

HHS CHEER IMPORTANT DATES

- ❖ Parent Meeting: May 24th at 7 pm at HHS, room 302.
- ❖ Physical Forms Due: May 18th, 2018 to School Nurses with self-addressed stamped envelope and/or 90 update forms.
- ❖ Open Mat Dates: May 22nd, 24th, 29th, & 31st from 3:30-5pm
- ❖ Impact testing: May 29th (Please bring your Chromebook)
- ❖ Tryout Dates: June 4th 4-6pm, June 5th 4-6pm
Final Tryout Day June 6th 4-6pm
- ❖ First day of practice:
 - Freshmen & new members: August 9th & 10th --to learn material 9-11 am
 - All Cheerleaders-- August 13th 9-11am
- ❖ Camp: August 20th -23rd

HHS CHEERLEADING: 2018 FALL SEASON

IMPORTANT TRYOUT CHECKLIST

Please make sure all forms are submitted by the appropriate due dates. You will NOT be allowed to tryout unless ALL forms are submitted!

- _____ 1. Register on Family ID. These forms **MUST** be completed by Friday, May 18, 2018.
- _____ 2. Register on our website www.hillsboroughcheerleading.com and Register for Tryouts.

-All cheerleaders **MUST** sign-up-- even returning cheerleaders.
-To begin registering, click "REGISTER NOW" in the top right corner of the page. Any problems or questions with registering please **contact Coach DePirri (ddepirri@https.us) or Coach Migliore (lmigliore@https.us). Please input the cheerleaders school email and the parent email to receive all announcements.**
- _____ 3. All Medical Forms should be handed into the HHS Nurse or HMS Nurse by Friday, May 18, 2018.
***NOTE:** You must physically hand in your medical forms to the nurse.
 - _____ a. New Physical Form with a self-addressed stamped envelope

And/Or
 - _____ b. Physical Update Form – For anyone who has already handed in a physical to the school nurse within 365 days prior to June 1, 2018.
 - _____ c. Random Drug/Alcohol Test Consent Form – Only for incoming freshman or any student who has not already handed one in.
 - _____ d. Opioid Use and Misuse Drug Fact Sheet Form –must be signed once a year – this form is on the athletic website where you signed up on Family ID
- _____ 4. Impact testing. All incoming 9th graders, returning 11th graders, or new athletic department participants must take an impact test on May 29th during the open mat session. Please bring your Chromebook.
- _____ 5. Open Mat permission slip.

-HHS CHEERLEADING TRYOUTS- 2018 Fall Season

DATES TO REMEMBER:

- **Open Mat Dates:** Tuesday May 22, Thursday May 24, Tuesday May 29 & Thursday May 31 @ 3:30-5:00pm. (Impact test- Tuesday May 29, please bring your chromebook)
- **Tryout Days:** Monday – Wednesday, June 4th-6th @4:00-6:00 pm. Judges will be present June 6th.
 - ❖ Monday 6/4 and Tuesday 6/5 will be used as prep days to go over all try-out material and practice with your tryout groups.
 - ❖ Tryout dance and cheer will be posted prior to tryouts on the HHS Cheer website.
 - ❖ Wednesday 6/6 will be the formal tryout day, where you will come tryout all categories of the score sheet and be evaluated by 2 or 3 neutral judges.

WHERE TO MEET:

HHS Main Gym → Tuesday 5/22 – Wednesday 6/6

WHAT TO WEAR:

Monday 6/4 & Tuesday 6/5	Wednesday 6/6
<ul style="list-style-type: none"> • Wear school colors or any Raider apparel • T-shirt/Tank should be fitted –NO CUT SHIRTS! • Shorts • Cheer Sneakers (If You Have) / Athletic Sneakers (If Not) • Ribbon/Cheer Bow • Sports Bra and white socks 	<ul style="list-style-type: none"> • Colors to wear: black shirt and black shorts • T-shirt/Tank should be fitted –NO CUT SHIRTS! • Shorts • Cheer Sneakers (If You Have) / Athletic Sneakers (If Not) • Ribbon/Cheer Bow • Sports Bra and white socks

NOTE: You will be judged on your appearance at tryouts. You should be dressed game ready and have a clean, natural look. Make sure you do not have long finger nails or jewelry! Hair should be neatly pulled back in a ponytail.

