Student Name:				arent or Guardian	Date of Birtl		
nichigan high school athletic association Doctor:		ctor	s Phone:				
- GENERAL QUESTIONS		N		. QUESTIONS	Date of Exa	m:	
Has a doctor ever denied or restricted your participation in sports for any reason?				ze or have difficulty breathing duri	ng or after exem	ise?	Y
Do you have any ongoing medical conditions? If so, please identify below:			Have you ever used	an inhaler or taken asthma medic	ine?	196 :	-
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:		ļ	Is there anyone in yo	ur family who has asthma?			\dashv
Have you ever spent the night in the hospital or have you ever had surgery? - HEART HEALTH QUESTIONS ABOUT YOU			Were you born withou	ut, or missing a kidney, eye, testic	ie (males), spied	en or any other organ?	,
Have you ever passed out or nearly passed out DURING or AFTER exercise?	Y	N	Do you have groin pa	in or a painful bulge or hemia in t	he groin area?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		-		ous mononucleosis (mono) within			
Does your heart ever race or skip beats (irregular beats) during exercise?		+		nes, pressure sores or other skin es or MRSA skin infection?	problems?	****	_ _
Has a doctor ever told you that you have any heart problems? Check all that apply:		+		nes or get frequent muscle cramp	s when evercicin	m?	
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol				ne ill while exercising in the heat?		y:	
☐ Kawasaki disease ☐ Other:				your family have sickle cell trait			++
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		<u> </u>	Have you had any pro	oblems with your eyes or vision or	any eye injuries	?	\dashv
Do you get lightheaded or feel more short of breath than expected during exercise? Do you have a history of seizure disorder or had an unexplained seizure?		↓	Do you wear glasses				$\neg \vdash \vdash$
Do you get more tired or short of breath more quickly than your friends during exercise?		-		e eyewear such as goggles or a f			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	V	N		Are you missing any recommend	ed vaccines?		
las anyone in your family had unexplained fainting, unexplained seizures or near drowning?		14	Do you have any aller				$\perp \perp$
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		1		head injury or concussion? erns that you would like to discus	e with a dealer		
Has any family member or relative died of heart problems or had an unaversited as unaversities of any	iden			ed a blow to the head that caused			+
death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome	e)?		memory problems?				
Does anyone in your family have hypertrophic cardiornyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			Have you ever had nu after being hit or falling	imbness, tingling, weakness or in g?	ability to move y	our arms or legs	
- BONE AND JOINT QUESTIONS	Υ	N	Have you ever had an	eating disorder?	· · · · · · · · · · · · · · · · · · ·		++
lave you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a ga			Do you worry about yo				++
lave you ever had any broken or fractured bones, dislocated joints or stress fracture?				s anyone recommended that you	gain or lose wei	aht?	++
lave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutch	nes?			iet or do you avoid certain types o		giiti	++
Do you regularly use a brace, orthotics or other assistive device?				ONLY (Optional)			Υ
Do you have a bone, muscle or joint injury that bothers you?			Have you ever had a n				
Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis or connective tissue disease?	_			n you had your first menstrual pe			
lave you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		_		e you had in the last 12 months?			
		لـــا		IYSICAL = GIVEN ON OR AFTER			
PHYSICAL EXAMINATION & MEDICAL CLEARANCE: 0	Comple	ted	by MD, DO, PA	or NP - RETURN	DIRECT	Y TO PATIEN	VΤ
KAMINATION: Height: ☐ Male ☐ Female			/ Pulse:	Vision: R 20/	L 20/	Corrected:	
1EDICAL		· NO	RMAL ABNORMA	AL MUSCULOSKELETAL			NORMAL
ppearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodacty rm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	/ly,			Neck		NORMAL ABI	NORWAL
yes/Ears/Nose/Throat: Pupils Equal Hearing		+		Back			
ymph nodes				Shoulder/Arm			
eart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (P ulses: Simultaneous femoral and radial pulses	PMI)	+		Elbow/Forearm			
ungs		+-		Wrist/Hand/Fingers Hip/Thigh			
bdomen ienitourinary (males only)				Knee			
kin: HSV: Lesions suggestive of MRSA, tinea corporis		-		Leg/Ankle			
eurologic		+		Foot/Toes Functional Duck Walk			
RECOMMENDATIONS:					<u>-</u> -		
I certify that I have examined the above student and recommend hin BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CH LACROSSE - SKIING - SOCCER - SOFTBALL - SWIM							ı.
Name of Examiner (print/type):							
Signature of Examiner:				Check One): 🔲 MD	□ DO		□ NF
(DETACH HERE IF NEE	DED TO	ACC	DMPANY STUDENT	-ATHLETE)			
EMERGENCY INFORMATION: COMPL	ETED	ВΥ	PARENT or GU	IARDIAN or 18-YEAI	R-OLD	· _	
Student: Grade: D							
EMERGENCY (1):	oma .4. 4			Pnor	ie. ()	
EMERGENCY (1): H	ume #: ()	Cell i	#: (<u>)</u>		
EMERGENCY (2): Ho	ome #: (·)	Cell	#: <i>(</i>)		
ua Posetione:						·	
rug Reactions: Collergies:	urrent M	edic	ations:				

