

Parents and student-athletes,

Thank you for your interest in the Aux Sable **Cross Country** Team. We are very excited for the season to begin, and look forward to an awesome season! **REGISTRATION AND CURRENT PHYSICALS BY AUGUST 19, 2019 ALLOWS RUNNERS TO PRACTICE AND PARTICIPATE IN THE TROY PRE-SEASON RELAY on August 21. Late registration runs until August 23, 2019. After August 23, please contact Coach Mittler.**

**COACHES:** Tom Mittler, Head Coach [tmittler@psd202.org](mailto:tmittler@psd202.org)  
Stephanie Lopez, Assistant Coach [slopez@psd202.org](mailto:slopez@psd202.org)  
Eric Capshaw, Assistant Coach [ecapshaw@psd202.org](mailto:ecapshaw@psd202.org)

**IMPORTANT: ALL PARTICIPANTS MUST HAVE A CURRENT PHYSICAL BY AUGUST 19 IN ORDER TO PRACTICE and participate in the pre-season Troy Relay!**

***6<sup>TH</sup> GRADERS already have current physicals. A separate sport physical is not necessary.***

**7-8 GRADE:** Physicals are current for one year. Physicals dated on or after October 11, 2018 are considered current through the CC season. A current physical must be received or be on file in the nurse's office by August 19 in order to practice and to participate in the Troy Pre-Season Relay Relay.

**Practices:** Practice is every school day (except Early Release days) from 3:00-4:45.

**Meet Schedule:** The schedule for the Meets is posted on the Aux Sable web page and WILL BE DISTRIBUTED at the Information Meeting on August 16 at 3:05 in the large gym.

**Fee:** There is a \$50 district athletic fee which is due with the registration forms. Please make out the check to Aux Sable Middle School. The check should be delivered to the main office in an envelope with the student's name and grade level written on the front.

**UNIFORMS will be distributed to the team on August 20 before practice.**

**RUNNING SHOES:** To help prevent foot/ankle/knee/hip discomfort it is highly recommended to purchase a new pair of "running shoes." Shoes that provide support and cushioning and feel comfortable are recommended. Basketball shoes or general gym shoes/sneakers are not recommended. Please contact Coach Mittler if you have questions or concerns.

## Important Dates:

1. **August 16: CC informational** meeting at 3:05 in the main gym for 6-7-8 grade students interested in Cross Country.
2. **August 19:** parent meeting after practice at 4:45 in the cafeteria.
3. **August 21:** Troy CC Pre-Season Relay. Troy-Cronin School, Shorewood (bus will leave from AS and return after the event). Details on separate page.
4. **August 31 (Saturday):** Plainfield City Pre-season Championship at *VAN HORNE Woods*. Arrive by 7:15. First race (6<sup>th</sup> grade) starts at 8:00 a.m. **No Bus**. Details on separate page.
5. **September 21 (Saturday): Troy Cross Country Invitational.** Begins 7:30 a.m. **No bus**. Details on separate page.

## **AUX SABLE CC PROGRAM REQUIREMENTS:**

- **School is #1.** It's expected that student/athletes take care of their responsibilities in the classroom in order to fully participate in a sport. Failing grades, missing assignments, inappropriate behavior, etc. will affect the ability to participate in Meets and/or practices.
- It's expected that student/athletes respect their teammates, teachers, coaches inside and outside the classroom! Student athletes also need to be respectful toward the coaches and student/athletes of the schools we visit. Last, student/athletes must also respect the possessions of others and property.
- It is mandatory for student/athletes to attend all practices and meets. Attendance at all practices builds friendships and commitment to the team. It also builds endurance and speed. The better the student/athlete performs, the better the team performs! Every team member is critical to the success of the team no matter if the member is new to the sport or a conditioned runner! If a student/athlete is absent from a practice or a meet, they are missed and their absence affects the team as a whole! Like spokes on a wheel, if a spoke is missing then the wheel is out of balance. Same with Cross Country! If one of the members is absent, the team is out of balance!
- Student/athletes are expected to give 100% at practices and meets. Giving 100% is contagious! Teammates will notice and strive to do the same!
- Students who participate in sports outside of Aux Sable are reminded that their school sport is the priority. Please contact Coach Mittler (tmittler@psd202.org) with any questions.

