



**EMS Patriot**

**2022-23**

**Wrestling  
Information**

Thank you for expressing interest in joining the 2022-23 EMS Patriot Wrestling Team. Our coaching staff is looking forward to the opportunity to work with you over the next few months to help you develop as wrestler, but more importantly, a better student athlete.

Before you can begin conditioning, you and your parents must have completed a PRIVIT account and have had a physical. A copy of the instructions to accomplish this task and the physical paperwork that will need to be completed by a doctor or nurse practitioner is included with this packet.

Conditioning is a vital component for any competitive wrestler, and it is important that you participate in our preseason conditioning that will begin on Monday, October 17<sup>th</sup>. Please listen to the afternoon dismissal announcements for the location that you will need to report to. Most of the conditioning for the first couple of weeks will be outside, weather permitting, so you will need to bring running shoes, pair of shorts and a shirt to change into.

Wrestlers will be required to purchase a pair of wrestling shoes for practice and competition. These can be purchased at most sporting goods stores or online. Given the way that middle school students grow from year to year, I would recommend not buying a pair of expensive wrestling shoes and would like to humbly request that your wrestler donate their shoes to the program after they outgrow them for those who can not afford to purchase them

Conditioning and practices will conclude at 6:15 pm and all wrestlers must be picked up no later than 6:30. If you cannot be picked up by 6:30, please let Coach Stewart as soon as possible. If you are picked up late from three practices, you may be asked to sit out a match.

Our season will start in November and is scheduled to conclude at the end of January/beginning of February. Most of our league matches will be held on Wednesday and Friday afternoons and we will be trying to compete in some additional Saturday tournaments. We will compete in the Conyers Cup team tournament, the New Rock league team tournament and the New Rock individual tournament on the last three Saturdays of the season.

We currently wrestle 19 weight classes as part of our league rules. These weight classes are: 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 127, 137, 147, 157, 167, 185, 215, 250 and 285. If there are two or more wrestlers at the same weight class for EMS, we may ask one of the wrestlers to move up one weight class or we will have a "wrestle off" and the winner will represent that weight class. Be advised that if we have two or more wrestlers at a single weight class and we cannot have you wrestle up one class, you may be asked to wrestle in a "B" division match that does not count towards team points.

Team dues will be \$175 dollars, which will purchase your spirit pack (compression t-shirt, headgear, hooded sweatshirt and sweatpants) along with entry fees for tournaments, snacks for tournaments and end of the season banquet and awards. Returning wrestlers who still have their headgear from last season will be receiving a jacket at the end of the season. To allow us to quickly order the spirit packs, we require that you pay the \$100 by November 1st and the remainder of the dues should be paid no later than January 3rd.

We will provide you with information for our team REMIND page for you and your parents to sign up for communications from the coaches regarding practices and matches. It is important that your parents sign up for this service when the information is provided.

## **Team Rules**

1. **GRADES:** Students who compete in wrestling are expected to be passing 5 of 7 classes that they are taking. Wrestlers will be given a grade check form at each of the progress reports to take to their teachers to collect grade and behavior information. If you fall below this line, you will not be allowed to wrestle until the next grade check. ***NOTE: If a wrestler is not able to stay on the team due to grades, there will no refunds provided of team dues.***
2. **BEHAVIOR:** Our wrestlers are expected to be student leaders on and off of the mat. Respectful behavior is ALWAYS expected while at EMS or representing EMS on the mat. Reports of discipline issues from teachers will be dealt with on an individual basis but could result in a match suspension. If a wrestler is assigned ISS or OSS, they cannot practice or compete the day that they serve the suspension and will have to sit out one match or more.
3. **COVID PROTOCOLS:** With wrestling being a close contact sport, wrestlers will comply with RCPS COVID protocols. This includes a temperature screening and an online form that they will need to complete daily for contact tracing purposes. While athletes are practicing or competing, a mask is not required to be worn. When we are not practicing, students will be required to wear a mask. ***If your wrestler is sick, please do not let them come to school that day. We would rather forfeit one individual match instead of having to forfeit a team match due to being quarantined.***
4. **SCHOOL ATTENDANCE:** To be successful in the classroom, you must be in class. If you more than half of a day, you will not be permitted to practice or compete in a match that day. If you are caught skipping a class, the same rule applies.
5. **PRACTICE ATTENDANCE:** If you are unable to attend the practice the day before a match or tournament, you will not be allowed to participate in that match or tournament. If there is a valid reason for the absence, it is at the coach's discretion to allow the wrestler to compete.
6. **MATCH/TOURNAMENT ATTENDANCE:** If you know that you are going to miss a match or tournament, please let us know as soon as possible so we can plan appropriately.
7. **SPORTSMANSHIP:** Although wrestling is an individual sport, we practice and compete as a team. At practice and during matches, we support our teammates and work together towards our common goals (Conyers Cup Team Champions, New Rock Team Champions and New Rock Gold Medalist). Insulting and derogatory comments during practices or matches are grounds for various levels of discipline from extra work during practice and up to removal from the team.

Please show this information to your parents and complete the wrestler information form and return it to one of the coaches no later than October 20<sup>th</sup>. If your parents would like additional information, please contact me or one of my assistant coaches.

Thanks,

Coach David Stewart, Head Coach

[dstewart@rockdale.k12.ga.us](mailto:dstewart@rockdale.k12.ga.us) 770-483-3255 Ext 25131

Coach Prudence Shipman 770-483-3255 Ext 25145

[pwilliams@rockdale.k12.ga.us](mailto:pwilliams@rockdale.k12.ga.us)

Coach Matthew Lewis-Hardwick

[mlewishardwick23@rockdale.k12.ga.us](mailto:mlewishardwick23@rockdale.k12.ga.us)

# PRIVIT DIRECTIONS

Steps to complete within Privit Profile™: <https://edwardspatriots-ga.e-ppe.com/index.jspa>

**1. Register an account in parents name here:**

**2. Add athlete(s) to your account**

**3. Complete all relevant athlete information**

- Personal Details
- Waiver of Liability
- Pre-Participation History Form
- Code of Conduct
- GHSA Concussion Form
- Emergency Information and Consent

**4. Apply parent electronic signature to the following forms:**

- Pre-Participation History Form
- Code of Conduct
- GHSA Concussion Form
- Waiver of Liability

**5. Apply athlete electronic signature to the following forms:**

- Pre-Participation History Form
- Code of Conduct
- GHSA Concussion Form
- Waiver of Liability

**6. Physical Form and Insurance Card must be uploaded to the PRIVIT Website before 1<sup>st</sup> day of conditioning and/or first day of practice.**

Once the required information has been completed and e-signatures have been applied to the necessary forms, the signed document will become available automatically for the appropriate staff member for review and approval.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

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**Please indicate if you have ever had any of the following.**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "yes" answers here**

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

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Other information \_\_\_\_\_

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