If you are not dressed appropriately, you will not be allowed to tryout. NO EXCEPTIONS!

COMMITMENTS/REQUIREMENTS:

Junior Varsity	Varsity	Competition Varsity
-Team Practices -JV Football – Home Games -Any Varsity Games That May Need To Be Covered -Homecoming Varsity Game -Senior Night Varsity Game	-Team Practices -Varsity Football (Home and Away Games)	In Addition To All Varsity Team Requirements: -All Competition Practices -All Competitions -Varsity Winter Cheerleading Requirements *Competition season lasts from August until the end of February.*
We will be looking at: -Review of score sheet -Personality/Sportsmanship -Safety of self and others -Attitude		
<i>NOTE: This is the decision of the coaching staff based on the positions in need.</i>		

MAKING THE TEAM:

Tryout results will be released via e-mail after tryouts on Monday June 11th. Practices and the season officially begin August 9th for freshmen and new members, August 13th for all members. You will be expected to commit to practice 5 days a week (Mon.-Fri.) throughout the season.

We judge the tryouts based on the 5 components of cheerleading: cheer (sideline/court), dance, tumbling, jumps and stunts. How well you do in all 5 areas will determine where you will be placed. All scoring will be done by the coaches on staff and by two or three neutral judges. ALL DECISIONS ARE FINAL. The better prepared you are in all five of the areas, the more successful you will be.

All teams will be attending UCA Summer Camp at Pine Forest Cheer Camp August 20th – 23rd.

****On June 15th we will have our sizing appointment with Sara Vrancik (our Varsity Rep). She will size you for all uniform pieces and camp wear. More info will be sent out closer to tryouts.****

TRYOUT CATEGORIES:

1. *JUMPS*

→ The following 4 jumps will be scored: Toe Touch, Double Toe Touch, Hurkie, and Pike. You must do a toe touch and then choose a second jump to show. We will be scoring you on:

- The height of your jump
- The placement of your arms
- Whether or not your toes are pointed
- The flexibility and position of your legs

2. *GYMNASTICS*

→ You will be scored on standing gymnastics, as well as your running tumbling. Keep in mind that you will be cheering at football games down on the track, so we expect to see all tumbling on the track as well.

3. *CHEER*

→ A short cheer will be emailed the week before tryouts for you to learn. We will be scoring you on:

- Knowledge and precision
- Facials and personality
- Sharpness/ motion placement
- Voice

4. *DANCE*

→ A dance (4 eight counts) will be emailed the week before tryouts. We will be scoring you on:

- Knowledge and precision
- Facials and personality
- Sharpness/motion placement

5. *STUNTING*

→ We have 4 stunt positions: back spot, flyer, main base, and side base. You will be scored based on the highest COMPLETED stunt level from the following levels:

1. Walk-in half, cradle, reload to half, cradle
2. Walk-in half, cradle, reload to half, push up to full, cradle
3. Walk-in half, cradle, reload to full, cradle
4. Walk-in half, cradle, reload to full, cradle, tap to lib, cradle
5. Walk-in full, cradle, tap to lib, twist cradle
6. Walk-in lib, twist cradle, reload to a skill, cradle
7. Switch-up, reload to 360 **OR** 360 to a 360

→ For your formal evaluation you may tryout with your group of choice. If you have trouble finding a group, then we will assign one for you. Some groups may need to borrow people to fill in, so some of you may tryout with your original group and help ONE other group.

→ A second stunt group will be assigned to you, which we will informally judge on one of the prep days.

STUNTING SEQUENCE RULES:

1. Sequence must be performed to counts. Sequence must flow from each portion to the next and through transitions.
2. There will be no stopping the sequence. Once you stop, the sequence ends there.
3. You must show the sequence in its entirety with multiple stunt groups if asked.
4. Please show us only what you can complete safely.
5. Any shakiness, falls, stops, and/or complications will result in a point deduction.

If you have any questions or concerns regarding the tryout please e-mail one of the coaches.

