



## **Canutillo Athletics**

### **2023 End of Year Meeting Agenda**

#### **I. Introduction**

- Coach Sanchez – Girls Athletics Coordinator
- Coach Castaños – Boys Athletics Coordinator

#### **II. CMS Athletics**

- List of sports available and coaches
- Google Classroom for XC, VB, and FB
- Dates of sports (dates subject to change)
- **NOTE:** Basketball and Soccer seasons are at the same time. You can participate in only one; you must choose.

#### **III. Eligibility**

- Physical, Medical History, Asthma Forms must be dated after June 1<sup>st</sup>
- **Submit Physical Online**
- **Rank One must be completed Online**
- **DO NOT TURN IN PHYSICALS TO COACHES OR FRONT OFFICE. ALL DOCUMENTS MUST BE SUBMITTED ONLINE.**
- **Instructions for completing all paperwork are attached.**
- **COMPLETE RANK ONE BEFORE THE FIRST DAY OF SCHOOL.**
- No Pass, No Play
- Good Behavior in and out of school

#### **IV. High School Workouts**

- Football
- Volleyball
- Basketball



## Canutillo Middle School 2023 – 2024 Athletics

***NOTE: Please join the respective coaches google classroom below if you are interested in joining the following sports. We ask you to be patient and follow the coaches' instructions regarding physicals, tryouts, practice, etc.***

1. Log into google classroom.
2. Click on plus sign on the upper right-hand corner next to the "waffle".
3. Click on join class.
4. Enter class code.

### **Cross Country**

Head Coach: Christian Rodriguez

Class code: **wcilmrs**

### **Volleyball**

Coaches: Michele Morales  
Karina Treviño

Class code: **gqi3pi4**

### **Football**

Head Coach: Enrique Castaños

Class code: **f6hbej3**

### **Girls Basketball**

Coaches: Enrique Castaños  
Karly Dreher

### **Boys Basketball**

Coaches: Luis Anchondo  
Victor Luces

### **Girls Soccer**

Coaches: Catherine Sutherland

### **Boys Soccer**

Coaches: Gabriel Moran  
Cesar Perez

### **Softball**

Coaches: Vacant

### **Baseball**

Coaches: Enrique Castaños  
Gabriel Moran

### **Girls Track**

Coaches: Karly Dreher  
Diana Sanchez

### **Boys Track**

Coaches: Enrique Castaños  
Gabriel Moran



## **Canutillo Middle School 2023 - 2024 Athletics**

***NOTE: The dates below are tentative and subject to change. You will be notified by your coaches via google classroom if there are any changes.***

**Cross Country:** Beginning of school until September 30th

**Football:** Beginning of school until September 30th

**Volleyball:** Beginning of school until September 30th

**Basketball:** October 16th - December 16th

**Soccer:** October 16th - December 16th

**Baseball/Softball:** January 3rd - March 2nd

**Track:** March 18th – May 4th



## **Physical Exam Instructions**

If you are planning on participating in any Canutillo Middle School sport this upcoming 2023-2024 school year, you will need to make sure to complete the requirements listed below before the first day of practice. Once all forms are filled out and you have completed your physical with your doctor, you will need to upload all forms to the Rank One Sport Website. Please see instructions attached. If you have any questions, please let us know.

1. **PHYSICAL:** You must undergo a UIL Pre-Participation Physical Examination. ***Exam must be dated after June 1<sup>st</sup>, 2023. Exams dated before Jun 1<sup>st</sup>, 2023, will not be valid.*** Form is attached below or can be printed from the Rank One Sport Website.

- You may go to the doctor, clinic, or urgent care of your choice.
- The doctor must fill out all applicable information on the physical form.
- If you have been diagnosed with asthma, you will need the **Asthma Form** filled out by your doctor also. Form can be printed from the Rank One Sport Website.

2. **MEDICAL HISTORY:** Your parents or guardians must completely fill out the UIL Pre-Participation Medical History form. Form can be printed from the Rank One Sport Website.

- All information and questions must be filled out.
- **If you answer "YES" to any of the questions, you must explain in the box provided in the lower right-hand column of the form.**
- **Make sure you and your parent/guardian sign and date at the bottom of the form.**

3. **RANK ONE SPORT:** Canutillo Athletic Physical Forms must be filled out electronically online.

- Instructions are also attached below.



## **Instrucciones para el examen físico**

Si planea participar en cualquier deporte de la Escuela Intermedia Canutillo durante el año escolar 2023-2024, deberá asegurarse de completar los requisitos que se enumeran a continuación antes del primer día de práctica. Una vez que haya completado todos los formularios y haya realizado su examen físico con su médico, deberá cargar todos los formularios en el sitio web de Rank One Sport. Se adjuntan instrucciones. Si tiene alguna duda, por favor póngase en contacto con nosotros.

**1. FÍSICO:** Debe someterse a un examen físico previo a la participación de UIL. El formulario se puede imprimir en el sitio web de Rank One Sport. ***El examen debe estar fechado después del 1 de junio de 2023. Los exámenes realizados antes del 1 de junio de 2023 no serán válidos.*** El formulario se adjunta a continuación o puede imprimirse en el sitio web de Rank One Sport.

- Puede ir al médico, la clínica o la atención de urgencia que elija.
- El médico debe completar toda la información pertinente en el formulario físico.
- Si le han diagnosticado **asma**, también necesitará que su médico complete el **Formulario de asma**. El formulario se puede imprimir en el sitio web de Rank One Sport.

**2. HISTORIAL MÉDICO:** Sus padres o tutores deben completar completamente el formulario de historial médico previo a la participación de UIL. El formulario se puede imprimir en el sitio web de Rank One Sport.

