

# Springville Junior High Wrestling Pre-Season Meeting

## **Wrestling Season:**

Junior High Wrestling will begin on October 21st and end with the District meet the first week of January. Springville Junior High will have a dual meet with all 5 other Nebo School District schools (Separate Schedule)

## **Practice:**

Practice will be held Monday through Thursday 2:00 – 4:00 pm every day that school is held. Some Fridays will be held but will be announced the week of.

## **Making the TEAM: EVERYONE makes the team**

In order to be on the team you must comply with all Nebo School District policies. You Must have at least a 2.5 GPA, zero "F" grades, zero unexcused absences, and zero tardies (unless excused by teacher or administrator). In addition, you will be held to good sportsmanship and standing for what is right. Everyone that completes the paperwork will be on the team. We do not have cuts.

Varsity and JV will be decided by wrestle offs each week. You MUST be at practice to wrestle off. If you want to be on Varsity attendance is required. Everyone will wrestle in every dual both Varsity and JV. Parents you can guarantee that your athlete will have a match. There will be a team party at the end of the season. You must be an involved member of the team to participate.

## **Equipment:**

SJHS will provide Fight Gear/Singlets and head gear for use during dual meets. It is highly recommended to have wrestling shoes that are used for the mat only. They can be purchased everywhere sports equipment is sold. See [Wrestleutah.com](http://Wrestleutah.com) for deals. If you do not have the money to purchase wrestling shoes a dedicated pair of sneakers is acceptable.

## **Travel:**

Some travel for duals with other schools will be required. We will travel by bus to and from the duals. We prefer that all athletes travel to and from the event on the bus. This will allow us to build team bonds and quickly assess performance. It may be easier to take your kid after the event but they will miss a vital part of being a team. If you take your athlete with you from a match, you must check them out with a coach.

### **Physicals and other Required Documents:**

Every student needs a current physical form signed by a physician within the past year. You can use a physical that was submitted within the last year. To get this done and to find the other required documents, follow these steps:

- Go to [www.registermyathlete.com](http://www.registermyathlete.com) and Login or Create Account.
- Select Utah as the state. Scroll down and find Springville Junior High with the picture of a Knight. • Create an account or login as a parent/guardian.
- Add your athlete with the Wrestling team and fill in the information it asks for. There are 4 required documents you can sign electronically plus the physical.
- Complete the physical (must be within 1 year), 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.com 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. PDF files work best. Please ask me if you have questions.
- 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 or uploaded correctly, you will get a message within the week that says what needs to be fixed. These all need to be completed PRIOR to the first practice in order to participate.

**I love coaching and look forward to what we can accomplish together.**

**Coach RoyAl Weakley**  
**[rjweakley@hotmail.com](mailto:rjweakley@hotmail.com)**  
**801.368.3744 cell**

## Jr. High Wrestling 2020-2021

### Wednesday, November 18th (4:30 start)

Mapleton @ Diamond Fork  
Spanish Fork @ Payson  
Salem @ Springville

### Wednesday, December 2nd (4:30 start)

Spanish Fork @ Salem  
Payson @ Diamond Fork  
Mapleton @ Springville

### Wednesday, December 9th (4:30 start)

Payson @ Salem  
Mapleton @ Spanish Fork  
Diamond Fork @ Springville

### Wednesday, December 16th (4:30 start)

Salem @ Diamond Fork  
Springville @ Spanish Fork  
Payson @ Mapleton

### Wednesday, January 6th (4:30 start)

Springville @ Payson  
Diamond Fork @ Spanish Fork  
Salem @ Mapleton

### District Finals - Friday, January 15th (9:00 a.m.) Mapleton Jr. High

- This is Teacher Development Day just like the past 2 years.

All matches start at 4:30, weigh-ins at 3:30-4:00 Remember that all wrestlers need to be in school colors, singlets or shorts and a shirt with school name and colors. If a wrestler doesn't have the correct uniform they will be DQ, no exceptions. Long hair, either boy or girl, must be pulled tight to the back of the head.



## 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 \_\_\_\_\_ Chickenpox \_\_\_\_\_

### 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, tinea corporis)			Leg/ Ankle		
Neurological			Foot/ Toes		
Genitourinary (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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

**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:				<b>Have you ever used an inhaler or taken asthma medication?</b>			
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)?				<b>Have you ever had a head injury or concussion?</b>			
Do you regularly use a brace, orthotics, or other assistive devices?				<b>Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?</b>			
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?			