# 4th Annual Plainfield Cross Country City Championship

(Rain or Shine...The Runners love this event!!)

- WHERE:** Van Horne Woods
- WHEN:** Saturday, August 31, 2018
- WHO:** This is a combined meet with the Plainfield High Schools and Middle Schools. Middle and high schools compete with their grade levels.
- TIME:** Middle School runs first at 8:00 a.m. Student Runners should arrive no later than 7:15. Coaches will be onsite by 7:00 a.m.
- Transportation:** THERE IS NO BUS TRANSPORTATION TO THIS EVENT. Runners must be dropped off at Van Horne Woods no later than 7:15 and can leave after the award ceremony...about 9:45.
- PARENTS ARE INVITED TO STAY FOR THE EVENT.** Bring your coffee and a chair. We encourage you to stick around for one of the high school races.
- COST:** None! This is a freebee!
- T-SHIRTS:** T-shirts may be sold at the event for about \$15.00.
- RACE TIME:** 8:00: 6<sup>TH</sup> Grade  
8:25: 7-8<sup>th</sup> Grade
- AWARDS:** MEDALS FOR TOP 5 GIRL & BOY FINISHERS IN EACH GRADE LEVEL.  
Stick around for the award ceremony!
- CONCESSIONS:** No word on concessions at this time.

**STUDENT ATHLETES SHOULD BRING WATER AND A SNACK.**

# Troy Cross Country Invitational 2019

- Date:** Saturday, September 21, 2019
- Time:** **Arrive by 7:45 AM** (confirm numbers/bibs, course walk, instructions, pictures). No bus transportation.  
**Look for the black Aux Sable tent set up across from the finish line.**
- Location:** Troy Cronin (formerly Crossroads) Elementary School  
210 East Black Road  
Shorewood, IL 60404
- Divisions:** 6G 1600M 9:00 am start **(15 runners maximum per team)**  
6B 1600M **(15 runners maximum per team)**  
7G 3200M **(10 runners maximum per team)**  
7B 3200M **(10 runners maximum per team)**  
8G 3200M **(10 runners maximum per team)**  
8B 3200M **(10 runners maximum per team)**
- Awards:** Individual Medals (1st through 25<sup>th</sup> by division)  
Team Trophies (1st through 4th)  
Overall Team Trophy
- PETS:** Pets are not allowed at the Troy Invitational. Please respect their policy.
- Refreshments:** Runners must bring a snack and water. Refreshments are sold, but there may not be time for the runner to make the purchase.

Spectators who park at the nearby Mariano's, Hope Lutheran Church, or Sharp Plaza are at risk of being towed.

Questions may be directed to Coach Mittler

**PLEASE RETURN TO ONE OF THE *CROSS COUNTRY COACHES* BY  
SEPTEMBER 10<sup>TH</sup>**

**TROY CROSS COUNTRY INVITATIONAL 2019 CONSENT FORM**

I HEREBY GIVE PERMISSION AND CONSENT FOR MY SON/DAUGHTER,

(print athlete's name) \_\_\_\_\_ TO PARTICIPATE IN THE

TROY CROSS COUNTRY INVITATIONAL ON SEPTEMBER 21, 2019. I UNDERSTAND THAT MY

SON/DAUGHTER WILL NEED TO BE TRANSPORTED TO/FROM THE EVENT BY PRIVATE

VEHICLE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE

TELEPHONE NUMBER: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

## **2<sup>nd</sup> ANNUAL TROY PRE-SEASON CROSS COUNTRY OPEN RELAY**

Troy is looking forward to hosting its 2st Annual Troy Cross-Country Relay Invite on **WEDNESDAY, August 21, 2019.**

**ALL TEAM MEMBERS SHOULD ATTEND. THIS PRE-SEASON MEET IS CONSIDERED A REGULAR PRACTICE, BUT WITH A DIFFERENT and *FUN TWIST!*** The runners will run a 1-mile loop in the woods and then hand off to their teammate who will run the last mile. If there is an odd number of runners on that day a runner may be matched up with another school to give everyone a chance to participate.