__ FORM A: AUG-03-17



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old



There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name:LAST	FIR	ST			N	MIDDLE II	NITIAL
Student Address:							
STREET	cm					ZIP	
Gender: M D F Age: Date of Birth	n: Place of Birth	(City/State):					
School:		Circle Grade:	6 7	8 9	10	11	12
Father/Guardian Name:							
Phone (home):	(work):	(cell):	· · · · · · · · · · · · · · · · · · ·				
Mother/Guardian Name:							
Phone (home):							
Email Address: Parent/Guardian/18-Year-Old:							

	PATION & PARENT or GUARDIAN (
ne information submitted herein is truthful to the best of moncussion educational information that meets Michig	ny knowledge. By my/my child's signature be	elow, I/we acknowledge	e that I/we	have rec	eived		
Modeston educational information that meets wichig	an bepartment of Health and Human Ser	vices and MHSAA req	uirements.				
urther, in consideration of my/my child's participation in M	IHSAA-sponsored athletics, I/we do hereby a	agree, understand, app	reciate, and	acknowle	edge:		
nat participation in such athletics is purely voluntary; ersonal injury associated with participation in such a	that such activities involve physical exer	tion and contact and	that there i	s inherer	nt risk o	of	
ctions, or causes of action against the MHSAA, its member	cuvides, which risk live assume; and that	: I/we agree to, and ner	ebv waive a	iniv and al			
storio, or cadoos or action against the far forth, its illettible	ers, officers, representatives, committee mei	mbers, employees, age	nts attorne	vs insure	rs volu	i, SUITS, I	losses, and
ffiliates based on any injury to me, my child, or any persor	ers, officers, representatives, committee mei n, whether because of inherent risk, acciden	mbers, emplovees, age	nts, attorne	vs. insure	rs volu	nteers	and
filiates based on any injury to me, my child, or any persor nild's participation in an MHSAA-sponsored sport.	n, whether because of inherent risk, acciden	mbers, employees, age t, negligence, or otherw	nts, attorne rise, during	ys, insure or arising	rs, volu in any	nteers, way froi	and m my/n
filiates based on any injury to me, my child, or any persor nild's participation in an MHSAA-sponsored sport. we understand that I am/we are expected to adhere firmly	 n, whether because of inherent risk, acciden to all established athletic policies of my sch 	mbers, employees, age t, negligence, or otherw	nts, attorne vise, during	ys, insure or arising	in any	nteers, way from	and m my/n
ffiliates based on any injury to me, my child, or any persor hild's participation in an MHSAA-sponsored sport. we understand that I am/we are expected to adhere firmly bove student to engage in interscholastic athletics and for	 n, whether because of inherent risk, acciden r to all established athletic policies of my sch r the disclosure to the MHSAA of information 	mbers, employees, age t, negligence, or otherw nool district and the MH: otherwise protected by	nts, attorne vise, during SAA. I/we h	ys, insure or arising ereby giv	in any	nteers, way from	and m my/n
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WCS PLAYER CONTRACT/PARENTAL CONSENT FORM

Please	Print:
Student	-athlete Name:
	First Last
Please i	initial each statement below:
Initials	_ I have read the Warren Consolidated Schools Athletic Handbook Guidelines for Parents/Guardians/Athletes and the Player's Contract, and I understand its contents.
Initials	_i pledge to NOT violate the rules of the Student Code of Conduct and the Player's Contract.
Initials	_I understand and will follow the district's transportation policy as listed in this handbook.
Initials	A copy of this contract must be on file with the athletic director. I understand the consequences for violating the terms of this contract.
Athlete's	s Signature Parent/Guardian Signature
Date	Date
Gradua	tion Year:

