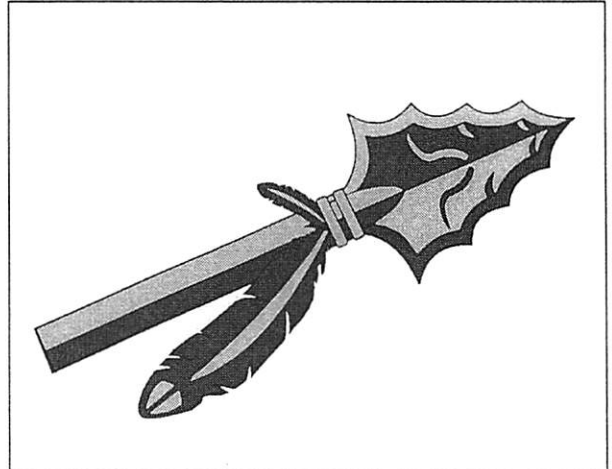


WARRIOR FASTPITCH

Try Outs: *Rising 6th grade*

- Wed, May 10 – Fri, May 12 at YMS
- 3:00-5:00
- 5th graders are expected to be present after elementary dismissal. Arrival time is usually around 3:45. You are not required to check out to make it by 3:00.
- First round of cuts will be Thursday, second round of cuts will be Friday.



Expectations:

- Be on time!
- Be ready to work!
- Have a good attitude!

Required:

- Completed physical, insurance waiver and concussion form brought to tryouts on the first day. No exceptions. A player CANNOT participate without these forms.
 - A physical is valid for 1 calendar year.
 - If you do not have a valid physical, you cannot try out!
- All 5th grade girls interested are encouraged to come out. As an upcoming 6th grader they will be kept as managers only. Walton County does not allow 6th graders to play in the games. Managers DO FULLY PARTICIPATE in practice if a part of the YMS Softball team. Being a manager does make your better!!!

To be prepared:

- Bring a glove.
- Wear cleats or athletic shoes.
- Wear athletic shorts or softball pants.
- All 5th graders need to wear a white shirt to tryouts every day!

There will not be a set number of players chosen for the team. Players will be selected based on various aspects of the game and needs of the team. Numbers may vary.

****We will run open tryouts but parents are asked to stay on the basketball courts if coming to watch. Parents should not be down on the bleachers or by the fence talking to the players.**

****Team will be posted on the gym door on Fri, May 12 by 6:30pm. There will be a mandatory team meeting on Mon, May 15 at 7:15am at YMS. Managers are excused from this meeting. Information will be given to them Friday after tryouts.**

Contact Amy Larimer with any questions at 404-514-4052.

amy.larimer@walton.k12.ga.us.

WARRIOR FASTPITCH

Try Outs: 7th and 8th grade

- Wed, May 10 – Fri, May 12 at YMS
- 3:00-5:00
- First round of cuts will be Thursday, second round of cuts will be Friday

Expectations:

- Be on time!
- Be ready to work!
- Have a good attitude!

Required:

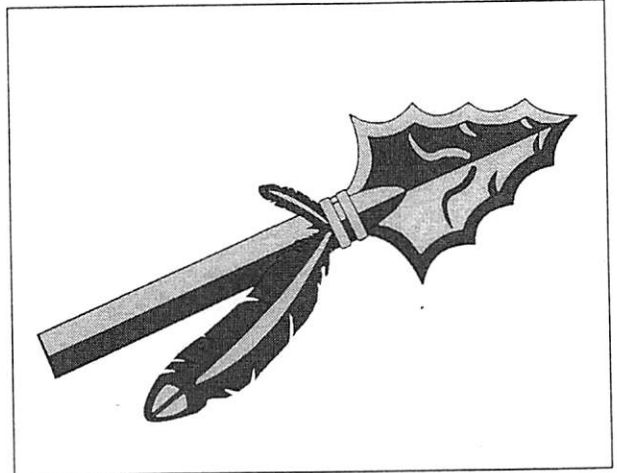
- Completed physical, insurance waiver and concussion form turned into Coach Hardy or Coach Larimer by **Tues, May 9**. No exceptions
 - A physical is valid for 1 calendar year.
 - If you do not have a valid physical, you cannot try out!
- Progress reports are to be turned in by **Tues, May 9** to Coach Hardy. These will factor in on your chances of making the team.
- Eligibility is determined by your second semester grades! Academics come first.

To be prepared:

- Bring a glove.
- Wear cleats or athletic shoes.
- Wear athletic shorts or softball pants.
- Wear the appropriate shirt according to your grade all 3 days of try outs.
 - Current 6th graders – green shirt
 - Current 7th graders – grey shirt

There will not be a set number of players chosen for the team. Players will be selected based on various aspects of the game and needs of the team. Numbers may vary.

