

NORTHBROOK JUNIOR HIGH
ATHLETIC HANDBOOK
2020-21



Principal - Dr. Scott Meek 847-504-3501

Assistant Principal - Ms. Christine Lake 847-504-3502

Assistant Principal for Student Services - Dr. Heather Schultz 847-504-3503

Athletic Directors - Ms. Kula Geib 847-504-3537 or Mr. Graham 847-504-3536

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INTRODUCTION

We carefully consider both the physical, cognitive, psychological, and affective growth of each child when we plan and implement our athletic programs.

Our staff is aware of the individual needs of youth as well as the social importance of being able to work as a team member. Student participants will be given the opportunity through training, safe and appropriate equipment, and good coaching to reach their athletic potential.

Our primary goal is to develop young athletes who will become successful young adults in our highly competitive society. We, faculty members and coaches in District 28, are committed to achieving this goal. We also want the students of our school to be able to say that they were proud to have been a part of Northbrook Junior High School Athletics.

STUDENT ACTIVITIES PHILOSOPHY

The primary purpose of the Student Activities program is to meet those school related interests and needs of students that are not met by the curricular program of Northbrook Junior High. These activities include clubs, classes, intramurals, fine arts, music and interscholastic programs.

Through these programs we expect to help all participants to:

- learn to use leisure time wisely
- increase and use their unique talents and skills
- develop avocational and recreational interests
- develop positive attitudes toward new interests
- develop abilities as leaders and team members
- develop realistic and positive attitude
- develop a positive attitude toward school participation

All interscholastic activities of member schools are conducted in accordance with the Illinois High School Association By-laws, Rules and Policies. Additional standards maybe established by each school or league for its own students.

INTERSCHOLASTIC SPORTS OFFERED

Cross Country	All Students	No Tryout	Sept. – Oct.
Co-ed Soccer	7-8	No Tryout	Sept. – Oct.
Girl's Volleyball	6-7-8	Tryouts	Sept. – Oct.
Basketball	All Students	Tryouts	Nov. – Jan.
Boy's Volleyball	6-7-8	Tryouts	Fe. – Apr.
Track	All Students	No Tryouts	Apr. – May

OBJECTIVES

Cognitive Knowledge

- Learn the rules and techniques of a particular game
- Learn individual and team strategies
- Develop an understanding of the value of sports

Social-Emotional

- Acquire habits and attitudes of loyalty, cooperation, self-control, and courtesy
- Demonstrate fair play and positive sportsmanship
- Exhibit responsible and cooperative behavior
- Improve socialization, self-esteem, and psychological well-being

Fitness and Muscle Development

- Develop specific skills to allow for successful competitive play
- Train and condition to meet the challenges of the sport
- Develop a regular exercise habit and a commitment to physical activity • Acquire skills for safety

ACADEMIC WATCH / ELIGIBILITY

Student who, on a class by class basis: 1) are not meeting standards; and/or 2) have excessive missing work will be ineligible for extracurricular activities until performance is improved to meet standards and/or missing work is addressed. Additionally, students who have been suspended or have exhibited gross misbehavior in school will also be deemed ineligible. Eligibility is reviewed every two weeks. Exceptions may be made at the discretion of the principal.

APPROPRIATE BEHAVIOR

Athletes are representatives of Northbrook Junior High School and their behavior and attitudes reflect directly upon our school as much as it does on them. The way they represent themselves on the bus, in the locker room, on the court and field, at NBJH and at visiting schools sends a message to everyone. Possible consequences may include parent conference, loss of playing time, or dismissal from the team.

CLINICS

Clinics are held before volleyball and basketball tryouts for 6th graders. The purpose of the clinics is to provide students with the opportunity to further develop their skills and knowledge prior to trying out for the team.

COMMUNICATION

The junior high school's monthly newsletter publishes a calendar of all activities. Flyers, the student bulletin board outside the small gym, announcements during lunch times and channel 24 news tell students of all important sports information. Team game schedules will be available through NBJH's Athletic web page. Coaches will provide a monthly practice calendar to all athletes. Please do not hesitate to call any of the coaches with any questions.

EQUIPMENT AND FEES

Coaches will distribute team uniforms for 6th grade girl's and boy's basketball and to use during their season. Uniforms must be washed and returned within two weeks at the end of the season. Any team member not returning a uniform will be billed for the lost uniform. The following fees are assessed per each sport. This fee is for a t-shirt to be worn as part of their uniform during their athletic contests. Team members can then keep these items at the end of the season.

Girls Volleyball- \$25

Soccer - \$25 (Socks included) Players need to purchase their own shin guards

Cross Country and Track - \$15 (One shirt worn for both teams)

Basketball- \$55 (in 7th grade to be used for 2 consecutive years)

Boy's Volleyball - \$25

When traveling to another school, athletes will put on their uniforms before leaving Northbrook Junior High School. Sweat clothes are recommended for use over uniforms. All personal items should be labeled and are the responsibility of the player.

