

Dear Parent, Guardians and Student Athletes,

I want to take a moment to thank you for showing interest, and hopefully welcome you to one of the greatest sports you can be involved with. This sport is great for many reasons as you can read below. We hope to see you out with us in a few weeks!

Benefits

1.	EVERYONE COMPETES You get to compete at EVERY meet we go to regardless of ability. No bench to sit and watch your teammates and you get in shape, improve your times, earn medals!
2.	<i>A Sense of team comradery and belonging. This is a CO-ED - Boys and girls practice and often race together.</i>
3.	<i>CC Practices are fun</i> Practice is fun, and the coaches always work with you to make sure you develop at your own pace. We do much more than "just run" at practice every day, periodically we play games, run relays, you name it! Remember, practices will also include distance running, speed work, flexibility, balance and strength exercises. Ask a friend to join you and bring him/her with you!
4.	TOP CONDITIONING FOR OTHER SPORTS-You'll be in the best shape of your life!

Initial practices, Aug. 27, 28 and 29 from 7pm -8:30pm due to summer heat.

Important: You must have a current physical to participate in the first practice. The physical must have been obtained after April 15, 2019. The [physical card](#) can be found on the School Website under athletics or click word physical card. There also is a \$25.00 pay to play fee for BC Middle Cross. Money and physical forms need to be turned into Katrina Grose in the Athletic Office.
*If you need a physical you can go to any Crystal Lake Clinic in the area to obtain one for \$20.00. Walk ins are welcome, but making an appointment will be easier.

BE A PART OF TRADITION

HS Girls Cross Country

State Champions: 1982, 83, 98, 08, 11

State Runner-Up: 1997, 01, 13, 15, 17

Regional Champions: 1982, 83, 84, 85, 87, 88, 91, 97, 98, 08, 09, 10, 11, 12, 13

Conference Champions: 1981, 82, 83, 84, 85, 87, 97, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17

HS Boys Cross Country

State Champions: 1984, 85, 86, 95, 97, 09, 13, 14

State Runner-Up: 1987, 96, 01, 15

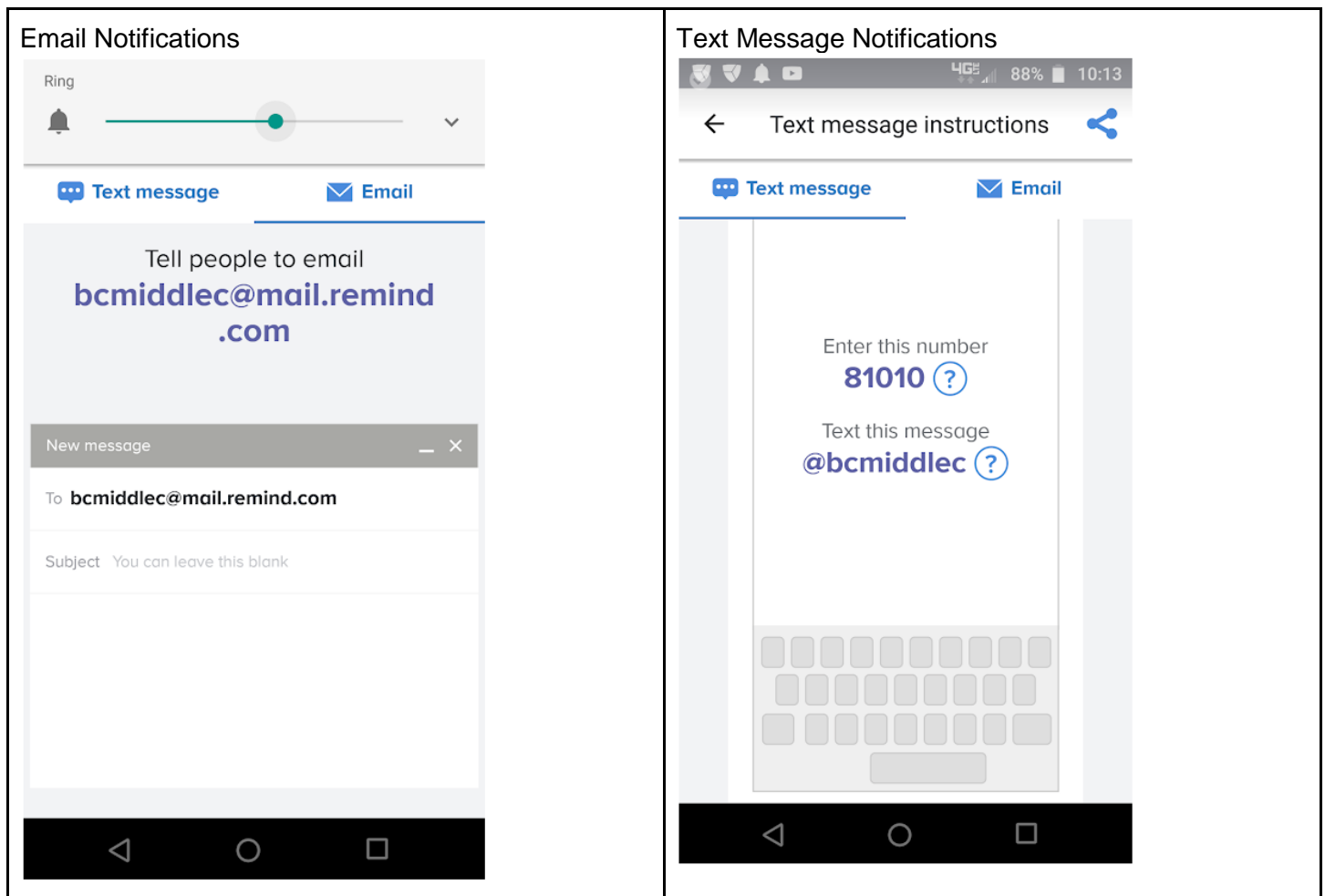
Regional Champions: 1973, 84, 85, 97, 00, 02, 05, 06, 07, 08, 09, 11, 12, 13, 14, 15, 16

