

Sesser-Valier High School Athletics

4626 State Hwy 154
Sesser, IL 62884

Phone: 618-625-5105

Fax: 618-625-6696

Jason Henry, Superintendent
Chip Basso, Athletic Director

Natalie Page, High School Principal
Keith Jones, Junior High Principal

May 15, 2023

Dear Parent:

We are excited to partner with 8to18 to register our students online for sport participation.

You will start by creating an account. If you have previously created an account, you can log in with the same login and password. If you have forgotten your password you do have the option to reset it. Please keep your log-in information handy as this is what you will use to register for any sport your child is interested in participating.

To start go to <https://sesservalier.8to18.com/>

- Click on “Create an Account” and enter your own name (this should be your information, not students), email and create your own password (must be at least 8 characters). You will use same account information each time you register. If you already have an account created you can just login.
- Click on “Begin Registration”

Step 1 Select an Activity

- Select High School (Boy or Girl) or Junior High (Boy or Girl)
- Read the message and click “Proceed with registration”

Step 2 New Participant

- All information on the top of this page is for your student/athlete (student cell phone, student email, ect...).
- Emergency Contact information at the bottom of the page should be someone other than a parent. Parent/Guardian will be the first ones contacted but if they cannot be reached then the emergency contact will be next (Parent/Guardian contact will be entered at Step 4).

Step 3 Parent/Guardian Information

- Fill out parent/guardian information.
- Please add any additional email/cell phone numbers at the bottom. This contact information will receive all notifications, reminders, and updates.
- Check box acknowledging that you are 18 years of age or older.

Step 4 Physical Forms and Insurance

- You may download a copy of the IHSA Physical form and Sesser-Valier Insurance Waiver. These forms cannot be submitted through this system and must be turned in to the Sesser-Valier HS office. This must be turned in before an athlete will be eligible to participate.

Step 5 Legal Forms

- You must click on each form to read and accept to move forward
- Some forms will require a Parent and Student acceptance

Step 6 Summary

- Here you will see your registration summary
- Click “Submit” to finish the registration.
- If you have an additional child you can return to the registration page to register them.

You will receive an email confirmation once all documents have been submitted. Please remember that registration is not complete until a current physical, and insurance information has been submitted to the Sesser-Valier HS office. If you have any questions regarding this process, please contact the Sesser-Valier HS office at (618) 625-5105 Ext 100.

Chip Basso, Athletic Director
Sesser-Valier Community Unit District #196

SESSER-VALIER COMMUNITY UNIT
SCHOOL DISTRICT #196

ATHLETIC & EXTRA-CURRICULAR CONSENT/WAIVER FORM

STUDENT'S NAME: _____

ADDRESS: _____

GRADE: _____ TELEPHONE: _____

MY SON/DAUGHTER INTENDS TO PARTICIPATE IN THE FOLLOWING THIS YEAR:

Please check all you think he/she may participate

- | | | |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Extra-curricular/Club |

I realize that the Sesser-Valier Community Unit School District #196 will not be liable for injuries sustained in the above sport(s) and/or extra-curricular club(s)/activities. I am also aware that sports and school-sponsored clubs/activities are optional activities and that my child chooses to participate.

I realize that Sesser-Valier School purchases the basic accidental student insurance plan for my child and that this plan covers only school time and school sponsored activities and sports (***EXCLUDING FOOTBALL**).

*** FOOTBALL supplemental insurance is available at an additional cost. If interested, please contact the Football Coach, Athletic Director, or School Nurse.**

Type of Insurance	__ Private	__ Medicaid	__ School Accident Coverage
Student Name:		Dates of Coverage:	
Insured ID #:		From:	To:
Agent Name:			
Agent Phone #:			
Type of Proof: (circle one)	Certificate (attach)	Agent Letter (attach)	Other (list below & attach)

Parent/Guardian Signature

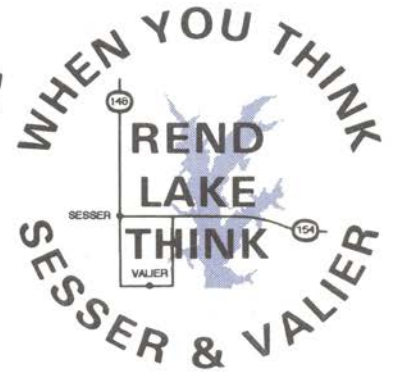
Date

PRINCIPALS: 625-5105

Elementary
Ext. 118
High School
Ext. 100
Health Office
Ext. 102
Guidance Office
Ext. 103
Athletic Director
Ext. 116
Administration
Ext. 105

Sesser-Valier Community Unit School

District 196
4626 St. Hwy. 154
SESSER, ILLINOIS 62884
625-5105
FAX (618)625-6696
www.s-v.frnkn.k12.il.us



May 1, 2013

Dear Parent(s)/Guardian(s) of Extracurricular Participants:

Effective July 1, 2013, all participants in district extracurricular activities will be required to provide proof of health insurance (e.g. private health insurance, Medicaid coverage, school accident insurance) before participating in district extracurricular activities (meetings, practices, games, contests, camps, open gym, etc.). In most cases, parents will only need to request/obtain a certificate of insurance, agent letter, or other proof of active coverage for their student participant (the document must clearly show that the student is covered & the dates of the coverage) from their insurance company. Insurance companies and/or agents can fax these documents directly to the school at (618) 625-6696 (fax).

Students who have not produced proof of insurance will not be allowed to actively participate in extracurricular activities until the proof of insurance requirement is completed. If you have any questions or need assistance in completing this requirement, please contact the school office at (618) 625-5105.

Sincerely,

Jason D. Henry
District Superintendent



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



■ 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?
 - 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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA