



Milton High School 2009 Cross Country Registration Packet

Welcome to 2009 Milton Cross Country! Attached is the Registration Packet for the 2009 season. This packet consists of a total of 10 pages (including this cover sheet) which includes the following:

- 1) Registration Form (1 page)
- 2) Physical Form (3 pages) – Must be filled out by a physician
- 3) Insurance Waiver (2 pages)
- 4) Transportation Form (1 page)
- 5) Attendance Contract (1 page)
- 6) Behavior Contract (1 page)

Please complete all 6 forms and return to the Cross Country Registrars, Geri Kelly and Lynn Brandus, before the first day of practice on Monday, August 3, 2009.

Registration Packet Due by August 3, 2009.

Mail packet to XC Registrar at:

Milton Cross Country Registrar
c/o Geri Kelly
3244 Chipping Wood Court
Alpharetta, Georgia 30004

All forms must be filled out completely and mailed to Registrar by the due date or the runner WILL NOT be able to participate in Cross Country.

2009 Milton Cross Country Registration Form

Please PRINT all information:

Runner's Name: _____ Male: ____ Female: ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Runner's Cell Phone: _____

Runner's Email: _____

Grade for 2009-2010 school year: 9 10 11 12 T-shirt Size: S M L XL

Parent Information

Parent's Name: _____ Cell Phone: _____

Parent's Name: _____ Cell Phone: _____

Additional Parent Names:

Parent's Name: _____ Cell Phone: _____

Parent's Name: _____ Cell Phone: _____

Are you willing to serve on a committee? _____ If yes, circle committee(s):

Banquet	Senior Day	Overnight Trip	Summer Water Stations
Snacks	Spiritwear	Help at Home Meet	Uniform Ordering/Distribution

2009 Registration Fee: \$150 Each Additional Sibling: \$125

Each runner must complete a separate Registration Packet.

Make checks payable to Milton Cross Country Booster Club.

Registration Packet must be returned by 7PM on August 3, 2009 to XC Registrar.

Registration Fee includes:

- Drinks and snacks at meets, Cross Country Team T-shirt, Banquet ticket for XC runner.
- All other Booster Club sponsored events.

Refund Policy:

The Registration Fee will be refunded in the event the runner is not selected for the 2009 team when the roster is posted on Saturday, August 15, 2009. There will be no refunds after August 15 which includes a runner being dismissed from the team or if the runner decides he/she no longer wishes to participate in Cross Country.

For Treasurer's Use Only

Check # _____ Check amount _____ Date received _____

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | Yes | No | | | | | |
|--|--------------------------|--|-----------|-------|------------|---------------|------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 9. Has a doctor ever told you that you have (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 | | | | | |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/ Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/ Shin | Ankle | Foot/ Toes |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| FEMALES ONLY | | |
| 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____ | | |
| 49. 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 _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

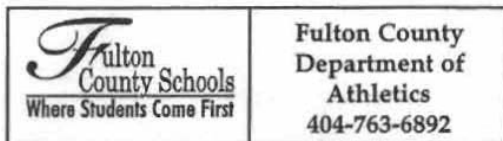
Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF SUBSTITUTE INSURANCE**

This form is to be completed by the Parent/Guardian and Student prior to the first practice session. It contains vital information in case of injury or an emergency situation. Coaches are to ensure that this form accompany this athlete to all practices and contests. Please print all information. Parent(s) / Guardian(s) acknowledge that they have read and understand the Student/ Parent / Guardian Handbook for GHSA Sanctioned Interscholastic Activities 2008-2012 when they sign this form. Prior to participation in any conditioning, tryout, practice session, or play in any interscholastic athletic activity, the student-athlete **MUST SUBMIT** this form to the coach of the activity. Failure to submit this form will *delay* the eligibility of the student athlete to join the team. **Warning!** Although participation in supervised interscholastic athletic and activities may be one of the least hazardous in which students will engage in and out of school, by its nature participation in interscholastic athletes includes a risk of injury which may range in severity from minor to long ther catastrophic, including permanent paralysis from the neck down to death. Although serious injuries are not common in supervised athletic programs, it is possible only to minimize and not to eliminate the risk. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's athletic trainer, and inspect their equipment daily. By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should not sign the permission form.

Date: _____ Sport/Activity: _____

Student Name: _____ Male _____ or Female _____
(Last Name) (First Name) (M)

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Tel. #: _____ Emergency Tel. #: _____ Cellular Tel. #: _____

Name(s) of parent(s) /guardian(s) you live with: _____

The student is domiciled at the above address located in the _____ High School District.

Date of Birth: _____ Age: _____ years. Date entered 9th grade: _____
(Month) (Day) (Year)

Your grade level for this school year: 9 10 11 12 Your expected year of Graduation: _____

The application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that meeting the citizenship standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: _____
(Signature) (School) (Date)

I (We) hereby give our consent for _____ to represent his/her school in interscholastic activities. We have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities. I (We) understand that we are responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 404-763-6892. If I (we), the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I (we) do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student. *if* he/she is injured in the course of participation in interscholastic activities.

1. I (We) give consent to participate the approved sports and activities except those that are **CROSSED OUT** below:

- | | | | | | |
|-----------------|------------|--------------|---------------|------------------|------------|
| Baseball | Basketball | Cheerleading | Cross Country | Debate/Forensics | Football |
| Golf | Gymnastics | Lacrosse | Literacy | One-Act Play | Riflery |
| Soccer | Softball | Swimming | Tennis | Track and Field | Volleyball |
| Weight Training | | Wrestling | | | |

Continue to other side

2. I (we) give my consent to accompany any school team of which the student is a member on any of its local or out of town trips.
3. I (we) hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) calendar year.
5. Parent(s) / guardian(s) should contact the Head Coach for information regarding injuries to their son/daughter.
6. That this acknowledgement of risk and consent to allow to participate shall remain in effect until revoked in writing.