- Se debe completar toda la información y preguntas.
- **Si responde "SÍ" a alguna de las preguntas, debe explicarlo en el cuadro provisto en la columna inferior derecha del formulario.**
- **Asegúrese de que usted y sus padres / tutores firmen y fechen al final del formulario.**

**3. RANK ONE SPORT:** Los formularios físicos atléticos de Canutillo deben completarse electrónicamente en línea.

- También se adjuntan instrucciones.



## **Rank One Sport Website Instructions**

***\*Canutillo Athletic Physical Forms must be filled out electronically online.***

To fill out the Electronic forms:

1. Go to [www.rankonesport.com](http://www.rankonesport.com)
2. Click on the tab at the top right of the page that says **“For Parents”**
3. Click on **“Fill out Electronic Forms”**
4. Select **“TX”** on the drop-down menu
5. Click on **“Canutillo ISD”**
6. Click on **“Start Online Forms”**

The only forms that must be **printed out** are:

1. The **UIL Pre-Participation Physical Examination**
2. If you have Asthma, then you also need to print the **Asthma Form**

***\*Once all the forms are filled out electronically and you have done your physical with your doctor, upload the physical form, medical history, and asthma form (if applicable) to Rank One Sport Website.***



## **Instrucciones para Rank One Sport Website**

*\*Las formas del examen físico de Atletismo de Canutillo deberán llenarse electrónicamente/ en línea.*

Para llenar dichas formas deberá seguir los siguientes pasos:

1. Ir a [www.rankonesport.com](http://www.rankonesport.com)
2. Seleccione el espacio que se encuentra arriba a la derecha de la pagina que dice **“Para Padres”**
3. Seleccione **“Llenar las formas electrónicamente” (Fill Out Electronic Forms)**
4. Seleccione **“TX”** en el menú
5. Selección **“Canutillo ISD”**
6. Seleccione **“ Principie a llenar las formas en linea” (Start Online Forms)**

Las únicas formas que debe **imprimir** son:

1. **El Examen Físico de Pre-Participacion de UIL (UIL Pre-Participation Physical Examination)**
2. Si usted padece **asma**, también deberá imprimir la forma pertinente.

*\*Una vez que ya lleno todas la formas y se ha hecho el examen físico con su medico, cargue el formulario físico, el historial médico y el formulario de asma (si corresponde) al sitio web de Rank One Sport.*

## CANUTILLO HIGH SCHOOL SUMMER ATHLETICS

2023

### **FOOTBALL**

#### **Weights and Conditioning**

June 5 – June 29 Weights and Conditioning Monday – Thursday 7:00 am – 9:00 am

July 3 – 7 Closed

**July 10 -13 – Open weights 7:30 am – 9:30 am      Monday - Thursday**

July 17 – 20 – Open Weights 5:00 pm – 7:00 pm Monday – Thursday

July 24 – July 26 – Skills 6:00 pm – 7:30 pm

August 31 – 1<sup>st</sup> day of school

### **Volleyball**

June 5-9 Open gym Monday, Wed, Friday 9am-11am Skills 11am-12pm

June 16 open gym Friday 9am-11am, skills 11am-12pm

June 19-23 Open gym Monday, Wed, Friday 9am-11am, skills 11am-12pm

June 30th Open gym Friday 9am-11am, skills 11am-12pm

July 3-7 closed

July 10-12 Monday-Wednesday tentative incoming 9th grade camp and open gym in two gyms? 9am-12pm

July 14th Open gym 9am-11am, skills 11am-12pm

July 21st open gym 9am-11am, skills 11am-12pm

July 24th-28th Open gym 4pm-6pm Monday-Friday

July 31st-Aug 2nd tryouts 4pm-7pm



### **Boys Basketball**

June 5- 8      Open Gym   Monday – Thursday 12:00 pm – 2:00 pm

June 12      Weights 11:00 am – 12:00 pm Open Gym 12:00 pm – 2:00 pm

July 3- 7 Closed

July 10 Open Gym 12:00 pm – 2:00 pm   Monday

July 12 Open Gym 12:00 pm – 2:00 pm Wednesday

July 17- July 28 – TBD

### **Girls Basketball**

June 5-June 29   Monday – Thursday 10:00 am -11:00 am Weights 11:00 am – 12:00 pm Open gym

July 3- 7 Closed

July 10 -18 Monday – Thursday 10:00 am -11:00 am Weights 11:00 am – 12:00 pm Open gym

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_  
*In case of emergency, contact:*  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers in the box below\*\*. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sitting

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_

Corrected: ☐ Y ☐ NPupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. \* ***Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

**Canutillo Independent School District**  
**Asthma Medication Self-Administration Permit**

In accordance with House Bill 1688, a student with asthma is entitled to possess and self-administer prescription asthma medicine while on school property or at a school related even or activity if the prescription asthma medicine has been prescribed for the student as indicated by the prescription on the medicine. Furthermore the self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider.

My son/daughter \_\_\_\_\_, does suffer from asthma and does have my permission for self-administration of prescription medication while on school property or at a school-related event or activity.

X \_\_\_\_\_  
Parent Signature Date

**Physician Statement**

\_\_\_\_\_ is under my care for asthma as has been instructed on self-administering prescription asthma medication.

Name of medication \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Dose to be administered \_\_\_\_\_

Administration times or circumstances \_\_\_\_\_

Period for which medication is prescribed \_\_\_\_\_

Printed Name of Physician \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician Date

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

**Please complete form and return to the Athletic Trainers**