MANAGERS AND STATISTICIANS

Many sports teams are in need of individuals who make a valuable contribution to the success of the team by keeping time and statistics and helping the coach as needed. Students interested in this position should contact the coach. Managers may practice along with the team according to the coach's discretion, giving them the opportunity to continue to work on their skills.

PRACTICES

Students are required to attend all practices unless prior arrangements have been made with the coach. A commitment must be made to practice and play with the team on a regular basis. An athlete must be healthy enough to participate in physical education class in order to practice or play with the team.

SCHOOL ATTENDANCE

To participate in an interscholastic event, a student must attend at least his or her afternoon classes on the day of the contest. If a student is absent for a full day of school, the student will not be permitted to participate in an athletic contest that day. Exceptions to the above may be made by the principal or assistant principal. If a student has a note excusing him or her from participation in physical education class on the day of a scheduled game or contest, the student will not be allowed to participate in that event.

TEAM SELECTION

Opportunities for student participation on the basketball and volleyball teams are limited. Coaches will select players based upon the following criteria:

- athletic ability in the sport
- sportsmanship
- team work
- effort and attitude
- coachability

After final tryouts, students will be asked to check the web page for names of those who have been asked to participate on a team.

TRANSPORTATION

The school provides bus transportation to all away athletic contests and back to NBJH following all athletic contests. Students are expected to ride the bus to all away games unless prior arrangements are made between the parents and the coach. Parents may take their own child home directly from a game. If a child is being transported home by somebody other than his/her own parents, written permission must be provided by the child's parents.

STUDENT PHYSICAL HEALTH EXAMINATION

All students who will be participating in any interscholastic sport are required to have an annual sports physical health exam by a licensed physician. ***The sports physical is good for only one (1) year (13 months due to insurance issues) from the date of the exam, and it must be on file in the junior high office prior to a student joining or trying out for a team.*** Our guidelines for sports physicals are the same as those at Glenbrook North and were developed by the Illinois High School Association. We have included a physical form in this packet.

STUDENT ATHLETE CONCUSSIONS AND HEAD INJURIES

The Illinois state legislature has passed legislation stating that all student athletes suspected of having a concussion need to be removed from the game or practice immediately. No athlete may return to play after a concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. **This new policy requires athletes to provide the school with written clearance from their physician prior to returning to play or practice following a concussion.** Parent/Athlete Concussion Information Sheet that discusses the signs and symptoms of concussions is available below and online - the Athletic Website at NBJH. **All student athletes and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.**

Student Athlete Concussions and Head Injuries

Dear Parents of Student Athletes,

The Illinois state legislature has passed legislation stating that all student athletes suspected of having a concussion need to be removed from the game or practice immediately. No athlete may return to play after a 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. This new policy requires athletes **to provide the school with written clearance from their physician prior to returning to play or practice following a concussion.**

A concussion is a brain injury caused by a bump, blow, or jolt to the head. Concussions 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 should be managed properly.** For more information you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>.

A *Parent/Athlete Concussion Information Sheet* that discusses the signs and symptoms of concussions follows below. **All student athletes and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.** Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Scott Meek

Kula Geib & Ryan Graham

Debby Morris, RN

Principal

Athletic Directors

School Nurse

Concussion Information Sheet

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 body that causes the head and brain to move rapidly back and forth. Concussions 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. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Sign and symptoms of concussion may show up right after the injury or can take hours or days to fully appear.

Signs Observed by Coaching Staff	Symptoms Reported by Athletes
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy or groggy
Shows mood or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

When is a student ready to return to school after a concussion?

A student with a concussion should be seen by a health care professional experienced in evaluating for concussion. The student-athlete should be kept out of play and/or school until a healthcare professional says s/he is symptom-free and it's OK to return to school or sport activities. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Parent/Athlete Concussion Information Sheet

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

Athletes with the sign 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 activity 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. **In accordance with state law effective July, 2011, student-athletes are required to provide their school with written clearance from either a physician or a certified athletic trainer prior to returning to play or practice following a concussion.**

You should also inform your child's coach if you think that your child may have had a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Sports Physical (2 pages)



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 12/2011



Student's Name				Birth Date	Sex	Race/Ethnicity	School/Grade Level/ID#	
Last		First		Middle	Month/Day/Year			
Address				Parent/Guardian	Telephone # Home	Work		
<p>IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</p>								
Vaccine / Dose	1 MO DA YR		2 MO DA YR		3 MO DA YR		4 MO DA YR	
DTP or DTaP								
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
Hib Haemophilus influenza type b								
Hepatitis B (HB)								
Varicella (Chickenpox)	COMMENTS:							
MMR Combined Measles Mumps, Rubella								
Single Antigen Vaccines								
	Measles		Rubella		Mumps			
Pneumococcal Conjugate								
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza								
<p>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)</p>								
Signature				Title		Date		
Signature				Title		Date		
ALTERNATIVE PROOF OF IMMUNITY								
<p>1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)</p>								
<p>*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature</p>								
<p>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.</p>								
Date of Disease	Signature			Title		Date		
<p>3. Laboratory confirmation (check one) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella</p>								
Lab Results	Date MO DA YR						(Attach copy of lab result)	