**Date: WEDNESDAY, August 21, 2019**

**Location:** Troy Cronin Elementary School, 210 E. Black Rd, Shorewood

**Transportation:** A bus will leave from AS to the event and return to the front entrance of AS after the awards ceremony.

### **Races:**

Girls – Girls @ 4:15

Boys – Boys @ 4:40

Boys – Girls @ 5:00

Awards @ 5:30

**Awards:** Top 15 teams in each race will receive an award.

**RUNNERS SHOULD BRING WATER AND A SNACK.**

**THE FOLLOWING PAGES ARE PARENT/GUARDIAN FORMS THAT MUST BE READ,  
SIGNED AND RETURNED TO MAIN OFFICE ON OR BEFORE **AUGUST** 19<sup>th</sup> OR TO  
ONE OF THE COACHES...**

**BY Monday, August 19th:**

\_\_\_\_\_ **Physical on file** in the nurse's office in order to practice (the date of the physical has to BE ON OR AFTER OCTOBER 12, 2018.)

\_\_\_\_\_ **\$50 Athletic Fee (checks made out to Aux Sable Middle School) turned in to the main office.**

\_\_\_\_\_ **Insurance Waiver Form** turned into one of the coaches

\_\_\_\_\_ **Emergency Parent Information Form** turned in to one of the coaches

\_\_\_\_\_ **Trip Consent Form** turned into one of the coaches

\_\_\_\_\_ **Athletic Policy Signature Form** and **CC Student/Athlete Contract** signed by athlete and parent turned in to one of the coaches.

\_\_\_\_\_ **Student Parent/Guardian Agreement to Participate/Concussion signature page** turned in to one of the coaches.

**PARENTS, IF YOU'RE AVAILABLE, WE CAN USE YOUR HELP AT HOME MEETS....**

Interested in volunteering at a meet? Course monitors and time/place recorders are always needed! No Experience Necessary!

Please fill out this form and return it with you child's paperwork!

Parent's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

# Plainfield Community Consolidated School District 202

## Aux Sable Middle School

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Interscholastic Sport: **CROSS COUNTRY**

### INSURANCE WAIVER FORM

\_\_\_\_\_ My child (ward) is covered by a school time or 24 hour student insurance plan.

\_\_\_\_\_ My child (ward) is fully covered by my insurance and we do not wish to apply for the school insurance for sports coverage. I understand that I waive all responsibility for school insurance in the event of injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for Participation and Emergency Medical Treatment/Waiver**

Please read this carefully and be aware that participation in the athletic activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks which cannot be entirely eliminated despite due care exercised by the Aux Sable Middle School staff in conducting such program (s).

I hereby give my consent for my child (ward) to participate in the athletic/ activities program(s) and understand that appropriate precautions are taken to protect program participants. However, I also recognize and acknowledge that there is a degree of risk, which my child may sustain personal injury or damage to property in the course of partaking in such activities and that Aux Sable Middle School cannot guarantee risk-free recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital in the event I cannot be reached, and I understand that Aux Sable Middle School does not cover participants for any type of medical costs.

I hereby fully release and discharge Aux Sable Middle School and its officers, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless school District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I have read this entire document, understand all of its terms, and sign it voluntarily with full knowledge of its significance.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Plainfield Community Consolidated School District 202

## Aux Sable Middle School

### Emergency Parent Information Form

Athlete's Name: \_\_\_\_\_

Sport: CROSS COUNTRY

Grade Level (Please Circle): 6 7 8

1. Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3. Emergency Contact's Name: \_\_\_\_\_

Relation to Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS  
TRIP CONSENT FORM**

I hereby give permission and consent for my son/daughter, \_\_\_\_\_

(student's name)

to participate in: **AUX SABLE CROSS COUNTRY**

(activity)

Sponsored by Plainfield Community Consolidated School District #202 and to be transported by:

School Bus       Van       Private Vehicle

TO ALL GAMES/MEETS

.....

1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.
  
2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity.

Yes                       No

If I am away from home during the time of this activity, I can be reached at:

\_\_\_\_\_

(address)

(telephone)

Other health information about my child of importance to the activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Parent or Guardian Signature

Date

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

**Aux Sable Middle School**

**Athletic Policy Signature Form AND Cross Country Student/Athlete Contract**

As a member of the Aux Sable CC team, I will...

- **Make school my number #1 priority**, I understand that I have to take care of my responsibilities in the classroom first!
- I will be committed to behaving in a respectful manner in and outside the classroom!
- I **WILL** attend and fully participate in all practices and meets, *giving my full effort*.
- I will be on time to practice and make sure my ride is here to pick me up on time after meets and practice (no later than 5:00)

**\*\*By signing this I have read through the team contract and will do everything within my ability to adhere to the expectations and responsibility that comes with being a student athlete. If I fail to meet these requirements then I understand it could result in penalties such as: being removed from practices and/or meets, or in severe cases dismissal from the team.\*\***

*As a **student-athlete** of Aux Sable Middle School, I agree to follow the rules listed in this packet appropriately. I also understand that if I choose to disobey the rules, there will be fair consequence given by the coach, athletic director and/or school administrator*

Student/Athlete Name: \_\_\_\_\_

Student/Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*As a **parent/guardian** of a student-athlete at Aux Sable Middle School, I have read and understand the rules that are in the student handbook that each student receives at the initial start of the school **and** in this policy packet. I acknowledge the importance of daily participation and the need to obey rules and procedures of the safety of the child and other children.*

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT, PARENT/GUARDIAN AGREEMENT TO PARTICIPATE/CONCUSSION INFORMATION:

Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics. The completed *Agreement* should be returned to the Coach.

Student name (printed) \_Date of Birth:

1. The above-named student wishes to participate in the following interscholastic sports or intramural athletics (check all that apply):  baseball  basketball  cheerleading  cross country  football  golf  gymnastics  lacrosse  soccer  softball  swimming/diving  tennis  track  volleyball  wrestling  other (identify sports/athletics) . (Another *Agreement* must be signed if student later decides to participate in sport not marked above.)
2. Before the student will be allowed to participate, the student must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by the relevant athletic association (e.g., the Illinois High School Association (IHSA)).
3. The student and the student's parent/guardian agree that the student will abide by all conduct rules and will behave in a sportsmanlike manner. They further agree that the student will follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. The student and the student's parent/guardian understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
5. Enclosed is a *Concussion Information Sheet*, which is written information explaining concussion prevention, symptoms, treatment, and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
6. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, Administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.
7. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

# Concussion Information Sheet

Board Policy 7:305, Concussions and Head Injuries, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.

This form must be given to a student and their parent guardian each year with the *Agreement to Participate*. The *Agreement to Participate* must be completed and signed each year by the student and the student's parent (meaning the student's natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

## Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following:**

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of Administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to play or physical activity, including the physical activity portion of physical education courses, after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. Board policy requires the same clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

**You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities.** Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**How can you help your child prevent a concussion or other serious brain injury?**

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child's coaches if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

*Adapted from the IHSA Sports Medicine Acknowledgement & Consent Form, which is adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport*

By signing below, the student and the student's parent/guardian indicate that they have received and read the above *Agreement to Participate* and the enclosed *Concussion Information Sheet*, and that they understand and agree to abide and be bound by the terms of those documents.

**Student-athlete Name Printed Student-athlete Signature Date:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_