or concussion? _____
23. Have you ever been knocked out, become unconscious, or lost your memory? _____
24. Have you ever had a seizure or convulsion? _____
25. Do you have frequent or severe headaches? _____
26. Have you ever had numbness or tingling in your arms, hands, legs or feet from a stinger, burner or pinched nerve or other condition? _____

YES NO

27. Have you ever had heat cramps, heat exhaustion or heat stroke? _____
 28. Do you cough, wheeze or have trouble breathing during or after activity? _____
 29. Do you have asthma or lung disease? _____
 30. Do you have seasonal allergies that require medical treatment? _____
 31. Do you use any special protective or corrective equipment or devices that are not usually used for your sport or position (for example, knee brace, foot orthotics, retainer on your teeth, hearing aid)? _____
 32. Do you wear glasses, contacts or protective eyewear? _____
 33. Do you have any other problem with your eyes or vision? _____
 34. Have you broken or fractured any bones or dislocated any joints or been diagnosed with a stress fracture? _____
 35. Have you ever had a sprain, strain or swelling after injury or any other problems with pain or swelling in muscles, tendons, bones or joints that has kept you from participating in sports? _____
- If yes, check appropriate box and explain below.**
- | | | |
|---------------|-------------|---------------|
| ___ Head | ___ Elbow | ___ Hip |
| ___ Neck | ___ Forearm | ___ Thigh |
| ___ Back | ___ Wrist | ___ Knee |
| ___ Chest | ___ Hand | ___ Shin/Calf |
| ___ Shoulder | ___ Finger | ___ Ankle |
| ___ Upper Arm | | ___ Foot |
36. Do you lose weight regularly to meet weight requirements for your sport? _____
 37. Has there been any unexplained weight loss or weight gain during the past six months? _____
 38. Are you currently following any particular diet or weight-reducing plan? _____

FEMALES ONLY

39. Has there been a recent change in menstrual patterns? _____
40. At what age did you experience your first menstrual period? _____
41. Last menstrual period? _____/_____/_____.
42. How much time do you usually have from the start of one period to the start of another? _____
43. How many periods have you had in the last year? _____
44. What was the longest time between one menstrual cycle and the next in the last year?

NAME: _____ **SPORT:** _____

Explain yes answers here. Identify each answer with question number.

NOTRE DAME HIGH SCHOOL MEDICAL CARD /CONSENT FORM

ATHLETE: _____

MALE: _____ **FEMALE:** _____ **AGE:** _____ **D-O-B:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **HOME PHONE:** _____

PARENT(S): _____

CONTACT PHONE #'S: WORK: _____ **CELL** _____

WORK: _____ **CELL** _____

EMERGENCY CONTACT (in event parents can't be reached):

NAME: _____ **RELATIONSHIP:** _____

PHONE #'S: HOME: _____ **WORK:** _____ **CELL:** _____

DOCTOR: _____ **PHONE #:** _____

HEALTH CONCERNS/ALLERGIES: _____

PARENT(S) INSURANCE CARRIER: _____

SECTION II PARENT PERMISSION/STUDENT AGREEMENT:

Our signatures indicate:

- Permission to try out for and participate in interscholastic athletics.
- Awareness that this form will be sent to Coach and Athletic Director
- The athlete and/or parent is responsible for notifying coach, AD and School Health office at time of injury.

By signing this consent form you are also acknowledging that you have received the NDHS Concussion Management Plan and that you understand how to obtain additional information on concussions from the New York State Education Department and NYS Department of Health as well as other educational materials that are posted on the ND Website Central School website. Parent consent on concussion management is required by New York State Law (Chapter 496 of the laws of New York 2011) and as per Commissioner's Regulations section 136.5.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT: In the event of a medical emergency, every effort will be made to contact the parent/guardian to authorize medical treatment/hospitalization. I hereby grant permission for a physician or hospital personnel designated by Notre Dame to attend my son/daughter if I cannot be contacted (Insurance carrier listed above).

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

(OVER)