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

Student's Name Last First Middle			Birth Date Month/Day/Year		Sex	School	Grade Level/ ID #
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER							
ALLERGIES (Food, drug, insect, other)				MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma?	Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during the night	Yes	No		Hospitalizations? When? What for?	Yes	No	
Birth defects?	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Developmental delay?	Yes	No		Serious injury or illness?	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	No	
Head injury/Concussion/Passed out?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes	No	
Heart problem/Shortness of breath?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Dizziness or chest pain with exercise?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.			
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Parent/Guardian Signature _____ Date _____			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)							
Ear/Hearing problems?	Yes	No					
Bone/Joint problem/injury/scoliosis?	Yes	No					
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA							
HEAD CIRCUMFERENCE		HEIGHT		WEIGHT		BMI	
						B/P	
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMD-85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>							
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)							
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>							
Skin Test: Date Read / /		Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		mm _____			
Blood Test: Date Reported / /		Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Value _____			
LAB TESTS (Recommended)	Date	Results		Date	Results		
Hemoglobin or Hematocrit					Sickle Cell (when indicated)		
Urinalysis					Developmental Screening Tool		
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs		
Skin					Endocrine		
Ears					Gastrointestinal		
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>			Genito-Urinary LMP		
Nose					Neurological		
Throat					Musculoskeletal		
Mouth/Dental					Spinal Exam		
Cardiovascular/HTN					Nutritional status		
Respiratory		<input type="checkbox"/> Diagnosis of Asthma			Mental Health		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				Other			
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions			
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
MENTAL HEALTH/OTHER Is there anything else the school should know about this student?							
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
EMERGENCY ACTION, needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?							
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe. _____ (If No or Modified please attach explanation.)							
On the basis of the examination on this day, I approve this child's participation in				PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>			
				INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Print Name _____ (MD, DO, APN, PA)				Signature _____		Date _____	
Address _____				Phone _____			

(Complete both sides)

CONTRACT

Please complete the **Athletic Contract online** on the **Athletic Website Page just below this link** and give your coach your money for your uniform (see page 3 for uniform fees).

My child and I have read and reviewed the information provided in the Athletic Handbook. We understand that the guidelines must be followed when participating on a sports team at NBJH.

Students Name (Print) _____

Student's Signature _____

Parent's Signature _____

Date _____

Parent's Contact Phone Number _____

Email address _____

Student Allergies _____

Student Medications _____



NORTHBROOK JUNIOR HIGH OFFERS SOMETHING FOR EVERYONE. FEEL FREE TO CONTACT THE SCHOOL, KULA GEIB OR RYAN GRAHAM, THE ATHLETIC DIRECTORS AT 847-504-3537 or 847-504- 3536, WHENEVER A QUESTION OR NEED ARISES.



Addresses and Phone Numbers to Area Schools

Attea

2500 Chestnut
Glenview, IL 60025
847 – 486 – 7700

Caruso

1801 Montgomery
Deerfield, IL 60015
847 – 945 – 8430

Central Middle School

620 Greenwood Ave.
Glencoe, IL 60022

Field

2055 Landwehr
Northbrook, IL 60062
847 – 272 – 6884

Gemini

8955 N. Greenwood
Niles, IL 60714
847 – 827 – 1181

Maple

2370 Shermer Road
Northbrook, IL 60062
847 – 400 – 8900

Northbrook Junior High

1475 Maple
Northbrook, IL 60062
847 – 498 – 7920

OLPH

1775 Grove St
Glenview, IL 60025
847 - 729 - 1525

Shepard

Grove & Franklin Street
Deerfield, IL 60015
847 – 948 – 0620

Solomon Schechter Day School of Metropolitan Chicago

3210 Dundee Rd
Northbrook, IL 60062
(847) 498 - 2100

Springman

2701 Central Road
Glenview, IL 60025
847 – 657 – 2134

St. Norbert's

1817 Walters Avenue
Northbrook, IL 60062
847 - 272-0051

Sunset Ridge

525 Sunset Ridge Rd
Northfield, IL 60093
(847) 881-9400

Wilmette Junior High

620 Locust Road
Wilmette, IL 60091
847 – 256 – 7280

Wood Oaks

1250 Sanders Road
Northbrook, IL 60062
847 – 272 - 1900