

BOZEMAN HIGH SCHOOL "HAWK" ACTIVITY SCHEDULE 2018-2019



SCHEDULE IS TENTATIVE AND SUBJECT TO CHANGE

(SPORTS PHYSICALS MUST BE DATED AFTER MAY 1, 2018 FOR THE 2018-19 SPORTS YEAR)

FALL

FIRST DAY – END DAY

FOOTBALL	AUGUST 10 – NOVEMBER 16
GIRLS' VOLLEYBALL	AUGUST 10 – NOVEMBER 10
SOCCER	AUGUST 10 – OCTOBER 27
CROSS COUNTRY	AUGUST 10 – OCTOBER 20
GOLF	AUGUST 9 – SEPTEMBER 29
FALL CHEERLEADING/DANCE	AUGUST 10 – NOVEMBER 16
SPEECH & DEBATE	OCTOBER 1 – JANUARY 26

FALL PARENT MEETING – WEDNESDAY, AUGUST 8, 2018 6:00 PM IN BHS SOUTH GYM.

WINTER

FIRST DAY – END DAY

WRESTLING	NOVEMBER 15 – FEBRUARY 9
SWIMMING	NOVEMBER 15 – FEBRUARY 9
GIRLS' BASKETBALL	NOVEMBER 15 – MARCH 9
BOYS' BASKETBALL	NOVEMBER 15 – MARCH 9
WINTER CHEERLEADING/DANCE	NOVEMBER 15 – MARCH 9
9-12 INTRAMURAL BASKETBALL	TO BE ANNOUNCED

WINTER PARENT MEETING – WEDNESDAY, NOVEMBER 14, 2018 6:00 PM IN BHS SOUTH GYM.

SPRING

FIRST DAY – END DAY

TRACK & FIELD	MARCH 11 – MAY 25
GIRLS' FASTPITCH	MARCH 11 – MAY 25
TENNIS	MARCH 11 – MAY 18
9-12 INTRAMURAL SPRING	TO BE ANNOUNCED

SPRING PARENT MEETING – MONDAY, MARCH 11, 2018 6:00 PM IN BHS SOUTH GYM.

TRYOUTS FOR SOCCER, GOLF, VOLLEYBALL, BOYS' AND GIRLS' BASKETBALL, FASTPITCH, AND TENNIS BEGIN ON THE FIRST DAY OF PRACTICE. LATE TRYOUTS ARE ONLY PERMITTED IN CIRCUMSTANCES BEYOND A FAMILY'S CONTROL AND APPROVED BY THE ACTIVITIES DIRECTOR.

ADDITIONAL INFORMATION CAN BE FOUND WWW.BSD7.ORG QUICK LINKS - ACTIVITIES

ALL ACTIVITIES

BOZEMAN HIGH SPORT/ACTIVITY REGISTRATION

INSTRUCTIONS

- 1. Complete and Submit Sports Form On Line; Online forms will be available beginning August 1, 2018 in Powerschool (See Instructions Below)**
- 2. Submit Current Sports Physical to Activities Office. Must be dated May 1, 2018 or later to be valid for the 2018-2019 school year.
Sports Physical form can be found on *bsd7.org* Activities Link**
- 3. Submit Sports Fee to Activities Office – \$100.00/High School Sport (Tennis - \$110.00, Cheer - \$50.00/Season)**

Payment Options:

Cash, Check made payable to Bozeman High School or Online

Payment: <https://bsd7.revtrak.net/>

INSTRUCTIONS TO SUBMIT SPORT FORM ONLINE:

Go to www.bsd7.org

Under the “Students & Parents” tab go to “PowerSchool” to log into the parent portal.

Sign into parent portal as “PARENT” using your username and password, if you do not have this information please contact school secretary.

Once signed into the parent portal, on the left hand side of your student page will be a “Ecollect Forms” option - click to open page

Locate and Click to open form named “[High School Athletic Form for BHS](#)”

READ ALL INFORMATION – INCLUDING LINKS TO POLICIES

Fill in required fields at bottom of page and submit.