The Warren Consolidated Schools Student Athlete Handbook can be viewed online at the following address.

http://www.wcskids.net/Departments/Athletics/docs/athletichandbook.pdf

Medical Treatment Authorization

Form# 2011

Name:	Birth	date: Home Telephone:			
Dent (Grandian):	Address:				
Father's Phone (Work): Mother's Phone (Work):					
Person to Notify if Paren	t Cannot Be Reached - N	ame:			
Address:	Phon	e:Relation:			
PURPOSE OF THIS (emergency treatment when parents or guardian I hereby grant my p first aid to my son/dang In the event of an opermission to or (if not possible school staff to attend to	CARD: To enable par for minors who beco as cannot be reached. In permission to the te ther emergency requiring (family to attending phy my son/daughter	rents or guardians to authorize the provision of me ill or injured while under school authority the event of an emergency requiring medical attention, am physician, trainer or coach to administer Yes: No: further medical attention, I hereby grant my doctor) at (preferred hospital) ysician at the hospital designated by the Yes: No:			
I expect every effor	t will be made to	contact me in order to receive my specific treatment or hospitalization is undertaken.			
Date:	_ Signature:				
Family Doctor:	HEAEJ Phone	HHISTORY Hospital:			
- C	Tostu	ance Contract Number.			
Insurance Company: Insurance Contract Number: Date of Last Physical: Date of Last Tetamus Shot:					
Medical History: Heart Condition:	YES NO	If So Explain:			
Epilepsy:					
Diabetes:		If So Please State:			
Asthma:		If So Please State:			
		IfSo Please State:			
Other Condition:		If So Please Indicate Which:			
Wear Contacts or Glasses:		If So Please List:			
Allergic To Any Medication:		•			
PLEASE FILL CARD OUT	COMPLETE AND SIGN	IT. PLEASE NOTIFY THE SCHOOL IF ANY OF THE			
	on the other side) CHANC	ES DURING THE SCHOOL YEAR			

Warren Consolidated Schools

Medical Treatment Authorization

Name:	Birthd	ate:Hor	ne Telephone:
D (Grandian)		Address:	
Father's Phone (Work):		_ Mother's Phone	(Work):
Dogs to Notify if Parent	Cannot Be Reached - Na	me:	
Address:	Phone		Relation:
emergency treatment f when parents or guardians I hereby grant my po- first aid to my son/daugh In the event of an e	or minors who become cannot be reached. In the ermission to the teamter mergency requiring (family december)	ne ill or injured ne event of an em m physician, t further medical octor) at	s to authorize the provision of while under school authorice ergency requiring medical attentionariner or coach to administ Yes: No: attention, I hereby grant of the preferred hospital designated by the second of the provision of the second of the provision of the provision of the second of the provision of the second of the provision of the p
or (if not nossible)	to attending phy	sician at the	nospital designated by h
I expect every effort authorization before	will be made to any major medical	treatment or	order to receive my specif hospitalization is undertake
Date:	Signature:		
Family Doctor		HHISTORY	Hospital:
Family Doctor	Freitra	nce Contract Numbe	T
Insurance Company:	пьсь	FT ant Totomas Shot:	
Date of Last Physical:			
Medical History: Heart Condition:	YES NO	If So Explain:	
Epilepsy:			
Diabetes:			rfe:
Astima:	·		ńе:
Other Condition:			ite
Wear Contacts or Glasses:		If So Please Inc	ficate Which:
A Tiemic To Any Medication:	-	· ·	st:
PLEASE FILL CARD OUT	COMPLETE AND SIGN 1	T. PLEASE NOTIF	Y THE SCHOOLIF ANY OF THE
INFORMATION (Above or	on the other side) CHANG	ES DURING THE S	CHOOLYEAR.

Athletic Information – Incoming Freshmen Warren Mott High School Athletic Department

Dear Warren Mott Parents and Students,

The Warren Mott High School Athletic Department welcomes all returning Marauders as well as the new freshmen, representing the Class of 2026! We take great pride in our school and the variety of athletic programs we offer. Listed below, you will find all the options for sporting activities to join throughout the year. Please make sure to read through this entire document so you have all the necessary information for this upcoming year!