All parents and guardians must sign and date this form.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Important: All student athletes must have medical / health insurance in order to participate in the Fulton County Schools GHSA Sanctioned Interscholastic Athletics and Activities Programs. Students must be enrolled in the medical / health insurance coverage that has been approved by the Fulton County School System or enrolled in substitute medical / health insurance through a bona fide insurance provider. Parents(s) / Guardian(s) must verify substitute insurance coverage.

VERIFICATION OF SUBSTITUTE INSURANCE COVERAGE

I (We) have waived the medical / health insurance coverage that has been approved by the Fulton County School System and offered to my child, _____ . Date of Birth: _____

(Name of Child)

The medical / health insurance that I am using for my child for the current school year at is provided by _____ and that insurance policy number is _____.

(Name of Insurance Company)

(Insurance Policy Number)

This insurance policy is in effect from: _____ to _____.

(Date)

(Date)

The above medical / health insurance coverage provides for the following interscholastic activities:

1. _____ 2. _____ 3. _____ 4. _____

I / We certify that the above information is accurate. I/We will submit notification to the school if there are any changes in the above policy.

ALL PARENTS/GUARDIANS/STUDENTS MUST SIGN BELOW AND DATE

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

MHS Cross Country Attendance Contract (2009)

Coaches: Lindsey Destiche, Katie Boehm, Julie Warner, Andy Carr, Craig Warner

Print your name: _____ Grade: _____

Directions: Please read, sign and return no later than Monday, August 3, 2009.

Attendance: You **MUST** come to practice; missing practice will put you behind. If you do not come to practice, you will **NOT** be allowed to race. The coaches and your teammates need your commitment every day.

- You are allowed **TWO UNEXCUSED ABSENCES** from practice before removal from the team.
- What constitutes an excused absence?
 - Illness
 - Injury
 - Death in the family
 - Religious holidays
- What does **NOT** constitute an excused absence?
 - Vacations
 - Meetings with teachers/test
 - Concerts
 - Weekly club meetings
 - Employment
 - Practice for another sport
- If you are sick, you will **NOT** be allowed to stay at practice. Please go home so that you can get well and so that no one else becomes ill. If you leave school due to illness, please let Coach Boehm know that you will miss practice.
- If you plan to be absent, we must have an excuse on file **BEFORE PRACTICE**. Please send (or have your parent send) an email to Coach Boehm miltonxc.attendance@gmail.com at least 2 days in advance of your absence.
- If you have an unexcused absence the day before a meet, you will not be able to run in that meet. Meet rosters will be determined at the discretion of the coaches.
- Attendance is required at **ALL** meets. An unexcused absence from **ONE** meet will result in removal from the team unless you have a doctor's note. Plan your events around your meets. This does not include meets where only a limited number of runners can run.
- Runners **MAY NOT** sign in for another runner at practice. Every runner must check in for him or herself. If a runner signs in for another athlete, this may result in removal from the team.

Student Signature: _____ Parent Signature: _____

MHS Cross Country Behavior Contract (2009)

Print your name: _____ Grade: _____

Directions: Please read, initial, sign and return no later than Monday, August 3, 2009.

1. _____ I understand that practice is from 3:50 to approximately 5:45 daily (times may vary according to season/weather; practice generally begins at 7:00pm during the month of August). It is important that I am dressed & ready for the daily warm-up by 3:50. I understand that tardiness may result in disciplinary action.
2. _____ I understand that I will be dismissed from the Milton Cross Country team if I accumulate more than 2 unexcused absences from practice.
3. _____ I understand that I will be dismissed from the Milton Cross Country team if I accumulate more than 1 absence from a cross country meet.
4. _____ I understand that if I miss practice during the week of a meet it will be to the coaching staff's discretion as to whether or not meet participation will be allowed.
5. _____ I understand that I will never leave practice until I have checked out with a coach.
6. _____ I understand that warm-up and cool-down are important parts of a quality workout and I will complete all that is asked of me at practices and meets.
7. _____ I commit to communicating with my coaches about schedules, training, injuries and other outside commitments.
8. _____ I understand that I represent myself, my family and the Milton Cross Country program in the classroom, at Cross Country meets and during bus rides. If I do not conduct myself in an appropriate manner it is up to the coaches as to whether or not I will remain on the team.
9. _____ I understand that I am expected to follow the rules laid forth by the Milton Cross Country team. I understand that an inability to follow rules and/or disrespectful behavior to coaches, captains or fellow teammates will result in disciplinary action which may include dismissal from the team at the coaching staff's discretion.
10. _____ I understand that I should be prepared for each practice by properly hydrating, eating appropriate meals, and wearing appropriate clothing/running shoes for practice. I understand that failure to do so may result in disciplinary action.
11. _____ I understand that I am required to see the Milton High School trainer, Robin, if I am injured during practice. In addition, I understand that I am to obtain a doctor's note if injured in excess of two days.
12. _____ I will regularly check www.miltonxc.org for important announcements and inform my parents of scheduling or important dates.
13. _____ I understand that the use of alcohol, tobacco or drugs is a high risk behavior and is detrimental to my participation in the Milton Cross Country program. I understand that I will be removed from the team should I be found under the influence/in possession of any of the previously mentioned substances.
14. _____ I will strive to be the best athlete I can by working hard and caring about my teammates on the Milton Cross Country Team.

Student Signature: _____ Parent Signature: _____