



2023 Limestone Walters Middle School Cross Country Co-op Schedule

DATE	EVENT	TIME	LOCATION
Monday, July 31	Practice officially Begins	4:00pm	Alpha Park
Monday, July 31	PARENT MEETING	5:00pm	Alpha Park Shelter
Monday, Aug. 14	Peoria St. Jude Relay Race	4:15pm	Donovan Park, Peoria
Thursday, Aug. 17	East Peoria Central Invitational	4:30pm	Lincoln School, East Peoria
Saturday, Aug. 19	Redbird Invitational	9:00am	Black Partridge Park, Metamora
Thursday, Aug. 24	Pekin Mini Illini Invitational	4:30pm	Mineral Springs Park, Pekin
Saturday, Aug. 26	Michelle Stewart Invite	9:00am	Three Sisters Park, Chillicothe
Monday, Aug. 28	Manito Invitational	4:30pm	Midwest Central Middle School, Manito
Tuesday, Sept. 5	El Paso-Gridley Invitational	4:00pm	Furrow Farm, El Paso
Saturday, Sept. 9	Parkside Invitational	9:30am	Maxwell Park, Normal
Tuesday, Sept. 12	Germantown Warrior Invitational	4:00pm	Great Oaks Comm. Church, Germantown Hills
Monday, Sept. 18	St. Jude 2 Mile	4:15pm	Donovan Park, Peoria
Friday, Sept. 22	Dunlap Invitational	4:00pm	Detweiller Park, Peoria
Tuesday, Sept. 26	Dunlap Valley Spartan Invitational	4:15pm	Dunlap Valley Middle School, Dunlap
Thursday, Sept. 28	Limestone Invitational	4:15pm	Alpha Park, Bartonville
Friday, Sept. 29	Team Dinner	5:30pm	TBD
Saturday, Oct. 7	Sectionals	TBD	TBD
Friday, Oct. 13	Practice at State course (if needed)	after school	Maxwell Park, Normal
Saturday, Oct. 14	State	TBD	Maxwell Park, Normal

*Dates and times for meets are subject to change at any given time due to weather or other circumstances.
Any changes will be announced as soon as possible.*

LIMESTONE MIDDLE SCHOOL CROSS COUNTRY WAIVER
Please fill out and return to Coach Walker. MUST BE COMPLETED BEFORE PRACTICING.

Student athlete name: _____

School student attends: _____ **Grade:** _____

Name & number to call for emergency: _____

Please initial and sign at the places indicated:

___ My child has an up-to-date physical AT THEIR CURRENT SCHOOL.

___ I will have my child on time to all practices.

___ I will ensure that my child is eating properly and getting enough nutrients in order to participate.

___ I will ensure that my child is drinking PLENTY of water (eliminate soda if possible).

___ I understand that my child will be using crosswalks in order to go to Alpha Park. I will ensure that my child understands and knows how to cross a street properly.

OFF CAMPUS PRACTICES AND ROAD RUNNING WAIVER FORM
Must be signed by both participants and a parent or legal guardian

I hereby give my consent for _____ to compete in Limestone Walters Co-op approved off campus practices.

I release Limestone Walters, all Co-op schools involved in the program, and all its employees and representatives of any liability for my son/daughter as a passenger in a private passenger vehicle for any injury or loss which may occur in transit to and from any practices.

Before a student will be allowed to run on the streets and roadways for athletic training, this waiver must be signed by both the student and his/her parent or guardian.

I hereby give consent for my son/daughter to participate in any athletic conditioning and training programs which may include running off school premises.

I realize that my son/daughter is responsible for using safety precautions in running on the streets and roadways.

I understand that my son/daughter had been informed of appropriate safety rules, including information concerning possible injury and/or death.

Limestone Walters and all Co-op schools assume no liability for such injuries or death in case of accident.

BY SUBMITTING AND SIGNING THIS APPLICATION I AGREE TO THE ABOVE WAIVER OF LIABILITY.

STUDENT: _____

DATE: _____

PARENT OR LEGAL GUARDIAN: _____

DATE: _____

ATHLETE INFORMATION/EMERGENCY CONTACT SHEET:

PLEASE PRINT LEGIBLY!

STUDENT INFORMATION:

Student's Name: _____

Birthdate: _____

School Attending: _____ Year in School: (please circle) 5 6 7 8

Parent's/Guardian's Name(s): _____

Phone #1: _____ Phone #2: _____

Email #1: _____

Email #2: _____

EMERGENCY CONTACT INFORMATION:

Please provide information for primary and secondary contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____

Relation: _____ Phone #: _____

Name of Secondary Contact: _____

Relation: _____ Phone #: _____

CONDITIONS/ISSUES/ALLERGIES:

Please list any medical issues the student may have (i.e. asthma, allergies, medications, etc)

ATHLETES FAVORITE THINGS:

(Please be VERY SPECIFIC)

Candy Bar: _____

Ice Cream: _____

Drink: _____

Chips: _____

Other: _____

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 by a blow to another part of the body with the force transmitted to the head. They 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 including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
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| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

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

Athletes with the signs 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. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have 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 and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.