

2023-2024 School Year

SPORTS REGISTRATION

Fall

- Competition Cheer
- Boys/Girls Cross Country
- Ultimate Frisbee
- Field Hockey *
- Football *
- Boys/Girls Golf
- Rifle Training *
- Volleyball *

Season Begins: July 31, 2023

**Registration OPENS: 06/01/23
to 08/31/23**

Winter

- Boys/Girls Basketball
- Boys/Girls Crew *
- Gymnastics
- Indoor Track
- Rifle Season *
- Swim and Dive
- Wrestling

**Season Begins: November 6,
2023**

**Registration OPENS: 10/01/22 to
11/22/23**

Spring

- Baseball *
- Boys/Girls Crew *
- Boys/Girls Lacrosse *
- Boys/Girls Soccer
- Softball *
- Tennis
- Track and Field

Season Begins: February 19, 2024

**Registration: 01/15/24 to
03/15/24**

*** 8th Graders Eligible**


Prior to participation in sports, students must:

1. Be Academically Eligible. (Must be taking at least 5 classes and passing at least 5 classes)

2. Complete Electronic Registration Process:

<https://wakefieldhsar.schooltoday.com/viewmyaccount>

or scan QR Code

3. Submit a completed VHSL Physical Form completed by medical professional no earlier than after May 1. Form must  **submitted electronically on the Registration website.**



Contact Information: nathel.hailey@apsva

Año Escolar 2023-2024

INSCRIPCIÓN PARA DEPORTES

Otoño

- Competencia para Porristas (Cheer)
- Deporte a campo traviesa para Hombres/Mujeres (Boys/Girl Cross Country)
- Hockey sobre césped (Field Hockey)*
- Fútbol americano (Football)*
- Golf para Hombres/Mujeres
- Rifle (entrenamiento)*
- Vóleibol*

La Temporada empieza: 31 de Julio 2023**Se ABREN las inscripciones: 06/15/23 hasta 08/31/23**

Invierno

- Baloncesto para Hombres/Mujeres
- Remo en Bote para Hombres/Mujeres (Crew) *
- Gimnasia (Gymnastics)
- Atletismo en pista cubierta (Indoor Track)
- Temporada de Rifle (Rifle Season) *
- Natación y Clavados (Swim and Dive)
- Lucha libre (Wrestling)

La Temporada empieza: November 6 2023**Se ABREN las inscripciones: 10/01/22 hasta 11/22/23**

Primavera

- Béisbol *
- Remo en Bote para Hombres/Mujeres (Crew) *
- Lacrosse para Hombres/Mujeres *
- Fútbol para Hombres/Mujeres (Soccer)
- Softball *
- Tenis
- Atletismo (Track and Field)

La Temporada empieza: Febrero 19, 2024**inscripción: 01/15/24 hasta 03/15/24***** Estudiantes de 8vo grado son elegibles**

Antes de participar en deportes, los estudiantes deben:

1. **Ser Elegible Académicamente.** (Debe de estar tomando al menos 5 clases y aprobar/pasar al menos 5 clases)
2. **Completar el Proceso de Inscripción Electrónico:**
<https://wakefieldhsar.rschooltoday.com/viewmyaccount>
o escanee el Código QR
3. **Entregue el examen físico VHSL completado** por un profesional médico no antes del 1 de mayo. El formulario debe enviarse electrónicamente en el sitio web de Inscripción.

**Contacto para Información: nathel.hailey@apsva**

Dr. Fills Out ^{ON} OR AFTER MAY 1, 2023

REVISED JANUARY 2021

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PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

Check one please

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: _____
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____
Reason: _____
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA) DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

Dr's: please use an office stamp to validate, and include clinical practice address + phone number.

required

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