Conference Champions: 1972, 73, 74, 76, 77, 80, 81, 84, 85, 86, 87, 95, 97, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17

If you have any questions, please contact any of the Coaches

HS -Asa Kelly - kellya@benzieschools.net 231-871-0509 / HS - Traci Kelly - kellyt@benzieschools.net 231-642-6840 MS-Michael Hammar hammarm@benzieschools.net (continue on back)

Below are ways to connect with **Michael Hammar BC Middle Cross Coach**. Please sign up and messages will be sent to you electronically or feel free to contact the school. If your child has a phone have them sign up as well. This is a very efficient way for me to get information to everyone quickly.



I will also have a facebook group called BC Middle Cross, find us online. Information will also be sent out in this format as well.

Also, if any parent/guardian are interested in volunteering, either doing concession stand, cross country course work, or miscellaneous jobs please fill out the volunteer form. If any of you are interested in driving students to and from meets on Saturdays (we have a few of them) you need to fill out the Parent Designated Volunteer Driver sheet. These forms will be handed out at the first day of practice. Thanks in advance to all parents who volunteer.

Thanks for your time and cooperation

Michael Hammar
BC Middle Cross Coach



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST		FIRST		MI	SEX	GRADE	DATE OF BIRTH		AGE
STUDENT'S NAME:							---		---
NUMBER AND STREET					CITY			ZIP	
STUDENT'S ADDRESS:									
NAME OF FATHER OR GUARDIAN			WORK PHONE		NAME OF MOTHER OR GUARDIAN			WORK PHONE	
FAMILY DOCTOR			OFFICE PHONE		STUDENT'S HOME PHONE				

MEDICAL HISTORY

GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in Sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			Do you have any concerns that you would like to discuss with a doctor?		
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____			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)?			Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____		
Have you ever spent the night in the hospital?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			Have you ever had an eating disorder?		
Have you ever had surgery?						Do you worry about your weight?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
Have you ever passed out or nearly passed out DURING or after exercise?			Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Have you ever had a head injury or concussion?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever had any broken or fractured bones or dislocated joints?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Do you get lightheaded or feel more short of breath than expected during exercise?			Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Have you ever been unable to move your arms or legs after being hit or falling?		
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			Do you regularly use a brace, orthotics, or other assistive device?			Are you on a special diet or do you avoid certain types of foods?		
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you wear protective eyewear, such as goggles, or a face shield?		
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?			Have you had any problems with your eyes or vision or had any eye injuries?		
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?			Do you wear glasses or contact lenses?		
Has a doctor ever told you that you have other heart problems?						Have you ever had herpes or MRSA skin infection?		
Has a doctor ever told you that you have a heart infection?			IMMUNIZATION HISTORY	YES	NO	Have you had infectious mononucleosis (mono) within the last month?		
			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you have any rashes, pressure sores, or other skin problems?		
Has a doctor ever told you that you have a heart murmur?			MEDICAL QUESTIONS	YES	NO	Do You Have Any Allergies?		
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	Have you ever become ill while exercising in the heat?			FEMALES ONLY	YES	NO
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or have difficulty breathing during or after exercise?			Have you ever had a menstrual period?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?			How old were you when you had your first menstrual period?		
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?			How many periods have you had in the last twelve (12) months?		
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma?					
Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or taken asthma medicine?					