Fall Season (August - November)	Winter Season (November - March)	Spring Season (March - May)
Cheerleading (Sideline)	Basketball (Boys/Girls)	Baseball
Cross Country (Boys/Girls)	Bowling (Boys/Girls)	Golf (Boys)
Dance	Cheerleading (Competitive)	Lacrosse - Club (Boys)
Football	Dance	Soccer (Girls)
Soccer (Boys)	Swim (Boys)	Softball
Swim (Girls)	Wrestling	Tennis (Girls)
Tennis (Boys)		Track (Boys/Girls)
Volleyball (Girls)		

Athletic Eligibility

- ✓ Physicals/Eligibility Packets MUST be completed before any participation in tryouts or practices. The Eligibility Packet is available from coaches, the school office, and the Athletic Director at various points throughout the summer and include the following:
 - o MHSAA Physical/Medical History Form
 - o Warren Consolidated Schools Player Contract/Parental Consent Form
 - Warren Consolidated Schools Medical Treatment Authorization and Health History (2 copies must be filled out)
- ✓ These packets must be completed entirely and turned into the Athletic Director.

Summer Activities and Fall Sports Tryouts

- ➤ All conditioning and summer activities prior to Monday, August 8th are NOT MANDATORY for participation in fall sports.
- ➤ The first official day of tryouts/practices is Monday, August 8, 2022
- Summer Dead Period is from Friday, July 2nd Friday, July 9th during this time, no organized athletic activities are permitted, including conditioning and weightlifting.

Warren Mott Boosters

- ❖ The Boosters tirelessly work and raise funds throughout the entire year for the benefit of ALL students, and they are always looking for more people to be involved!
- ❖ Booster Meetings are held (normally) on the first Monday of each month in the Small Cafeteria at Warren Mott (by the Main Entrance). Please attend and get involved!

Warren Mott Athletic Department

- o If you need any information regarding athletics or have questions, please contact the Athletic Director by phone at (586) 698-4577 or sbardelline@wcskids.net. I will be regularly checking messages and e-mails throughout the summer.
- o Fall Sports Tryouts begin in August (see information below), Winter Sports Tryouts begin in November, and Spring Sports Tryouts begin in March

Cheerleading (Sideline) Contact Coach Brittney Berry at (586) 298-4518	Soccer (Boys) Contact Coach Jesus Miramontes at setnomarim95@gmail.com
Cross Country (Boys/Girls) First Practice 8/8/22 from 8:00-10:00 a.m. (meet at the football stadium entrance) Contact Coach Mark Urquhart (Girls) at (586) 532-8699 or Coach Joe Stonchus (Boys) at (313) 873-2098	Swim (Girls) First practice will be Monday (8/8) from 9 a.m. to 11 a.m. (meet at the pool near athletic entrance). Practices are Monday through Friday from 9:00 - 11:00 a.m. Athletes should bring running shoes, gym attire, a swimsuit, goggles, and a water bottle Contact Coach Amy Williams at away@wcskids.net or text
Dance Team Auditions scheduled for Saturday, July 9 th from 8:00 a.m 12:00 p.m. in the Main Gym Contact Coach Ami Sikorski at warrenmott.varsitydance@gmail.com	@mottgswim to 81010 (Remind) Tennis (Boys) Contact Coach Paul Tarnavsky at <u>ptarnavsky@gmail.com</u>
Football Summer Workouts run Sundays at 4:00 p.m. and Mondays/Wednesdays/Thursdays at 7:30 a.m. at the Football Stadium	Volleyball Tryouts will run Wednesday (8/10), Thursday (8/11), and Friday (8/12) in the Main Gym from 9:00 a.m12:00 p.m. for ALL levels
First Practice is Monday (8/8) for ALL levels at 7:30 a.m. Contact Coach Tom Milanov at (586) 350-6259 or by e-mail at tmilanov@wcskids.net	For more information, contact Coach Camisha Coleman at Camishacoleman94@gmail.com

To help get the most out of your high school years, all of us at Warren Mott High School encourage students to find as many activities as possible they are passionate about and interested in. We are always striving to improve our athletic program for you and welcome your suggestions/feedback. I personally look forward to working with all of you as enter the fall sports season and another great year for the Marauders!

Sincerely,

Mr. Stephen Bardelline Athletic Director (586) 698-4577 or <u>sbardelline@wcskids.net</u>