Coach DePirri: ddepirri@htps.us

Coach Migliore: lmigliore@htps.us

Hillsborough High School Cheerleading 2018 – 2019 Practice / Game Policy

- ✓ You will be expected to follow the rules and guidelines of the Hillsborough High School Athletic Contract as they are stated.
- ✓ You are expected to attend ALL games and practices. If you are going to be absent/late you MUST notify your coach accordingly (based on the guidelines stated in the Athletic Contract) before the start of practice or the game. You will be required to bring a detailed note explaining your absence to the next practice/game to be kept in your file. Excused absences should be notified at least 24 hours in advance. For extended absences, such as family vacations, you must notify the coach in writing no later than one week from the first absent date in order to be excused. Emergencies/illnesses must be verified by e-mail that day before practice/game with a follow up note to be handed in on the day you return. Failure to let a coach know about an absence before the event/game will result in an "Unexcused Absence" on your record and you will be benched from the next game/competition. Please refer to the Hillsborough High School Athletic Contract for additional policies.
- ✓ Attendance at 80% of games and 90% of all practices (including excused absences) is required to earn your Varsity Letter or Junior Varsity Award.
- ✓ Unexcused absences will not be tolerated as outlined in the Hillsborough High School Athletic Contract. (The first unexcused absence will result in suspension from the next event/competition/game. The second unexcused absence will result in expulsion from the team.)
- ✓ Detentions will not be tolerated as outlined in the Hillsborough High School Athletic Contract. (First offense will be taken under review. Second offense may result in suspension from the team.)
- ✓ You are expected to be on time to games, practices and team events. Lateness will not be tolerated and may result in being benched from the day's events/competitions/games.
- ✓ This team is a commitment. Work and/or other outside activities will not excuse you from practices or games and will be held against you. You must be at all practices and games as scheduled.
- ✓ If you are planning on attending extra help, mentoring, leadership etc. you will be required to let your coach know before the start of practice on that day. You must also bring a note from the teacher you were with to be kept in your file.
- ✓ If you are sitting out of practice for medical reasons you MUST dress for the entire practice and watch the entire practice. New piercings or tattoos are not considered valid reasons to sit out of practices/games or limit your participation in practices/games.
- ✓ A cheerleader must be able to perform all aspects of cheering. If injury or absences limits her ability in any way, the coaches reserve the right to restrict participation at games until the cheerleader is healthy and able to contribute 100% to the team.
- ✓ The coaches will be relaying important information through the HHS Cheerleading website e-mail system. You must be registered on the website, so you can stay up to date with important information.
- ✓ Cell phones and iPods are not permitted at practice and/or games. Emergency situations must be cleared with the coach on duty before hand and the cell phone left in their possession.
- ✓ If you need to see or speak to an athletic trainer for any reason (including taping), it MUST be done before and/or after practice. You will not be permitted to leave practice to do so. If an injury occurs at practice, you will be sent to the trainer by a coach to have the injury assessed.
- ✓ You must be prepared to execute all JV required and VARSITY required skills as outlined on the tryout evaluation sheet, both tumbling and stunting skills. Failure to complete those skills throughout the season will lead to immediate expulsion from the team. NO EXCEPTIONS!