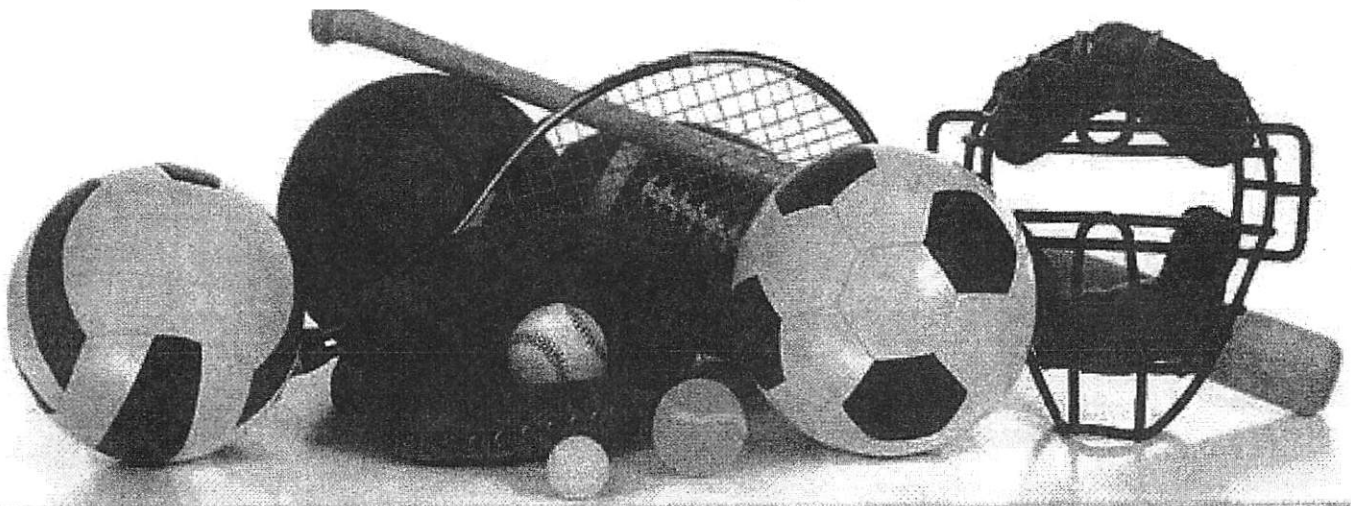
**We will run open tryouts but parents are asked to stay on the basketball courts if coming to watch. Parents should not be down on the bleachers or by the fence talking to the players.



****Team will be posted on the gym door on Fri, May 12 by 6:30pm. There will be a mandatory team meeting on Mon, May 15 at 7:15am at YMS. Managers are excused from this meeting.**

Contact Amy Larimer with any questions at 404-514-4052

amy.larimer@walton.k12.ga.us



ATHENS ORTHOPEDIC CLINIC

FREE HIGH SCHOOL SPORTS PHYSICALS

April 13, 2017 • 3-5pm

3440 Hwy 81 S, Loganville, GA

1

Do parents/guardians need to attend? No, however all forms must be completed and signed to receive physical. NO PARENT SIGNATURE, NO PHYSICAL. **Forms are available at: <https://www.ghsa.net/sites/default/files/documents/forms/GHSA-PPE-4.pdf>

2

What form needs to be completed? Accepted Georgia high school physical forms can be found at link listed above.**

3

Is an appointment needed? No, Physicals will be given on a first come first serve basis from 3-5pm. We'll have normal business hours until 3pm so no need to arrive early.

Questions?

Contact: Jocelyn Wykoff

Phone: 678-227-0308

Email: jwykoff@athensorthopedicclinic.com



Orthopedic Consultant for
The University of Georgia since 1966

Revised 3/29/04
Mandatory

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY

Date of Exam _____

Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal Physician _____			
In case of emergency, contact:			
Name _____	Relationship _____	Phone (H) _____	Phone (W) _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a history of Marfan's Syndrome in your family?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a history of premature (prior to age 50) onset of diabetes in your family?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any current skin problems (for example, itching, rashes, sores, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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PREPARTICIPATION PHYSICAL EVALUATION

page -2-

PHYSICAL EXAMINATION

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS <small>(Station-based examination only)</small>
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

- Cleared
 - Cleared after completing evaluation / rehabilitation for: _____
 - Not Cleared for: _____ Reason: _____
- Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

YOUTH MIDDLE SCHOOL INSURANCE RELEASE FORM

Dear Parents,

All students who participate in athletics of any kind at Youth Middle School must have some type of hospitalization insurance in order to participate. This is a school and state policy. Youth Middle School has an insurance policy students may purchase at the first of the school year which will cover them while participating in athletic activities.

Many players say their parents have insurance and would rather use that policy than buy the school policy. If your child is covered, we need the following information. This information is only used if your son or daughter needs emergency care.

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

POLICY OWNER'S NAME: _____

Is this individual or group coverage provided through an employer? _____

STUDENT'S NAME: _____

MY CHILD IS COVERED UNDER THE SCHOOL POLICY:

YES _____ NO _____

PARENT'S SIGNATURE: _____

Parent's Work Phone Number(s) _____

Home Phone Number _____

Cell Phone Number _____

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.
- d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

SIGNED: _____
(Student)

(Parent or Guardian)

DATE: _____