MHSА CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

HISTORY – To be completed by the student and parent(s).

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)			
Name _____	Male _____ Female _____	Date of Birth _____	Grade _____
Home Address _____		Phone Number _____	
Parent's Name _____		Family Physician _____	
Current School _____			
Date _____		Student's Signature _____	

	Yes	No	Yes	No
Explain "Yes" answers below. Circle questions to which you don't know the answer.				
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/> <input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is there anyone in your family who has asthma?	<input type="checkbox"/> <input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/> <input type="checkbox"/>
4. Are you taking medicine for ADHD?	<input type="checkbox"/>	<input type="checkbox"/>	28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/> <input type="checkbox"/>
5. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had Infectious mononucleosis (mono) within the last month?	<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/> <input type="checkbox"/>
7. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had a herpes skin infection?	<input type="checkbox"/> <input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a head injury or concussion?	<input type="checkbox"/> <input type="checkbox"/>
9. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/> <input type="checkbox"/>
10. Has a doctor ever told you that you have (circle all that apply): High blood pressure A heart murmur High cholesterol A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a seizure?	<input type="checkbox"/> <input type="checkbox"/>
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you have headaches with exercise?	<input type="checkbox"/> <input type="checkbox"/>
12. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/> <input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/> <input type="checkbox"/>
14. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/> <input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/> <input type="checkbox"/>
16. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any problems with your eyes or visions?	<input type="checkbox"/> <input type="checkbox"/>
17. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear glasses or contact lenses?	<input type="checkbox"/> <input type="checkbox"/>
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/> <input type="checkbox"/>
19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you happy with your weight?	<input type="checkbox"/> <input type="checkbox"/>
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Are you trying to gain or lose weight?	<input type="checkbox"/> <input type="checkbox"/>
			45. Have anyone recommended you change your weight or eating habits?	<input type="checkbox"/> <input type="checkbox"/>
			46. Do you limit or carefully control what you eat?	<input type="checkbox"/> <input type="checkbox"/>
			47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/> <input type="checkbox"/>
			FEMALES ONLY	
			48. Have you ever had a menstrual period?	<input type="checkbox"/> <input type="checkbox"/>
			49. How old were you when you had your first menstrual period?	<input type="checkbox"/> <input type="checkbox"/>
			50. How many periods have you had in the last year?	<input type="checkbox"/> <input type="checkbox"/>
			Explain "Yes" answers here:	

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / toes

21. Have you ever had a stress fracture?

22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?

23. Do you regularly use a brace or assistive device?

24. Has a doctor ever told you that you have asthma or allergies?

Allergies: _____

Immunizations: (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis, pneumococcal; meningococcal, varicella)

Date of last known tetanus shot: _____

PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____
 Height _____ Weight _____ Pulse _____ BP: Left Arm _____ / _____ Right Arm _____ / _____
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL	ADDITIONAL FINDINGS	INITIALS
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Hernia		
Skin		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hands/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

*Multiple examiner set-up only.

Notes: _____

CLEARANCE

Cleared without restriction
 Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports _____ Reason: _____
 Recommendations: _____

Name of physician/medical provider (print or type) _____ Date _____
 Address _____ Phone _____
 Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian _____ Signature of parent or guardian _____

Date _____ Address _____ Insurance (Company name) _____

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone _____ Additional Phone (if any-specify) _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Revised 4/09)

VERIFICATION OF INSURANCE: *The School District DOES NOT provide medical insurance* benefits for students who choose to participate in sports programs. Medical insurance **MUST BE PROVIDED** in order for the student to participate. "NorthWestern Scholastic Insurance" forms for coverage during sports are available in the Activities Office. **THE ATHLETE IS COVERED WITH THE FOLLOWING HEALTH INSURANCE:**

INSURANCE (Company Name) _____ POLICY # _____

PARENT MUST COMPLETE