- ✓ All cheerleaders MUST ride to and from all athletic events on the bus with the team. There is no exception to this rule. The only reason for a cheerleader to ride off the bus is in the case of an extreme family emergency in which advanced notice must be given and it needs to be cleared by the head coach and the school's athletic director in advance.
- ✓ The HHS Cheerleading Program is not opposed to the cheerleaders cheering/dancing on other teams outside of school. However, if you choose to do so, the HHS Schedule MUST come first. Our schedule is not flexible and is dictated by the HHS Athletic Department and the NJSCIAA. Missing practices and/or games for another teams practice, game or competition will result in an UNEXCUSED ABSENCE. There will be a one game penalty for the first UNEXCUSED ABSENCE. You will be removed from the program for the second UNEXCUSED ABSENCE. **NO EXCEPTIONS!**
- ✓ Uniforms are to be worn with pride. Full uniform includes a shell, liner, skirt, briefs, white cheer sneakers, low cut white socks, hair pulled back with a ribbon and poms. Neatness is mandatory. There is to be no gum chewing while in uniform. Hair should be off the face at all times. Bangs must be tied back and neatly arranged – messy hair will not be tolerated. Unusual hair colors during the season will not be permitted. No nail polish with the exception of clear or French manicures while in uniform. No jewelry at all. No long nails – it can be dangerous during stunting. If you violate any of the above uniform rules, you will be benched immediately.
- ✓ As a member of this team you have responsibilities. Participation in all team related activities, meeting deadlines and assisting with equipment and mats, etc. is all part of being on the team. Neglecting this responsibilities will not be tolerated and result in a game suspension.
- ✓ Practice time is valuable. You will not be permitted to leave the gym during practice for any reason without speaking to a coach first. Water will be provided at all practices. Bringing a water bottle is strongly recommended.
- ✓ Any concerns regarding team placements, positions, conduct of practices/games must be communicated by the cheerleader. Parent e-mails regarding these topics, without the cheerleader doing so first, will not be tolerated. Cheerleaders must ask to arrange a meeting, outside of practice/game times, to discuss any concerns they have. Other cheerleaders' placements and positions will not be discussed with any other cheerleader.
- ✓ All cheerleaders must abide by and sign the Anti-Bullying/Hazing Contract. There will be **ZERO** tolerance for bullying. Any violation of this contract will result in immediate expulsion.
- ✓ 100% participation, effort and enthusiasm must be given AT ALL TIMES. If at any time there is a lack of, you will be benched from games/events at the discretion of a coach until improvement is made.
- ✓ Inability to follow the above guidelines will be tracked. Accumulating two violations in a given week, or four infractions over the course of the season, will result in being benched for the next game.

Please sign and bring this copy to tryouts.

Name: _____

Date: _____

Cheerleader Signature: _____

Parent Signature: _____

ATTENTION FRESHMEN AND FIRST YEAR CHEERLEADERS

A friendly reminder of the commitment to the High School Cheerleading team:

Cheerleaders need to commit to a financial increase their first year to provide themselves with the necessary components of the cheerleading team. This financial commitment only is expected the first year as you will reuse your cheer gear throughout the years.

The financial commitments are as follows:

❖ Gear: Approximately \$350

***you will reuse your warm-ups, socks, poms, liner and briefs throughout your four years, with the exception of moving to Varsity from JV for your liner.

***There are other optional items to buy on the gear list that are not required.

❖ Camp and Spirit gear: \$200

**** These items are bought yearly and used throughout the season on spirit days and community events

❖ Camp: \$270

***We attend Pine Forest Cheerleading Camp each summer.



HILLSBOROUGH HIGH SCHOOL ATHLETIC DEPARTMENT SPORTS PARTICIPATION INSTRUCTIONS

ACCESS DISTRICT WEBSITE :

- Go to the district website: www.htps.us.
- Click on the *Schools* tab. Select *Hillsborough High School* from the drop-down list.
- Click on the *Athletics* tab.
- Select *Sports Sign Up/Health Forms* from the left margin.
- Follow the Instructions below. Each step must be completed before clearance is given to participate.

SPORTS SIGN UP STEPS

STEP 1: COMPLETE FamilyID. (must be done for each season)

This step must be completed by a parent/guardian.

- A. Click on the "FAMILYID" link: (www.FamilyID.com).
- B. Select the appropriate athletic program (either Fall, Winter or Spring)
- C. At the top right corner of the screen, there will be 2 tabs (SIGNUP and LOGIN).
- D. If you **already have a FAMILYID** account, click "LOG IN" to log into your account and then go to step "F" below
- E. If you are **new to FAMILYID**, you will need to set up an account as follows:
 - Click on "SIGN UP."
 - Enter your name, email address and password. You will receive an email with a link to confirm your new account. (If you don't see the email, check your spam or junk folders) **Please note that this only sets up the FamilyID account and does not sign the student up for a sport.** To complete the signup process, continue with the steps below.
 - Click on the link in your email confirmation. This will return you to the program page.
- F. Fill out the information requested on the form.
- G. After your sign-up is complete, you will receive an email from FamilyID confirming your sign-up was successful. You can log into www.familyid.com at any time to update your information and to check your registration(s). **Please note that if you do not receive a confirmation email, your registration was not successful.** If you need assistance with FamilyID, please call FamilyID at 888-800-5583 Ext. 1.

