



NORTH HIGH SCHOOL

Registration Information for Fall Athletic Programs

All athletes need to be registered online for fall sports by
Friday, July 27th

Information concerning Winter/Spring sports will follow about one month before the season starts.

Registration for all sports must be completed on line.

1. Log on to <http://trojans.8to18.com/accounts/login>
2. If you created an account in the system previously, skip to step 4.
3. Create an account
4. Log in to your account and on the next screen click Begin Registration and follow the prompts.
5. On Step 5, you will need to print out the **Physical Form**, complete it, and have the doctor sign and date. THE FORM **MUST** BE SUBMITTED TO THE ATHLETIC OFFICE PRIOR TO EVALUATION/PRACTICE.
*The physical form can be faxed to 630-795-8099, emailed to jfredette@csd99.org or mailed to North High, Athletics Department, 4436 Main Street, Downers Grove, IL 60515
6. **Each** legal form must be accepted by **BOTH** the student and the parent/guardian. If both boxes are not checked you will not be allowed into step 7.
7. Once your student athlete is confirmed on a roster you will receive a notice to pay the athletic fee of \$117.00.
(At the end of August a bill will be sent.)
8. **You are not paying at this time.** This is Registration only.



The Athletic fee for all Sports is \$117.00 (There are no refunds after official IHSA season start date.)

Each athletic program may have additional costs. Please refer to the table below for those approximate fees. We are sensitive that some families may have financial concerns.

Please contact [Athletic Director Denise Kavanaugh](#) if you would like to discuss alternate payment options.

*All prospective soccer players need to bring soccer shoes, running shoes, workout clothes, ball, water, and be prepared to practice.

We are anticipating another exciting and successful year and we are looking forward to serving you and your athlete for their high school career. If you have any questions regarding any of the information, please feel free to contact us in the Athletic Office at (630) 795-8417.

Sport/Level/Coach's Contact	Approximate additional fees	Team Tryout /Practice Date	Time	Location
Fall				
Varsity Football Coach Horeni		Mon., 8/06/18	7:00 am	Underground Track /Carstens Field
Sophomore Football Coach Guerrieri		Mon., 8/06/18	7:30 am	Underground Track
Freshman Football Coach Littlehale		Mon., 8/06/18	7:00 am	Underground Track
Boys' Golf (All Levels) Coach Calderone	\$110 – 2 golf shirts	Mon., 8/06/18	12:00 pm meeting/tee time 1:00 pm	DGPD Golf Course
Boys' Soccer (Soph/Jrs/Srs)* Coach Schmitt	\$150 – shorts, socks, t-shirts, banquet	Wed., 8/08/18	6- 8:00 pm & 7-8 am first 2 weeks	Carstens Field
Boys' Soccer Freshmen* Coach Gollan	\$150 – shorts, socks, t-shirts, banquet	Wed., 8/08/18	6 - 8:00 pm	West Field
Girls' Golf (all levels) Coach McCormick	\$50 – golf shirt	Mon., 8/06/18	12:00 pm	DGPD Golf Course
Boys' Cross Country (all levels) Coach Sipple	\$50 – shorts, tank uniform	Wed., 8/08/18	8:00 am	Outdoor Track
Girls' Cross Country (all levels) Coach McDonald	\$40 –shorts, tank uniform	Wed., 8/08/18	7:00 am	Outdoor Track
Girls' Tennis (all levels) Coach Graczyk/	\$110 – Long sleeve dri-fit, short sleeve shirt, skirt option	Wed., 8/08/18	9:00 am	Tennis Courts
Girls' Swim & Dive (all levels) Coach Busse Diving – Coach Weizeorick	\$125- New - Suit, Shirt, Cap \$125 - \$200 Returning - Suit, Shirt, Cap + Gear.	Wed., 8/08/18	8:00 am	Pool
Girls' Volleyball (Freshman) Coach Wasik	\$125 –warm-up, t-shirt, game shorts/socks	Wed., 8/08/18	9:00 – 12:00 pm	Purple Gym
Girls' Volleyball (Soph/Varsity) Coach Wasik	\$125 –warm-up, t-shirt, game shorts/socks	Wed., 8/08/18	11:00 – 2:00 pm	Purple Gym

[Check our website for team scores, schedule updates, and locations.](#)

Support Trojan Boosters

Fall Home Game Sites

Boys/Girls Cross Country - Meets are held at
[Green Valley Forest Preserve – Greene Street](#)

Boys/Girls Golf - Downers Grove Park District Golf Club – Hadow Ave.

Boys/Girls Tennis - Courts North of High School – Main St.

Freshman Soccer - Doerhoefer Park/Ebersold Park

All Other Sports compete on North High's Campus

The Athletic Entrance to all indoor athletic events is Prince Street



Fall Sports Coaching Staff Email Contact

Sport	Coaches
Athenas	Coaches – <u>Danielle Wilder</u> / <u>Paulina Cresimone</u>
Cheerleaders	Head Coach – <u>Allyson Passarelli</u> Assistant Coach – <u>Ashlyn Erickson</u>
Boys' Cross Country	Head Coach - <u>John Sipple</u> Assistant Coach - <u>Jill Blondell</u>
Boys' Golf	Head Coach - <u>Anthony Calderone</u> Assistant Coach - <u>Ted Glazer</u>
Boys' Soccer	Head Coach - Mike Schmitt Assistant Varsity – <u>Chris Tomek</u> Assistant JV – Mike Corvo Freshman Coach - <u>Scott Gollan</u>
Football	Head Varsity Coach – <u>Joe Horeni</u> Assistant Varsity - <u>Chad Isaacson</u> Assistant Varsity - Bill Kleckner Assistant Varsity Keith Lichtenberg Assistant Varsity - Todd Cassens Assistant Varsity – Terry Kent Assistant Varsity – Gary Vargyas Sophomore Coach - Chris Guerrieri Assistant Sophomore - TBA Assistant Sophomore - Mike Franzese Assistant Sophomore – <u>Kyle Briscoe</u> Head Freshman Coach - Brett Littlehale Assistant Freshman - Pat Fleming Assistant Freshmen – Pete Binder Assistant Freshmen – Sean Conroy
Girls' Cross Country	Head Coach - Tim McDonald Assistant Coach - Matt Maletich
Girls' Golf	Head Coach - Jackie McCormick Assistant Coach - Emily Mollet
Girls' Swimming	Head Coach - Judy Busse Assistant Coach - TBA Assistant Diving Coach - Tony Ciezadlo
Girls' Tennis	Head Coach - Dana Graczyk Sophomore Coach - Cristina Madrigal
Girls' Volleyball	Head Varsity Coach - Mark Wasik Assistant Coach - Meghan Nauss Sophomore Coach -Maegan Grogan Freshman Coach – Erin Doyle



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. 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 _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

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.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.