

Girls Basketball Information 2020

Springville Junior High School



Important Dates:

October 22nd cafeteria	Athlete Information Meeting @ 2:00pm in the cafeteria
November 3rd, 5th, 9th	Open Gym @ 3:10 - 4:10pm
November 10th	<u>PHYSICAL DUE</u> on <i>registermyathlete.com</i>
November 10th	First day of tryouts @ 3:10 - 5:00pm
November 11th	Second day of tryouts @ 3:10 - 5:00pm
November 12th	First day of practice & Parent Information Meeting @ 3:10 - 5:00pm

Practices:

- Monday - Friday at 3:10 - 5:00pm in the east gym
- Students are expected to attend practice EVERY DAY
- Practice jerseys will be worn over your athletic wear
- ****If you are planning on doing the school play, do not plan on playing Basketball this year****

Games:

- Games on Mondays and Thursdays @ 3:30. Parents need to take athletes to games. There will not be a bus.
- Students are expected to bring their own water bottles on game days
- Away games - Students excused during 7th
- 14 games total - Students will be missing 7th period for away games. You are responsible to communicate make up work with your teacher.

Eligibility:

- Students must maintain good grades and citizenship in all classes.
- Must have at least a 2.5 GPA, zero "F" grades, zero unexcused absences, and zero tardies (unless excused by teacher or administrators)
- Grades and attendance will be checked before every game to determine eligibility.

- If students have lower than a 2.5, have more than one F, or have a “U” citizenship grade for their published grades at the end of the most recent term, they will not be eligible for sports teams at Springville Junior High for that season.

Coaches:

Libby Hylton

elizabeth.hylton@nebo.edu

TBA

Please feel free to contact us via email if you have any questions or concerns.

Required Documents:

To be eligible for tryouts you must do three things BEFORE November 11th:

1. **Register** on registermyathlete.com
2. **Download** physical form registermyathlete.com, get a checkup, and have the form filled out
3. **Upload** the physical form (all 4 pages) to registermyathlete.com

Every student needs a current physical form from the district signed by a physician.

Follow these steps to get your physical:

- Go to registermyathlete.com.
- Select Utah as the state. Scroll down and find **Springville Junior High** with the picture of a knight. ***Make sure you *don't* accidentally click on the link to Springville High School instead.***
- Create an account or login as a parent/guardian.
- Sign up your athlete with the girls basketball team and fill in the information it asks for. Here you will also find certain required documents.

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- To complete the physical, print of the form provided on registermyathlete (there should be 4 total pages). These need to be filled out completely by the parent/guardian, the athlete, and the physician. Once this is done, upload the physical on registermyathlete by either scanning it or taking a picture of it on your phone. The website may only let you upload one file, so make sure you put all 4 pages into one image before uploading. If it is not the physical form from this website, you will be asked to get it redone with the official forms.
 - If this is all done correctly, you will get a confirmation within the week that your athlete is registered. If something isn't filled out correctly or uploaded correctly, you will get a message within the week that says what needs to be fixed. This all needs to be done right in order to participate.



Instructions For Parents

Register My Athlete allows parents to register their student-athletes for sports online. Here are some basic steps to follow when registering your athlete for the first time:

- 1. Create an Account/Log In:** Go to <https://registermyathlete.com/> and click Login. Then click Create Account. If you already have an account, just log in with your email/username and password. Now that you are logged in, click on the Parent access portal.
- 2. Start a Registration:** To start a registration, click on Start/Complete Registrations on the left hand side, then select Click Here to Start New Registration. The first step will be to select your school and athlete. If this is your first registration, you will need to add a new athlete. If you have already added the athlete, you will have the option to select a previously added athlete.
- 3. Select Year and Sport:** The next step prompts you to select the year as well as the sport the athlete will be participating in. Once this section has been submitted, any information up to this point will not be able to be changed. Please review information carefully before submitting.
- 4. Your Registration Checklist:** This page shows the status of your athlete's registration. You will be asked to complete several steps to register. These include updating information such as medical, insurance, guardian info, and completing the School Questionnaire to determine eligibility and whether a transfer is necessary.
- 5. School Requirements:** This section is where documents will be read and agreed to, legally binding E-Signatures will be completed, physicals will be uploaded, and fees can be paid. Once this section is complete, the registration is complete. Any requirements here that require the parent to upload a document will also require that the school's athletic administration approve the document, so please do not be alarmed if the status is Pending School Approval.
- 6. Physical Exam:** The UHSAA requires physical exams annually. Parents may download the appropriate physical form from the previously mentioned School Requirements section of the site. This form needs to be filled out by a physician and then either uploaded or turned in to the school's athletic administration in person.
- 7. Complete Registration:** Your registration is complete once all items on the checklist have been completed.

Additional Athletes: If you have additional student-athletes to register, you can start a new registration and add them as an athlete. Once you add them, they will be available to select next time.

Future Seasons & Years: For future years, once your athlete has been added to your account you only need to start a new registration and select them as the athlete. This should speed up the process.



ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY
Must be completed every school year by the athlete and parent prior to any try-out, practice, or athletic contest

ATHLETE INFORMATION

Athlete Name: _____ Date of Exam: _____
 Sport(s): _____
 Birth date: _____ Age: _____ Grade in school _____ Gender: _____ School year: _____
 Athlete Cell Phone No. (_____) _____ Athlete Address: _____

EXAMINATION: TO BE FILLED OUT BY PHYSICIAN ONLY

Height: _____ Weight: _____ Male Female Pulse: _____ BP: _____/_____/_____ % Body Fat (opt) _____
 Vision: Left _____/_____/_____ Right _____/_____/_____ Corrected: Yes No Pupils: Equal Unequal
 Immunizations: Tetanus _____ MMR _____ Hep B _____ Chlckenpox _____

GENERAL MEDICAL (please initial)			MUSCULOSKELETAL (please initial)		
	Normal	Abnormal Findings		Normal	Abnormal Findings
Appearance (Marfan stigmata)			Neck		
Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)			Back		
Lymph Nodes			Shoulder/ Arm		
Heart (murmurs)			Elbow/ Forearm		
Pulses (Simultaneous femoral and radial pulses)			Wrist/ Hand/ Fingers		
Lungs			Hip/ Thigh		
Abdomen			Knee		
Skin (HSV, MRSA, linea coporis)			Leg/ Ankle		
Neruologlca			Foot/ Toes		
Genltourinary (males only)			Functional (Duck walk, single leg hop)		

ATHLETIC PARTICIPATION RECOMMENDATIONS

_____ **FULL & UNLIMITED PARTICIPATION**
 _____ **LIMITED PARTICIPATION**—May NOT participate in the following _____
 _____ **CLEARED PENDING**—Documented follow up of: _____
 _____ **NOT CLEARED FOR ATHLETIC PARTICIPATION** Physician's Comments:

Physician's Name: _____
 (Please print)
 Physician Signature: _____ Date: _____

Physician's Office Address
Telephone: (____) _____

IF THIS FORM IS NOT FULLY COMPLETED INCLUDING DOCTOR ADDRESS AND NUMBER, IT WILL NOT BE ACCEPTED

ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY
Must be completed every school year by the athlete and parent prior to any try-out, practice, or athletic contest

Athlete Name: _____ **Date of Birth** _____

MEDICAL HISTORY

Medicines: Please list all of the prescription and over-the-counter medicine and supplements (herbal and nutritional) that you are currently taking

Allergies: Do you have any allergies? Yes No If yes, please identify specific allergy.

Medicines Pollens Food Stinging Insects

ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:			Have you ever used an inhaler or taken asthma medication?		
Have you ever spent the night in the hospital?			Is there anyone in your family who has asthma?		
Have you ever had surgery?			Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you had infectious mononucleosis (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you have any rashes, pressure sores, or other skin problems?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you had a herpes or MRSA skin infection?		
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"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection <input type="checkbox"/> Other:			Do you have a history of seizure disorder?		
Has a doctor ever ordered a test for your heart? (e.g. ECG/EKG, Echocardiogram)?			Have you had any problems with your eyes or vision?		
Do you get light headed or feel more short of breath than expected during exercise?			Have you had any eye injuries?		
Have you ever had an unexplained seizure?			Do you wear glasses or contact lenses?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Do you wear protective eye wear such as goggles, or a face shield?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	Do you worry about your weight?		
Has any family member or relative died of a heart problem or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Does anyone in your family have hypertrophic cardiomyopathy, Long QT syndrome, Short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			Are you on a special diet or do you avoid certain types of foods?		
Does anyone in your family have a heart problem, pacemaker, or implanted Defibrillator?			Have you ever had an eating disorder?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			HEAT ILLNESS QUESTIONS	Yes	No
BONE AND JOINT QUESTIONS	Yes	No	Have you ever become ill while exercising in the heat?		
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Do you get frequent muscle cramps when exercising?		
Have you ever had any broken, fractured or dislocated bones?			Do you or someone in your family have sickle cell trait or disease?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			HEAD AND NECK HEALTH QUESTIONS	Yes	No
Have you ever had a stress fracture?			Do you have headaches with exercise?		
Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)?			Have you ever had a head injury or concussion?		
Do you regularly use a brace, orthotics, or other assistive devices?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
Do you have a bone, muscle, or joint injury that bothers you?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do any of your joints become painful, swollen, feel warm or look red?			Have you ever been unable to move your arms or legs after being hit or falling?		
Do you have any history of juvenile arthritis, or connective tissue disease?			FEMALES ONLY		
Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? Specify below if yes			When was your first menstrual period (age when started)?		
If yes, check the appropriate box and explain below: <input type="checkbox"/> Head _____ <input type="checkbox"/> Neck _____ <input type="checkbox"/> Back _____ <input type="checkbox"/> Shoulder _____ <input type="checkbox"/> Arm _____ <input type="checkbox"/> Elbow _____ <input type="checkbox"/> Finger _____ <input type="checkbox"/> Wrist _____ <input type="checkbox"/> Hand _____ <input type="checkbox"/> Shin/Calf _____ <input type="checkbox"/> Thigh _____ <input type="checkbox"/> Knee _____ <input type="checkbox"/> Hip _____ <input type="checkbox"/> Ankle _____ <input type="checkbox"/> Foot _____			When was your most recent menstrual period?		
			How much time do you usually have from the start of one period to the start of another?		
			How many periods have you had in the last year?		
			What was the longest time between periods in the last year?		