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

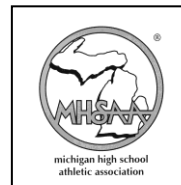
Drug Reactions: _____

Current Medications: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **two** places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

Last			First			Middle			
STUDENT'S COMPLETE LEGAL NAME:									
STUDENT'S DATE OF BIRTH:			Month	Day	Year	PLACE OF BIRTH:		City	State
CIRCLE GRADE:			7	8	9	10	11	12	SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes	No
MEDICAL			NORMAL	ABNORMAL FINDINGS		MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						Neck			
Eyes/Ears/Nose/Throat: Pupils Equal Hearing						Back			
Lymph Nodes						Shoulder/Arm			
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)						Elbow/Forearm			
Pulses: Simultaneous femoral and radial pulses						Wrist/Hand/Fingers			
Lungs:						Hip/Thigh			
Abdomen						Knee			
Genitourinary (Males Only)						Leg/Ankle			
Skin: HSV, lesions suggestive of MRSA, tinea corporis						Foot/Toes			
Neurologic:						Functional: Duck Walk			

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities **NOT** crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

SIGNATURE OF

EXAMINER:

PRINTED NAME

OF EXAMINER:

CIRCLE ONE

MD DO PA NP

DATE:

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of STUDENT:

Date:

Signature of PARENT:

Date:

or GUARDIAN or 18 YEAR-OLD

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT – To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE

BC Middle Cross 2019 Overview & Expectations

Middle school handbook is followed for all athletic Events

PRACTICES NEXT SCHOOL YEAR

Monday - Fridays - 3:00 - 4:45 (except on meet days)

We meet on the cement pad behind the school by the pond.

We run rain or shine - dress accordingly!

SHOES/ATTIRE

A good pair of running shoes is strongly recommended. Running type clothing is most comfortable. Remember long sleeved shirts, sweatshirts, running tights are needed as the season progresses. Spikes are not required. Spikes are only used for races --- you should NOT practice in spikes.

ILLNESS OR INJURY

Please let me know as soon as you become aware of an injury or illness! This is very important! Remember running in the rain is not a health risk. Make sure you have a set of dry clothes to change into right after practice. If you are unable to attend a practice, please inform me before the end of the day.

UNIFORMS

The school will issue uniforms (jerseys) for all team members. These are your responsibility! You will need to pay for lost or damaged uniforms! Uniforms should be washed in cold water, inside out and best if hung to dry. NO BLEACH! You will have the opportunity to purchase red running shorts that are part of the uniform (you can borrow - but most team members prefer to purchase their own pair). Often boys don't like the shorter running "style" of short. Any black short will be good. Under Armour style garments may be worn under your uniform for comfort and warmth.

FEES

The pay to participate fee for all sports at the middle school is \$25 per students for each sport or activity. Pay to participate fees must be received before any athlete may participate in a meet.

Refunds may be issued if an athlete is injured while participating. Fees will be credited back based on percentage of the season remaining. There will be no refund to participants who quit prior to the end of the season or are disqualified due to academic eligibility or disciplinary reasons.

BEHAVIOR

Positive, respectful behavior is always expected! This includes communication with team members outside of school including texting, e-mail and social networking sites! Language needs to be appropriate and civil always! Good sportsmanship and positive representation of BENZIE is expected at ALL meets!

WHAT IS MIDDLE SCHOOL Cross Country?

CROSS COUNTRY is a running event in which runners compete to complete a course over open or rough terrain. The courses used at these events may include grass, mud, woodlands, hills, flat ground and water.

What is the goal for MS cross country? The goal for this program is to get student excited about running and being part of the team. The focus of practice is to have fun and build an interest in the sport. We stress team commitment, respect, personal goals and FUN!

What do I need? With a pair of running shoe, basic shorts and t-shirts you are ready to go! As the weather gets cooler, long sleeved t-shirts and tights (sweats) are suggested. Investing in a good pair of running shoes is important and can reduce the risk of injury.

How Far will I run? Middle School students typically run between 1.8 and 2 mile courses for a meet. Most races are over in 15-20 minutes.

How is cross country scored? In middle school, the placing of the first five team member across the finish line are added together for the teams score. In middle school typically, boys and girls run and are placed together. The team with the LOWEST score wins!

EXAMPLE:

BENIZE		OPPONET	
Runner	Place	Runner	Place
Bill	2	David	1
Suzy	5	Tyler	3
Mark	9	Molly	11
Wendy	10	John	15
Mindy	12	Sandy	18
Team SCORE = 38		Team SCORE= 48	

How long do the meets last? The Middle School portion of the meet are usually about one hour. Middle School often travels with the High School Team. Sometimes the Middle School runs first and sometimes after the High School Team.

How do you watch a cross country meet? A Cross Country meet is not a "sit in your seat" and watch the race event. Staying at the starting and ending point of the race is always an option, but you will miss much of the action and fun. Wear some good shoes and grab a map or an experienced parent to catch the racers at different point on the course to cheer them on.