STEP 2: PRINT and SUBMIT MEDICAL FORMS:

All prospective athletes must have a current sports physical on file in the Nurse's Office. Physical examinations are good for 365 days. If the student-athlete's physical has been completed more than 90 days prior to the first practice session for the sport, the Health History Update Questionnaire (90-day Update Form) must be completed and returned to the Nurse's Office. If this form was previously submitted but is older than 90 days, a new one will need to be submitted.

Print the appropriate medical forms and submit to the Nurse's Office. New physicals must be accompanied with a **stamped, self-addressed envelope**. Please note that each season a student will need to either submit a new physical form or a health history update form. It is possible that both forms will be necessary depending on the date of the physical and the season start date. Forms are available on the athletic portion of the district website as instructed above. **Forms must be submitted by the due date provided by the Nurse's Office** since time is needed for the school doctor to review the physicals before final clearance is given. **No participation of any kind is permitted without medical clearance.** Late submission of sports physicals may be subject to a minimum hold on eligibility for two school days to allow for clearance of sports physicals submitted after the deadline, which may include practice and tryout days.

STEP 3: PRINT RANDOM DRUG FORM: If not previously submitted, print the Random Drug & Alcohol Consent-to-Test form and submit to the Nurse's Office. Students only need to submit this form once during their high school career. This form is available on the athletic portion of the district website as instructed above.

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

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 Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. 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 Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. 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	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. 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"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. 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 _____

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HE0503

Now Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2681/0410

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

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 _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

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 physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____



Hillsborough High School
Student Random Drug and Alcohol Testing Program
Consent to Test Form

Hillsborough Township School District acknowledges its responsibility to provide the most conducive learning environment for all students and recognizes that, unless schools and their students are substance free, the best conditions for learning do not exist. School-based initiatives have proven particularly effective in recognizing and remediating students' development of alcohol or other drug issues, and the district will take the necessary and appropriate steps to protect the school community from harm and from exposure to harmful substances. In order to do this, the district has approved a random drug testing policy for students involved in extra-curricular programs, including all clubs and athletic programs, and those who participate in student parking. The purpose of this program is directed toward deterrence and remediation. The policy is not intended to be disciplinary or punitive in nature as indicated by existing court decisions as it relates to the loss of instructional time.

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Hillsborough Board of Education and the sponsors for the activity(ies) in which I participate.

I authorize Hillsborough High School to conduct a Drug and Alcohol test on-site if my name is drawn from the random pool. This consent form will remain in effect unless an Activity Drop Form is completed. Pursuant to the Student Random Drug and Alcohol Policy, I authorize the following:

1. Hillsborough High School to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Office doctor(s).
3. Medical Review Office doctor(s) to release test results to Hillsborough High School – Student Assistance Counselor, Administration, and/or Medical Inspector.*
4. Hillsborough High School to release individual student name, parent name and home phone number to Medical Review Office doctor(s) regarding all positive drug test results.

<i>Print Student Name & ID Number</i>	<i>Student Signature</i>	<i>Date</i>
<i>Print Parent Name</i>	<i>Parent Signature</i>	<i>Date</i>
<i>Parent Home Phone</i>	<i>Parent Work Phone</i>	<i>Parent Cell Phone</i>

I plan to participate in the following sport(s): _____

I plan to participate in the following student activity(ies): _____

I hold a valid HHS parking permit. Permit Number: _____

I am volunteering to be placed in the drug and alcohol testing pool.

*All results are kept strictly confidential and are released only to those individuals named above.

Hillsborough High School
2015-2016 Open-Mat Cheerleading Practices
MEDICAL & LIABILITY RELEASE FORM

Cheerleader's Name: _____

Date of Birth: ____ / ____ / ____

Insurance Company: _____

Policy Number: _____

Please list any medical conditions and/or allergies below:

I, _____, give my child, _____, permission to participate in the Hillsborough High School Cheerleading Open-Mat Practices. I give consent that, should an accident/injury occur, my child will be taken to a medical facility and treated if necessary. By signing this document, I release Hillsborough High School, the HHS Cheerleading Coaches/Staff, and the HHS Athletic Department from liability for any injuries sustained through participation.

Parent's/ Guardian's Name (Please Print)

Parent's/Guardian's Signature

Date

